

MARCH IS COLORECTAL CANCER MONTH

According to the National Cancer Institute, colorectal cancer is the fourth most common cancer in the United States and the second leading cause of death from cancer.

Colorectal cancer affects all racial and ethnic groups but is more common among those of African American descent. The Minnesota Department of Health (MDH) reports colon and rectal cancer as the third most common cancer in the state. For men and women, it is the third leading cause of cancer deaths.

While historically more prevalent in people ages 50 and older, the American Cancer Society (ACS) recently reported:

there has been a 51% increase in colon cancer among people younger than age 50 since 1994. Lately, deaths from colon cancer in this age group have also begun to rise. A recent analysis also found that adults born around 1990 have twice the risk of colon cancer and four times the risk of rectal cancer compared with adults born around 1950, who have the lowest risk.¹

To address the increased prevalence of colon cancer in younger people, the ACS recently released new colorectal cancer screening recommendations. For average risk patients, ACS recommends screening starting at age 45 rather than age 50 (as recommended by United States Preventive Services Task Force).

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) recommends members with risk factors speak with their provider about colonoscopy earlier than age 50 or more often than every 10 years. Risk factors include family history of colon cancer or a condition affecting the colon (for example, a history of polyps or an inflammatory bowel disease, like ulcerative colitis or Crohn's disease). Blue Cross plans cover preventive colonoscopies for men and women ages 50 and older and younger at-risk members according to the member's plan coverage. Additional options for colorectal cancer screening include flexible sigmoidoscopy, stool DNA testing, fecal occult blood test (FOBT) and fecal immunochemical test (FIT). Recommended screening timeframes vary by test.

Blue Cross Making a Difference

Central to its mission to *make a healthy difference in people's lives* Blue Cross is committed to promoting colorectal cancer screening through member education, outreach, and collaboration with network and external partners. Because there are often no signs or symptoms of colorectal cancer, Blue Cross recognizes the importance of encouraging prevention through healthy living practices and early diagnosis through periodic screening.

NEED HELP UNDERSTANDING OUR NETWORKS?

Blue Cross has published two guides to help providers identify and understand our products. The Commercial Network Guide provides details regarding commercial products, including our narrow networks, and the Medicare Product Guide provides details about our Medicare products. Both guides are located on our website at [providers.bluecrossmn.com](https://www.bluecrossmn.com/providers) under the "Education Center" section. The Medicare product guide is available under "Medicare Education" and the Commercial Network Guide has its own section in the Education Center.

Inside preview

Front cover articles / 1-2

FYI / 2-8, 23

Quality Improvement / 9-10

Pharmacy Section / 11-17

Medical and Behavioral
Health Policy Updates /
18-23

¹ <https://labtestsonline.org/news/american-cancer-society-lowers-starting-age-colon-cancer-screening-45>

FYI

MARCH IS COLORECTAL CANCER MONTH (continued)*Sharecare Partnership*

With a goal of empowering and encouraging people on their health journeys, in 2018 Blue Cross entered into an exclusive, five-year relationship with Sharecare, the digital health company, to offer its groundbreaking, ultra-personalized health platform to its commercial groups in 2019. Through this relationship, Sharecare work supports the **do.**[®] brand to create small steps that empower members to take an active role in gradually and consistently improving their own health through prevention and detection. Sharecare is a great match with other health and wellbeing programs offered by Blue Cross that include Case Management, behavioral health, buy-up programs and a quitting tobacco support program.

At-Home Testing Initiatives

Over the last two years, Blue Cross has collaborated with network providers and Home Access Health Corporation[®], a leader in at-home laboratory testing, to provide an easy at-home option for colorectal cancer screening for members enrolled in Medicare plans (Secure Blue, Platinum Blue, and Medicare Advantage Part D). In 2018, Blue Cross and Home Access mailed close to 38,000 FIT kits to members. The initiative included partnering with several care systems to co-brand member letters. The success of initiatives such as this are showing in our HEDIS rates – colorectal cancer screening rates have been trending up over the past couple of years across our Medicare populations.

Community and Provider Collaboration

In the community, Blue Cross collaborates with local organizations such as the Minnesota Cancer Alliance Colon Cancer Network (<https://coloncancercoalition.org/>). The Colon Cancer Network includes a coalition of over 100 organizations from diverse backgrounds and disciplines. The Network is dedicated to reducing the burden of cancer across the continuum from prevention and detection to treatment, survivorship, and end-of-life care. Blue Cross also engages with network providers to improve colorectal cancer screening performance metrics through value-based programs such as the Blue Cross Provider Aligned Incentive Contracting Program.

As evidenced by recent statistics, strategic interventions and partnerships are shown to reduce colorectal cancer incidence and mortality. Through member outreach, health and wellbeing-related programs, web-based health promotion apps, and provider engagement, Blue Cross will continue to develop solutions that empower members and support its mission to *make a healthy difference in people's lives*.

Provider Press

Provider Press is a quarterly newsletter available online. Issues are published in March, June, September and December. Below is the URL (select “provider press” from the “Select a Category” drop down option): <https://www.bluecrossmn.com/providers/forms-and-publications?ReturnTo=/>.

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from November 2018 to February 2019. As a reminder, provider manuals are available online at providers.bluecrossmn.com. To view the manuals, select “Forms & publications,” then “manuals.” Updates to the manuals are documented in the “Summary of changes” section of the online manuals.

MANUAL NAME: CHAPTER NUMBER AND TITLE	CHANGE
Provider Policy and Procedure Manual: Chapter 1, At Your Service	Changes to Care Management numbers and addresses and electronic transactions
Provider Policy and Procedure Manual: Chapter 2, Provider Agreements	Content updates to required notification.
Provider Policy and Procedure Manual: Chapter 4, Medical Management	Content changes to the following: PAN requirements Referrals for Government Programs Upgraded/Deluxe DME Referrals to Commercial Case Management Conditions/Disease States Medical Policy and Behavioral Health Policies Pre-Certification Requirements for out-of-area Blue Plan Patients Restricted Recipient Program
Provider Policy and Procedure Manual: Chapter 5, Health Care Options	Content changes to the following: Blue Essentials (HMO POS) MSHO and Secure Blue (HMO) PMAP, MSC+ Minnesota Care Program United Concordia Dental Davis Vision
Provider Policy and Procedure Manual: Chapter 6, Blue Plus	Content change to referral requirements
Provider Policy and Procedure Manual: Chapter 8, Claims Filing	Content change to PMAP, MSC+ and Minnesota Care
Blue Plus Manual, Chapter 3, Government Programs	Changes throughout the chapter due to Amerigroup
Blue Plus Manual, Chapter 5, Quality Improvement	Replaced Facility with Location of Practice throughout Chapter 5

HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2019:

Monday, May 27

Thursday, July 4

Monday, September 2

Thursday, November 28

Friday, November 29

Tuesday, December 24

Wednesday, December 25

Except for the dates stated above, representatives answering the provider services numbers are available to assist providers 7 a.m. to 6 p.m. Monday through Friday.

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from November 2018 to February 2019 that are available online at providers.bluecrossmn.com. As a reminder, Bulletins are published on the first business day of each month and Quick Points are published on the second and fourth Wednesday of every month.

QUICK POINTS	TITLE
QP86-18	Addition of Drug to the Calcitonin Gene-Related Peptide (CGRP) PA with Quantity Limit Program
QP87-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization with Quantity Limit Criteria: Lucemyra
QP88-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization Criteria: Phenylketonuria
QP89-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization Criteria: Circadian Rhythm Disorder
QP90-18	Addition of Self-Administered Oncology Agents Prior Authorization with Quantity Limit Program
QP91-18	Addition of Drug to the Thrombopoietin Receptor Agonists Prior Authorization with Quantity Limit Program
QP92-18	Addition of Drugs to the Topical Lidocaine Prior Authorization with Quantity Limit Program
QP93-18	Technical Issues with Authorization and Referral Tool on Availity Resolved
QP94-18	Authorization Create, Inquiry and Update Function Available on Availity
QP95-18	Provider Cost Data Update
QP96-18	Clarification Regarding use of PLUTO for MHCP Subscribers effective 12/1/18
QP97-18	Withdraw Feature Available on Availity Authorizations
QP98-18	Migration of MHCP Subscribers to Amerigroup Delayed to 1/1/19
QP99-18	New FEP Employee Opioids Prescription Requirements
QP100-18	Pharmacy Benefit Exclusion for Crinone (progesterone) Gel, Finacea (azelaic acid) Foam, Glatopa (glatiramer acetate) Injection
QP101-18	Pharmacy Update for Praluent (alirocumab) and Repatha (evolocumab)
QP102-18	Update: Change in Medical Drugs Prior Authorization Program - PAH Drugs
QP103-18	Quality Improvement Information
QP104-18	Claims Processing Issues Grid
QP105-18	InterQual Level of Care Criteria for Authorizations
QP106-18	Migration of Minnesota Health Care Programs Frequently Asked Questions (FAQ)
QP107-18	Pharmacy Update – Medicare Part D Opioid Drug Management Programs
QP108-18	FEP Blue Focus Members
QP109-18	Medicare Advantage Implementation Frequently Asked Questions (FAQ)
QP1-19	Modifications to Opioid Prior Authorization Requirements for Federal Employee Program (FEP) Members
QP2-19	Incorrect Provider Phone Number Listed on some Medicare Advantage ID Cards
QP3-19	eviCore Updates and Reminders

(continued on next page)

FYI

MEMBER RIGHTS AND RESPONSIBILITIES

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of Member Rights and Responsibilities can be found online at bluecrossmn.com by entering "member rights" in the search field. Questions or requests for a paper copy may be directed to Lisa K. at **(651) 662-2775**.

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

QUICK POINTS	TITLE
QP4-19	Identified Minnesota Health Care Programs Migration Issues Grid
QP5-19	Medical Policy Update for New to Market Esketamine Nasal Spray
QP6-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Interleukin (IL) – 1 Inhibitors
QP7-19	Update Minnesota Health Care Programs Payer ID
QP8-19	Addition of Drugs to the Oral Tetracycline Derivates PA Program
QP9-19	Addition of Drugs to Existing PA with QL Programs
QP10-19	Pharmacy Benefit Exclusion for Dymista, Duexis, Obrexza, Vimovo and Yosprala
QP11-19	April is STI/STD Awareness Month
QP12-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Immune Globulins
QP13-19	Medicare Vaccine Coverage
QP14-19	Minnesota Health Care Programs (MHCP) Claims Pending
QP15-19	Online Medical Policy Surveys for Authorizations
QP16-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Orilissa (elagolix)
QP17-19	Hearing Aid Coverage for Medicare Advantage and Platinum Blue Products
QP18-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Sucralfate Suspension
QP19-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Galafold (migalastat)
QP20-19	Pharmacy Benefit Exclusion for Ultomiris (ravulizumab-cwvz) IV Injection
QP21-19	Reminder: Blue Cross Vision Plans with the Davis Vision Network
BULLETINS	TITLE
P54-18	New ACO Products for 2019
P55-18	New Medical Policy for Upper and Lower Gastrointestinal Endoscopy Services Including Colonoscopies
P56-18	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business
P57-18	Blue Cross Contracts with eviCore to Expand UM for Home Health Services
P58-18	2019 Renewal Changes Summary for Primary Care Clinic Providers
P59-18	New Acupuncture Update for Commercial Lines of Business
P60R1-18	Update: Radiation Therapy Program CPT Code Update for Fully Insured Commercial Subscribers – eviCore Healthcare Specialty UM
P61-18	New CMS Regulations for Preclusion List
P62-18	Update: eviCore Healthcare Specialty Utilization Management – DME
P63-18	MHCP and SecureBlue Authorization Requirements Effective 1/1/19
P64R1-19	Update: Prior Authorization Requirements for Blue Cross Medicare Advantage – Effective 1/1/19

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FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P65-18	Lab Management CPT Codes Updates for Fully Insured Commercial and Medicare Advantage Members- eviCore Healthcare Specialty UM
P66-18	eviCore Healthcare Specialty UM foe Medicare Advantage Suscribers
P67-18	Updated Medicaid and MSHO Medical Policies Effective 12/1/18
P68-18	Lab Management CPT Code Updates for Fully Insured Commercial and Medicare Advantage Members - eviCore Healthcare Specialty UM
P69-18	Blue Cross to Reimburse CPT Code 97140
P70-18	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage LOB's
P71-18	Blue Cross Blue Shield Association High-Dollar Prepay Review Effective 1/1/19
P72-18	Cardiology Program Prior Authorization Updates for Fully Insured Commercial Subscribers - eviCore Healthcare Specialty UM
P73-18	Radiology and Cardiology (Cardiac Rhythm Implantable Device) Program Updates for Fully Insured Commercial and Medicare Advantage Members – eviCore Healthcare Specialty UM Program
P74-18	Update to Behavioral Health Inpatient Admission Pre-certification and Outpatient PA Requirements
P75-18	Blue Cross Requirement Policy Effective 2/1/19 - Reimbursement for Maximum Units Per Day
P76-18	Update: Change to TPA Business
P77-18	Migration of MHCP Subscribers to Amerigroup Delayed to 1/1/19
P78-18	Updated MHCP Information
P79-18	Reimbursement Policy Change to Immunizations with Evaluation and Management Services
P80-18	Blue Cross Requires use of Anatomical Modifiers
P1-19	Professional Liability (Malpractice) Coverage Requirements
P2-19	New Medical Drug-Related PA Requirements for Revcovi, Gamifant, Lemtrada and Rituyan
P3-19	Updated Reimbursement Policy for Preventable Readmissions: Medicare Advantage
P4-19	Sleep Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P5-19	Musculoskeletal Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM
P6-19	Process Change for Requesting Precertification for SNF, LTCAC and Inpatient Rehabilitation Admissions
P7-19	EviCore CPT Code Updates for Fully Insured Commercial & Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P8-19	Radiation therapy Program Updates for Fully Insured Commercial & Medicare Advantage Subscribers – eviCore Healthcare Specialty UM
P9-19	Medical Oncology Drug PA Updates for Insured Commercial & Medicare Advantage Subscribers – eviCore Healthcare Specialty UM
P10-19	LogistiCare Transportation Claims Processing delayed to 1/1/19
P11-19	Updated MHCP and MSHO Prior Authorization Requirements

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FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P12-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business
P13-19	Updated MHCP and MSHO Medical Policies
P14-19	Reminder: Change to TPA Business
P16-19	New Medical Drug-Related Prior Authorization Requirements for Zolgensma
P17-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Medicare Advantage Lines of Business
P18-19	New Requirements for Non-Emergent Air Ambulance Transport for FEP Standard and Basic Option & FEP Blue Lines of Business – Effective April 8, 2019
P19-19	Change in Coverage Criteria for Chiropractic Manipulations for MHCP and MSHO
P20-19	Purchased Services/Outside Labs
P22-19	Updated MHCP and MSHO PA Requirements
P21-19	Reminder Regarding MHCP and MSHO Pre-certification Requirements

DISCLOSURE OF OWNERSHIP FORM

Blue Cross makes every effort to assist providers in the ease of complying with the annual Disclosure of Ownership and Business Transactions document. This document is required in accordance with Minnesota Department of Human Services (DHS) rules. It is imperative that every provider complete and submit this form annually, and failure to do so may result in material noncompliance with the requirements of participation. To support ease of administration and completion of the form for Providers, Blue Cross utilizes a uniform document for all providers participating with any Minnesota health plan. Blue Cross has posted the form on our website, so providers have easy access electronically. In addition, providers can simply email their completed form to Blue Cross at the following email address DisclosureStatement@bluecrossmn.com.

Please take a moment to complete and submit the Disclosure of Ownership form annually via email. This form is accessible on our website under Forms & Publications then forms-Clinical Operations for your convenience. If you have any questions, please email us at DisclosureStatement@bluecrossmn.com.

Thank you for your attention to this important compliance effort.

FYI

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has continually collaborated with providers in an effort to ensure accurate information is provided in all provider directories. Accuracy requires both Providers and Blue Cross to make every effort to support current information.

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to promptly submit a form to us when changes occur, including any of the following:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms location

Based on what change has occurred, submit the appropriate form located on our website at [providers.bluecrossmn.com](https://www.bluecrossmn.com). Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access this link:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates>.

How do we submit changes?

Send the appropriate form via fax as indicated below:

Fax: **651-662-6684, Attention: Provider Data Operations**

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

QUALITY IMPROVEMENTS

APRIL IS STI/STD AWARENESS MONTH – HELP US IMPROVE CHLAMYDIA SCREENING RATES ACROSS MINNESOTA

Chlamydia rates continue to rise in Minnesota, threatening the health and well-being of thousands of adolescents and young adults in our state. From 2006 – 2016, the chlamydia rate increased by 71%, with an additional 4% increase from 2016 – 2017. [The Minnesota Chlamydia Partnership \(MCP\)](#) is a community organization that works with community groups, clinics, schools and health plans to improve public and professional awareness of chlamydia, increase screening and treatment rates and support efforts to make screening more accessible. One way you can help this effort is to promote the **2019 Minnesota Statewide Youth STI Testing Week, which is April 8 – 12** (see below for additional information).

Opportunities to improve Minnesota's chlamydia screening rates:

- **Promote MN Statewide Youth STI Testing week April 8th thru 12th.**
 - The goal is to have as many clinics, health centers, Tribal entities and school health services as possible offer youth-friendly, walk-in, same day STI testing services and/or referrals to testing sites for youth and young adults ages 13-26 years old over the span of a week across the state.
 - [Click here for more information](#) on the CRUSH Facebook page.
- **Make chlamydia screening routine.**
 - Consider implementing standard chlamydia screening for all your female patients age 16-24. The University of Michigan Health System has created a [sample workflow](#), which includes patient and parent letter examples.
- **Offer urine chlamydia testing (also known as Chlamydia trachomatis by Nucleic Acid Amplification Test (NAAT)).**
 - Urine chlamydia tests and gonorrhea tests are a lot more pleasant than urethral or cervical swabs and are quickly becoming standard practice. The fact that STD testing was uncomfortable and invasive made it less likely that patients would undergo regular STD screening.
- **Build reminder systems into your EHR.**
 - EPIC can give you best practice advisories for chlamydia screening. This can cue the provider to offer screenings to patients and remind the MA to collect a urine sample.
- **Partner with safety net providers, including school-based health centers, to improve screening rates.**
 - Safety net providers include Federally Qualified Health Centers, local health departments, Planned Parenthood clinics, and school-based health centers.

KEY POINTS

- Primary care providers and nurses play an important part in screening young people.
- It is important to tell patients that all young people are being offered a test so individual patients do not feel judged or targeted.
- Persistent infection can lead to PID, tubal infertility and ectopic pregnancy.
- Partners should be tested and treated, because reinfection can occur owing to sex with untreated partners.
- Remember those patients testing positive for chlamydia may be at risk for other STIs.

QUALITY IMPROVEMENTS

QUALITY OF CARE COMPLAINT REPORT

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1700-1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format

(e.g. Excel, csv).

Required data elements for the report are as follows:

- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to: Quality.of.Care.Mailbox@bluecrossmn.com

PHARMACY UPDATES

MEDICARE PART D - OPIOID DRUG MANAGEMENT PROGRAMS

The following Provider Quick Point (QP107-19) was published on December 12, 2018: Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing subscribers with safe, quality, pharmacy care.

Effective January 1, 2019, as directed by the Centers for Medicare and Medicaid Services (CMS), new policies for Medicare drug plans aim to identify and manage potential opioid overutilization in the Medicare Part D population. This program will consist of improved safety alerts when opioid prescriptions are dispensed at the pharmacy, and drug management programs to better coordinate care when chronic high-risk opioid use is present. The criteria used to identify potentially at-risk beneficiaries for drug management programs or point-of-sale edits are not intended as prescribing limits.

7 Day Supply Limit for Opioid Covered Persons

The Opioid 7-day supply hard safety edit limits the initial dispensing to a supply of 7 days or less for opioid naïve Covered Persons. Opioid naïve is defined as a lack of any opioid prescriptions (long-acting or short-acting) within our claims system in the previous 90 days.

There are a number of exceptions to the 7-day supply limit, including, but not limited to, cancer- or sickle cell disease-related pain, long-term care and/or hospice patients.

For prescriptions written for more than 7 days, the Covered Person's Prescribing Provider may submit a Prior Authorization request to have the clinical circumstances reviewed.

Opioid Care Coordination Alert

The Morphine Milligram Equivalent (MME) cDUR Hard Edit calculates cumulative daily MME across the submitted claim and selected historical claims. The edit includes thresholds for maximum number of Prescribing Providers and maximum number of pharmacies, which must be exceeded for potential drug misuse to be reported.

If submitting a prescription for a Covered Person whose calculated daily MME is 90 mg or more and the Covered Person has utilization from more than two pharmacies and two Prescribing Providers; the claim will reject and request the dispensing pharmacist to consult with the Prescribing Provider to determine if the prescription is appropriate.

Blue Cross expects network prescribers and on-call staff to respond to outreach related to opioid safety alerts from pharmacies and Prime Therapeutics in a timely manner.

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PHARMACY UPDATES

MEDICARE PART D - OPIOID DRUG MANAGEMENT PROGRAMS

(continued)

Products Impacted

This PA program applies to the following Medicare plans:

- Platinum Blue (Cost)
- Medicare Advantage (PPO)
- Strive Medicare Advantage (HMO-POS)
- SecureBlue (HMO-SNP)

CoverMyMeds Prior Authorization Request Service

Prescribers can submit ePA drug requests for Blue Cross subscribers who have pharmacy benefits through Blue Cross by either submitting a request through [CoverMyMeds's](#) (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to www.covermymeds.com
- The first time you use the portal to submit a PA, you will need to create a CMM account.
- For help using the CMM site select Support (top of the web page) to view FAQs, CMM physician training webinar offerings, and support options to help you get started.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

PHARMACY UPDATES

PHARMACY DRUG FORMULARY UPDATES FOR QUARTER 1, 2019

As part of our continued efforts to evaluate and update our formularies, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following address.

Formularies:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

Under "TOOLS AND RESOURCES" select "Prescription drugs." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on if the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan, under "helpful documents" select the documents titled "Drug list" or "Formulary updates" to review the applicable formulary.

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES

Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations, Quantity Limits, and/or Step Therapy depending on the member's prescription drug benefit. Programs in this update includes new, changes, and discontinuation to existing Prior Authorization (PA), Step Therapy (ST), and Quantity Limit (QL) programs. Quantity Limits apply to brand and generic agents.

New Prior Authorization with Quantity Limit Program Effective 1/1/19

BRAND NAME (generic name - if available)	UM Program		
	PA	QL	
QUDEXY® XR (topiramate er)	PA	QL	
TROKENDI XR® (topiramate er)	PA	QL	
topiramate er	PA	QL	
NUDEXTA® (dextromethorphan hydrobromide and quinidine sulfate)	PA	QL	
LUCEMYRA™ (lofexidine)	PA	QL	

Changes to Existing Utilization Management Program, Effective 1/1/19

BRAND NAME (generic name - if available)	UM Program		
	PA	QL	SL
AJOVY™ (fremanezumab)	PA	QL	
ARISTADA INITIO® (aripiprazole lauroxil) extended release		QL	SL
COPIKTRA™ (duvelisib)	PA	QL	
DELSTRIGO™ (doravirine/lamivudine/tenofovir disoproxil fumarate)		QL	

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Changes to Existing Utilization Management Programs, Effective 1/1/19

BRAND NAME (generic name - if available)	UM Program		
ENBREL® (etanercept) 25 MG/0.5 ML	PA	QL	
HUMIRA® (adalimumab) Starter Kit 80 mg/0.8 mL & 40 mg/0.4 mL	PA	QL	
KINERET® (anakinra)	PA	QL	
LENVIMA® (lenvatinib)	PA	QL	
MINOLIRA ER® (minocycline hydrochloride)	PA		
MULPLETA® (lusutrombopag)	PA	QL	
NUPLAZID® (pimavanserin)	PA	QL	
ORKAMBI® (lumacaftor/ivacaftor)	PA	QL	
PERSERIS™ (risperidone)		QL	ST
PIFELTRO™ (doravirine)		QL	
RELEXXII™ (methylphenidate hydrochloride extended-release)		QL	
SYMTUZA™ (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)	PA	QL	
TAKHZYRO™ (lanadelumab-flyo)	PA	QL	
TIBSOVO® (ivosidenib)	PA	QL	
XELJANZ® (tofacitinib)	PA	QL	
ZTILDO™ (lidocaine)	PA	QL	

Key for all the above tables:

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

Effective January 1, 2019

- Addyi Prior Authorization with Quantity Limit Program has been renamed to Hypoactive Sexual Desire Disorder (HSDD) Prior Authorization with Quantity Limit Program.
- As directed by the Centers for Medicare and Medicaid Services (CMS), new policies for Medicare drug plans aim to identify and manage potential opioid overutilization in the Medicare Part D population. This program will consist of improved safety alerts when opioid prescriptions are dispensed at the pharmacy, and drug management programs to better coordinate care when chronic high-risk opioid use is present. The criteria used to identify potentially at-risk beneficiaries for drug management programs or point-of-sale edits are not intended as prescribing limits.
 - o 7 Day Supply Limit for Opioid Covered Persons
 - The Opioid 7-day supply hard safety edit limits the initial dispensing to a supply of 7 days or less for opioid naïve Covered Persons. Opioid naïve is defined as a lack of any opioid prescriptions (long-acting or short-acting) within our claims system in the previous 90 days.

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

- o Opioid Care Coordination Alert
 - The Morphine Milligram Equivalent (MME) concurrent Drug Utilization Review (cDUR) Hard Edit calculates cumulative daily MME across the submitted claim and selected historical claims. If submitting a prescription for a Covered Person whose calculated daily MME is 90 mg or more and the Covered Person has utilization from more than two pharmacies and two Prescribing Providers; the claim will reject and request the dispensing pharmacist to consult with the Prescribing Provider to determine if the prescription is appropriate.
- Blue Cross expects network prescribers and on-call staff to respond to outreach related to opioid safety alerts from pharmacies and Prime Therapeutics in a timely manner.

Effective February 1, 2019

- Interleukin (IL) – 1 Inhibitors Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

Effective March 1, 2019

- Xyrem Prior Authorization with Quantity Limit Program will be renamed to Sodium Oxybate Prior Authorization with Quantity Limit to allow the addition of new target agents to the program.

Effective April 1, 2019

- Combination Gastrointestinal Protectants Step Therapy Program will be discontinued for the Commercial lines of business due to the pharmacy benefit exclusion of these targeted agents.
- Noctiva Prior Authorization with Quantity Limit Program will be renamed to Nocturia Prior Authorization with Quantity Limit to allow the addition of new target agents to the program.

A detailed list of all drugs included in these programs can be found at the following address:

Utilization Management information:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

Under "TOOLS AND RESOURCES" select "Prescription drugs." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on if the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan, under "helpful documents" you will see documents titled "Utilization management." These will list all applicable drugs currently included in one of the above programs.

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

PHARMACY BENEFIT EXCLUSIONS

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial Lines of Business
CRINONE® (progesterone) Gel*	1/1/2019
DUEXIS® (ibuprofen/famotidine)	4/1/2019
DYMISTA® (fluticasone/azelastine)	4/1/2019
FINACEA® (azelaic acid) Foam	1/1/2019
GLATOPA™ (glatiramer acetate) Injection	1/1/2019
QBREXZA™ (glycopyrronium)	4/1/2019
VIMOVO® (naproxen/esomeprazole)	4/1/2019
YOSPRALA™ (aspirin/omeprazole)	4/1/2019

*Prescription drugs for or related to reproduction may not be eligible for coverage.

EXCEPTION REQUESTS

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find this form at the address below:

Exception request:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

Under "TOOLS AND RESOURCES" select "Prescription drugs." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on if the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan on the top bar of the web page select "Forms" and then "Coverage Exception Form" or you may call provider services to obtain the documentation.

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

ADDITIONAL RESOURCES

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select "Shop Plans" and "Prescription Drugs." Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to providers.bluecrossmn.com and select "Forms and Publications" then "Manuals." Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) subscribers can be found on the Fepblue.org website. FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to "Pharmacy Benefits" and selecting "Finding out more."

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies Effective January 7, 2019

Notification Posted: November 1, 2018

Policies developed

- Laronidase, II-216
- Idursulfase, II-215
- Elosulfase Alfa, II-218
- Galsulfase, II-217
- Vestronidase Alfa, II-219

Policies revised

- Immunoglobulin Therapy, II-51

Policies inactivated

- None

Policies Effective February 4, 2019

Notification Posted: December 3, 2018

Policies developed

- Medical Marijuana (Cannabis), II-221
- Patisiran, II-220
- Titrakizumab, II-222
- Electroconvulsive Therapy (ECT), X-46

Policies revised

- Pharmacologic Therapies for Hereditary Angioedema, II-102

Policies inactivated

- None

Policies delegated to eviCore

- Bone Morphogenetic Protein (BMP), IV-85
- Computed Tomography (CT) to Detect Coronary Artery Calcification, V-09
- Genetic Testing for Cardiac Ion Channelopathies, VI,19
- Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty, V-05
- Preimplantation Genetic Testing, II-02
- Testing of Fetal Nucleic Acids in Maternal Blood for Detection of Fetal Aneuploidy, VI-43

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies Effective March 4, 2019

Notification Posted: December 3, 2018

Policies developed

- Site of Service for Selected Outpatient Procedures, XI-03

Policies Effective March 4, 2019

Notification Posted: January 2, 2019

Policies developed

- Peroral Endoscopic Myotomy, IV-159
- Balloon Dilation of the Eustachian Tube, IV-162

Policies revised

- Autism Spectrum Disorders: Assessment and Early Intensive Behavioral Intervention, X-43
- Subtalar Arthroereisis, IV-26
- Radiofrequency Ablation of Peripheral Nerves to Treat Pain, IV-130
- Surgical Treatment of Gender Dysphoria, IV-123

Policies inactivated

- None

Policies delegated to eviCore

- Genetic Testing for Statin-Induced Myopathy, VI-52
- Actigraphy, II-127
- Genetic Testing for Familial Alzheimer's Disease, VI-04
- Measurement of Serum Antibodies to Infliximab and Adalimumab, VI-55
- PathFinderTG Molecular Testing, VI-15
- Gene Expression Profiling for the Management of Breast Cancer Treatment, VI-10

Policies Effective April 8, 2019

Notification Posted: February 1, 2019

Policies developed

- Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, IV-165
- Naltrexone Implants, II-223
- Cosmetic Criteria for Services which Are Not Addressed by a Specific Medical Policy, XI-04

Policies revised

- Botulinum Toxin, II-16
- Breast Implant, Removal, or Replacement, IV-14
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation for Treatment of Prostate Cancer and Other Tumors, IV-118

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies inactivated

- None

Policies delegated to eviCore

- Whole Exome and Whole Genome Sequencing for Diagnosis of Patients with Suspected Genetic Disorders, VI-54
- Bone Growth Stimulators, II-104
- Lysis of Epidural Adhesions, IV-47
- Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging, V-06
- Genetic Testing for FMR1 Mutations (Including Fragile X Syndrome), VI-44
- Gene Expression Testing for Cancers of Unknown Primary, VI-38
- Knee Arthroplasty (Knee Replacement), IV-122
- Genetic Testing for Warfarin Dose, VI-33
- Prolotherapy, II-06
- Positron Emission Mammography, V-24

Policies reviewed with no changes in October, November, December 2018 and January 2019:

- Air Ambulance, II-160
- Alemtuzumab, II-184
- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
- Autologous Chondrocyte Implantation of Focal Articular Cartilage Lesions, IV-113
- Axial (Percutaneous) Lumbar Interbody Fusion, IV-91
- Baroreflex Stimulation Devices, IV-139
- Bioengineered Skin and Soft Tissue Substitutes, IV-137
- Biofeedback, X-25
- Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting, II-43
- Chronic Intermittent Intravenous Insulin Therapy, II-189
- Communication Assist Devices, VII-52
- Composite Tissue Allotransplantation of the Hand, IV-151
- Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries, V-14
- Durable Medical Equipment (DME), VII-07
- Electromagnetic Navigational Bronchoscopy, II-132
- Endovascular Therapies for Extracranial Vertebral Artery Disease, IV-141
- Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions, IX-01
- General Anesthesia Services for Dental Procedures, II-166
- Golimumab (Simponi Aria), II-180
- Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia, II-115
- Hematopoietic Stem-Cell Transplantation for Autoimmune Disease, II-121
- Hematopoietic Stem-Cell Transplantation for Multiple Myeloma and POEMS Syndrome, II-138
- Hyperbaric Oxygen Therapy, II-04
- Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease, IV-140
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-133

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Interspinous Process Spacers, IV-51
- Intravenous Anesthetics for the Treatment of Chronic Pain, II-141
- MRI-Guided High-Intensity Focused Ultrasound Ablation of Uterine Fibroids and Other Tumors, IV-119
- Natalizumab, II-49
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Occipital Nerve Stimulation, II-140
- Ocrelizumab, II-185
- Optical Coherence Tomography of the Anterior Eye Segment, II-79
- Orthognathic Surgery, IV-16
- Osteochondral Allografts and Autografts in the Treatment of Focal Articular Cartilage Lesions, IV-115
- Patient-Controlled End Range of Motion Stretching Devices, VII-62
- Pelvic Floor Stimulation as a Treatment for Urinary Incontinence, IV-134
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT), II-81
- Percutaneous Tibial Nerve Stimulation, IV-135
- Phototherapy in the Treatment of Psoriasis, II-39
- Saturation Biopsy of the Prostate, IV-142
- Secretin Infusion Therapy for Autism, II-23
- Selected Treatments for Hyperhidrosis, II-55
- Selected Treatments for Temporomandibular Disorder (TMD), II-07
- Single Photon Emission Computed Tomography (SPECT) for Mental Health Disorders, X-16
- Single-Nucleotide Polymorphism (SNP) Breast Cancer Risk Assessment, VI-32
- Subcutaneous Hormone Pellets, II-159
- Sublingual Immunotherapy Drops for Allergy Treatment, II-169
- Tocilizumab, II-181
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies, II-190
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, IV-136
- Vedolizumab, II-182
- Voretigene Neparvovec (Luxturna), II-188
- Wearable Cardioverter Defibrillators, II-91
- Wound Healing: Non-Contact Ultrasound Treatment, II-88

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

To access medical and behavioral health policies:

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at <https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:

Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients:

Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies are effective a minimum of 45 days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.

Click on the "+" (plus) sign next to "Utilization Management."

- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

FYI

WHOM TO CONTACT?

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
BlueCard® member benefits or eligibility	1-800-676-BLUE (2583)
FEP® (voice response unit)	(651) 662-5044 or 1-800-859-2128
Availity	1-800-282-4548
Provider services	(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227 Notes: eviCore provider service: 1-844-224-0494 Minnesota Health Care Programs (MHCP) provider service: 1-866-518-8448
Please verify these numbers are correctly programmed into your office phones.	
For phone numbers, fax numbers and addresses for Care Management programs and services please refer to the Provider Policy and Procedure Manual, Chapter 1 "How to Contact Us" section.	

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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Information in Provider Press is a general outline. Provider and member contracts determine benefits.

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03/19



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