

Provider Press

Provider information

Sept 2019 / Vol. 24, No. 3



2019 BLUE CROSS BASIC SEMINARS

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is offering **free** provider basic seminar sessions to our network providers.

Topics:

- Blue Cross provider resources
- Claims Filing
- General Availity portal information
- Submitting referrals, pre-admission notification, pre-certification and prior authorization on Availity

Who should attend?

We encourage administrative staff that use the Availity portal and staff that request pre-admission notification, referrals, pre-certification, prior authorizations or staff who support general billing functions to attend.

Seminar schedule

Due to limited space, registration **must** be received one week prior to attending any session.

Dates and locations

2019 DATES	TIME	LOCATION FOR SEMINARS
Tuesday, September 17	9:00-12:00	Blue Cross: RiverPark I 3400 Yankee Drive, Eagan, MN 55121
Thursday, October 10	9:00-12:00	Blue Cross: RiverPark I 3400 Yankee Drive, Eagan, MN 55121
Thursday, November 14	9:00-12:00	Blue Cross: RiverPark I 3400 Yankee Drive, Eagan, MN 55121
Tuesday, December 3	9:00-12:00	Blue Cross: RiverPark I 3400 Yankee Drive, Eagan, MN 55121

How to register

If you are an Availity Portal customer, log in to the Availity portal. Click **Payer Spaces | BlueCross BlueShield of Minnesota**. Click **Resources | Access BCBSMN Learning and Development**. You will land in the Catalog. Click the rotating banner titled Blue Cross Blue Shield Minnesota Training Opportunities to get started.

If you are **not** an Availity Portal customer, use the link <https://bcbsmn.availitylearningcenter.com> to create your account. To create a new account, select **Sign Up Now** and follow the prompts. Use your email address as the username. You will land in the Dashboard. Click the rotating banner titled Blue Cross Blue Shield Minnesota Training Opportunities to get started.

Additional information

If you are unable to attend a seminar, the slides are available online.

1. Go to **providers.bluecrossmn.com**.
2. Under What's Inside, select Education Center
3. Under Seminars, select seminar then Basic Seminar Slides

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** 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
FYI / 2-6, 10
Learning Center / 7-9
Quality Improvement / 11-19
Health Literacy / 20
Pharmacy Section / 21-31
Medical and Behavioral Health Policy Updates / 32-35

FYI

TODAY'S PHYSICIAN UPDATES

This month, physician webinars regarding cultural competency and working effectively with interpreters will be launched on Blue Cross' Availity Learning Center. These webinars are part of our library on-demand webinars addressing a variety of topics, such as Risk Adjustment and Medicare Star Ratings.

As a Blue Cross network provider, you can access the webinars through the Blue Cross and Blue Shield of Minnesota Learning Center at

<https://bcbsmn.availitylearningcenter.com>.

- Once there, select **"Sign up now"** and if you currently use Availity and already have a user account/password, you may click on the **"Availity Portal users - Log in here"** link.
- From the **"Catalog"** you can view a list of on-demand courses to enroll in. You may filter the course categories by topic to easily find what you're looking for.
- Upon navigating to the Catalog, search for **"Health Equity"** as the on-demand webinar category.

Dr. Craig Samitt, President and CEO of Blue Cross and Blue Shield of Minnesota

states that the goal of these webinars "is to eliminate health inequities throughout the state. There remain significant gaps in care, gaps in quality, gaps in outcomes, and our desire to work together – all of us – to assure that all the patients in Minnesota have access to high quality outcomes." He further states, "Health equity? It is a justice issue. It is an outcomes issue. It's the thing we can do and should do to assure a care and clinical level playing field for our very diverse state. I would hope that all of us realize that there is more to learn for us to get better and stronger in solving health inequities."

These webinars will address definitions, research studies, guidelines, relevance, impact, strategies, resources and more. We hope that watching these webinars will allow you to feel better equipped to understand the importance of cultural competency and working effectively with interpreters in navigating interactions with patients from diverse racial, ethnic and cultural backgrounds.

FYI

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 June 2019 to August 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 4, Care Management	Content Changes to the following sections: <ul style="list-style-type: none"> • Precertification/Authorization/Notification Overview • Referrals to Commercial Case and Condition/Disease Management • Condition/Disease Management (Health Coach) • Condition/Disease States • Focused Utilization Review • Documentation Requirements • Durable Medical Equipment (DME) Claims Submissions
Provider Policy and Procedure Manual: Chapter 10, Appeals	Content Changes to Post Service Claims Appeals

HOLIDAY SCHEDULE

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

- 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.

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.	

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from June 2019 to August 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
QP44-19	Online Medical Policy Survey for Botox and Bariatric Surgery
QP45-19	Providers Need to Validate Members Coverage
QP46-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Arikayce
QP47-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Hereditary transthyretin-mediated (hATTR) Amyloidosis
QP48-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Somatostatin Analogs
QP49-19	Pharmacy Benefit Exclusion for Proventil (albuterol sulfate) HFA and Proventil (albuterol sulfate) HFA Authorized Genetic (AG)
QP50-19	Pharmacy Benefit Exclusion for Intramuscular Route of Administration Medications
QP51-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Firdapse
QP52-19	Pharmacy Benefit Exclusion for Cimzia, Elzonris, Gamifant, Kalbotor, Khapzory, leucovorin calcium, Nuzuza and Panzyga
QP53-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Neurotrophic Keratitis
QP54-19	Pharmacy Benefit Update – New Drug-Related Utilization Management Program: Opioid Immediate Release (IR) New to Therapy (NTT) Program
QP55-19	Authorization Attachment Tips on Availity Provider Portal
QP56-19	Pharmacy Benefit Update – New Drug-Related Step Therapy Criteria: Topical Corticosteroids
QP57-19	Pharmacy Benefit Update – New Drug-Related PA Criteria: tafamidis
QP58-19	Pharmacy Benefit Exclusion for Zolgensma
QP59-19	eviCore Group Number List to be Removed
QP60-19	2019 Blue Cross Basic Seminars
QP61-19	Availity Portal Authorization Frequently Asked Questions
QP62-19	Pharmacy Benefit Update – New Drug-Related PA with QL Criteria: Interleukin 5 (IL5) Inhibitors
QP63-19	When the Authorization Tool is Utilized on the Availity Portal
QP64-19	Platinum Blue Choice Member Copays
QP65-19	Denial, Termination, Reduction (DTR) Notices not Generated
QP66-19	System Error Regarding Copays for Minnesota Health Care Programs (MHCP) Members
QP67-19	Personal Care Assistant (PCA) Provider Claim Submission Reminders for 2019 Services
QP68-19	Minnesota Health Care Programs (MHCP) Updates
QP69-19	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Riluzole

(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
QP70-19	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Antifungal Agents
QP71-19	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Vascepa
QP72-19	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hemophilia VIII and IX Extended Half-Life Products

BULLETINS	TITLE
P41R1-19	Update: eviCore Medicare Advantage DME Prior Authorization Code List Updates
P50R1-19	Update: Provider Telephone Number Added – Change to TPA Business and Submitting Claims for TPA Plan Members
P51-19	Musculoskeletal Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers- eviCore Healthcare Specialty Utilization Management Program
P52-19	Provider Reimbursement Calculation for Legacy Platform Runout Claims
P53-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective August 5, 2019
P54-19	Precertification for Commercial Inpatient Admissions Effective September 1, 2019
P54R1-19	Update: Precertification for Commercial Inpatient Admissions
P55-19	Change to Prior Authorization Requirements for Radiology Program for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management Program
P56-19	Updated Minnesota Health Care Programs and Minnesota Senior Options Prior Authorization, Notifications and Medical Policy Requirements
P57-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage Lines of Business
P58-19	Updated Minnesota Health Care Programs and Minnesota Senior Options Prior Authorization and Medical Policy Requirements
P59-19	Legacy Platform Runout Claims to be Paid by Check
P60-19	New Reimbursement Policy for Bundled Services
P62-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective September 30, 2019
P63-19	CMS Changing Payment Classification System for SNF Effective October 1, 2019
P65-19	Minnesota Health Care Programs Reimbursement Policy Updates
P66-19	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

FYI

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.

Blue Cross Medicare Fee Schedule Update

The following are the dates and updates made to the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Medicare Fee Schedule.

OPTUM MODULES	VERSION	DATE INSTALLED
Skilled Nursing Facility (SNF)	V1904.01	5/31/2019
Long Term Care (LTC)	V1904.01	5/31/2019
Outpatient	V1904.00	5/31/2019
End Stage Renal Disease (ESRD)	V1904.01	5/31/2019
Home Health Agency (HHA)	V1903.00	5/31/2019
Inpatient	V1904.00	5/31/2019
Ambulatory Surgery Center (ASC)	V1904.00	5/31/2019

'The Blue Cross Medicare Professional Fee Schedule has been updated to align with the Centers for Medicare and Medicaid Services (CMS) as indicated above. There were no additional Professional Medicare rate updates completed other than those indicated above.'

LEARNING CENTER UPDATES

BLUE CROSS AND BLUE SHIELD OF MINNESOTA LEARNING CENTER UPDATES

New content has been added to the learning center along with Physician Continuing Medical Education (CME) credit for select courses.

The Blue Cross Learning Center is an engaging and learning-rich environment that can be accessed at your convenience through a secure website.

Here is a list of the new and existing content in the **Catalog** (webinars) and **Resources** area (tip sheets).

Catalog

CME and CEU On Demand Webinars

- Introduction to Risk Adjustment – 1 CME or CEU
- Introduction to the Medicaid CDPS Model for Risk Adjustment – 1 CME or CEU

Professional Practice Coding Series

- Depression
- Diabetes
- Substance Abuse
- Vascular Disease
- Risk Adjustment Documentation and Coding Best Practices

Ask Dr. Dan Series

- History of and Cancer Diagnoses

Resources

- Medicare HCC tip sheets on various disease conditions
- Disease specific microlearning tip sheets
- Medicare Star Ratings Measure Specifications

Blue Cross and Blue Shield of Minnesota Learning Center:

On the Web: <https://bcbsmn.availabilitylearningcenter.com>

Once there, select “Sign up now”

If you currently use Availity and already have a user account/password, you may click on the “Availity Portal users - Log in [here](#)” link.

LEARNING CENTER UPDATES

BLUE CROSS AND BLUE SHIELD OF MINNESOTA LEARNING CENTER UPDATES (continued)

Welcome to the Availity Learning Center!

Availity Portal users - Log in [here](#).

Non-Availity Portal users - Log in or create an account on this page.

Questions? Email us at AvailityLearning@availity.com.

Welcome to the Availity Learning Center! Use your email address as your username.

Username
|username

Password
Password

Sign in

Don't have an account? Sign up now »

[Forgot password?](#)

From the “Catalog” you can view a list of on-demand courses to enroll in. You may filter the course categories by topic to easily find what you’re looking for.

[Catalog](#) [Courses](#) [Sessions](#)

Learn with BlueCross and BlueShield of Minnesota

Scroll down to enroll in free training. Filter by category or search by keyword. Click Get started to view quick reference materials and to take a quick survey to help us improve our site.

Get started

Filter Catalog

Category
All Categories

Date released (Newest First)

Professional Practice Series: Coding and Documentation for Substance Abuse - On-Demand

★★★★★ Length 15 Mins Released 10-Jan-2019

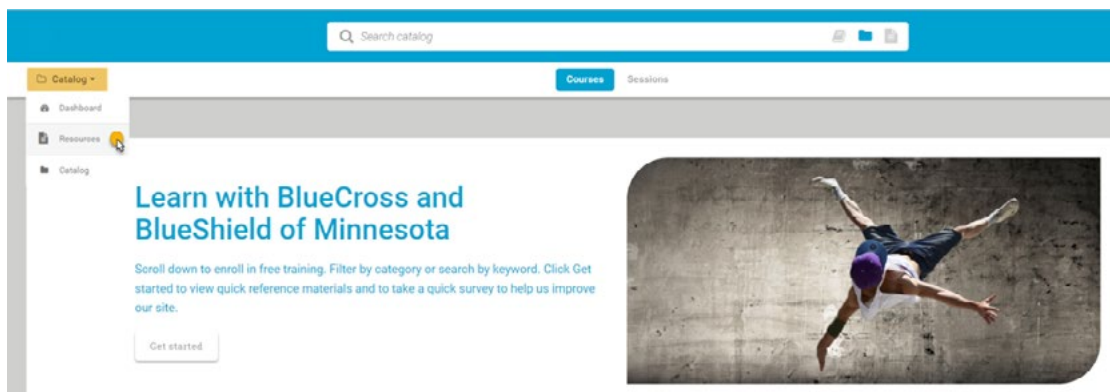
Welcome to the Professional Practice Series: Coding and Documentation for Substance Abuse, presented by Katie O'Hearn, Provider Education Program Manager at BlueCross and BlueShield of Minnesota. ... [Read More](#)

Content 2 / 7 Reviews Certificate Enroll

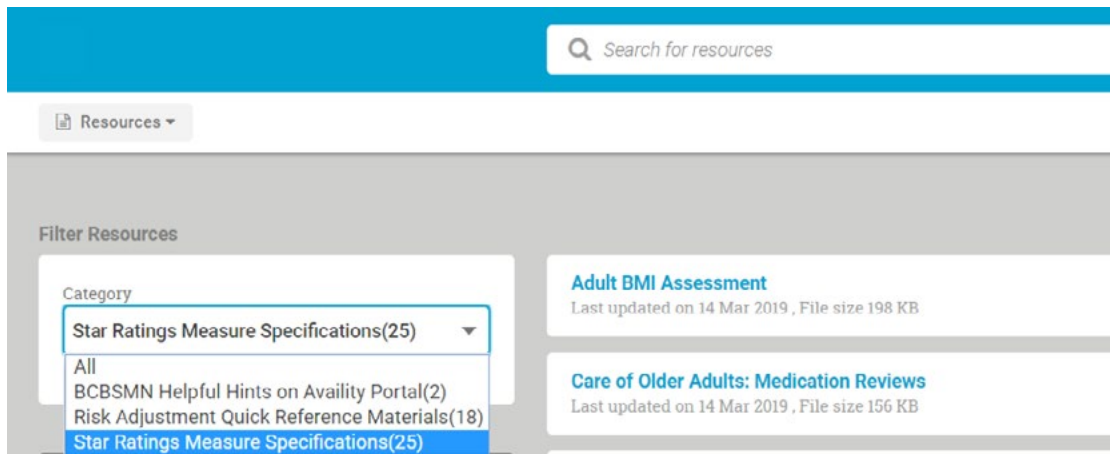
LEARNING CENTER UPDATES

BLUE CROSS AND BLUE SHIELD OF MINNESOTA LEARNING CENTER UPDATES (continued)

Click on "Catalog" and select "Resources" to view a list of educational documents available for download.



You may filter the Resource categories by topic to easily find what you're looking for.



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 Subscribers. Please 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

CLINICAL PRACTICE GUIDELINES

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, Blue Cross' Quality Management Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgement; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

For the complete list of Clinical Practice Guidelines with hyperlinks please refer to Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, go to providers.bluecrossmn.com and select "Forms and Publications" then "Manuals."

Please note, some treatment and management options recommended in clinical practice guidelines may not be covered benefits under a Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) member's health plan.

Recommended Sources

Blue Cross recognizes several sources for Clinical Practice Guidelines for a variety of areas of clinical practice; including, but not limited to the sources noted below:

- USPSTF: U.S. Preventive Services Task Force
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browserecommendations>
- HRSA: Health Resources and Services Administration
<http://www.hrsa.gov/index.html>
- ICSI: Institute for Clinical Systems Improvement
<https://www.icsi.org/guidelines/>

Specific Guidelines

Specific guidelines recommended by Blue Cross include the following:

- Behavioral Health
 - Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (AAP)
 - Treatment of Adults with Major Depressive Disorder (APA, ICSI)
- Non-Preventive Acute or Chronic Conditions
 - Prevention and Management of Diabetes (ADA)
 - Diagnosis and Management of Asthma (NHLBI)
- Preventive Care Guidelines
 - Preventive Services for Adults (USPSTF)
 - Preventive Services Children and Adolescents (USPSTF)
 - Routine Prenatal Care (USPSTF)

Questions concerning Clinical Practice Guidelines can be directed to Abby Linn, Accreditation Analyst, Quality and Health Outcomes at (651) 662-8943. A copy of the Clinical Practice Guidelines with hyperlinks is also available by calling Abby Linn.

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

QUALITY IMPROVEMENTS

2019 LEGISLATION AFFECTING MN BOARD OF PHARMACY LICENSEES AND REGISTRANTS

Reducing Chronic Opioid Use Performance Improvement Project

Below is a summary of the language passed by the Legislature to limit acute pain opioid prescribing. Some provisions are under the jurisdiction of the Departments of Health Services, Health or Commerce rather than the Board of Pharmacy. To review the MN Board of Pharmacy post [Click here, reference page 3](#). They also provided a [FAQs](#).

These limits apply to **every** person, regardless of payer or self-pay.

Minnesota Acute Pain Opioid Prescribing Limitations – Effective 7/1/2019

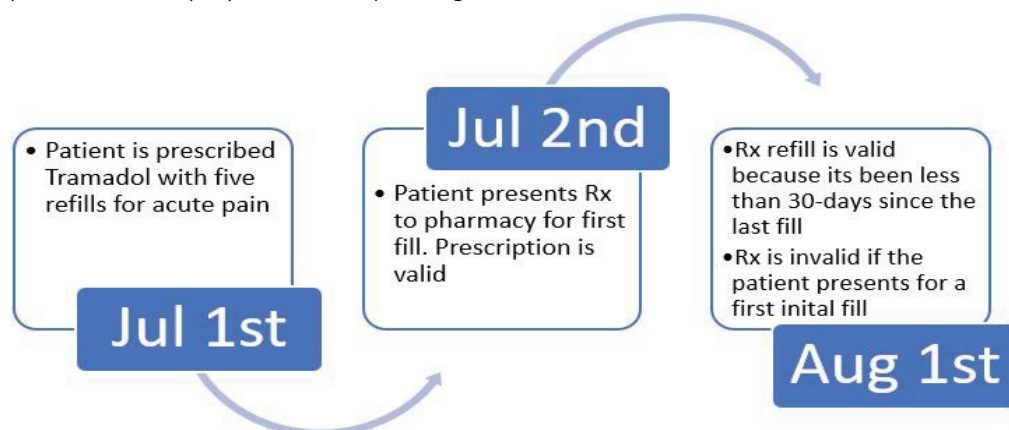


1. Daily Limit = 90 MED (morphine equivalent dose per day).
2. Adults (age 18 years and over) no more than a 7-day supply.
3. Minors (under age 18 years) no more than a 5-day supply.
4. Treatment of acute dental pain no more than a 4-day supply.

NOTE: Professional clinical judgment of the prescriber can exceed these limits.

Pharmacists should make a reasonable effort to determine if the prescription is for acute pain. That could include contacting the prescriber, assessing the patient's medical record through the MN Prescription Monitoring Program ([click here for log-in screen](#)), or asking the patient or the patient's caregiver.

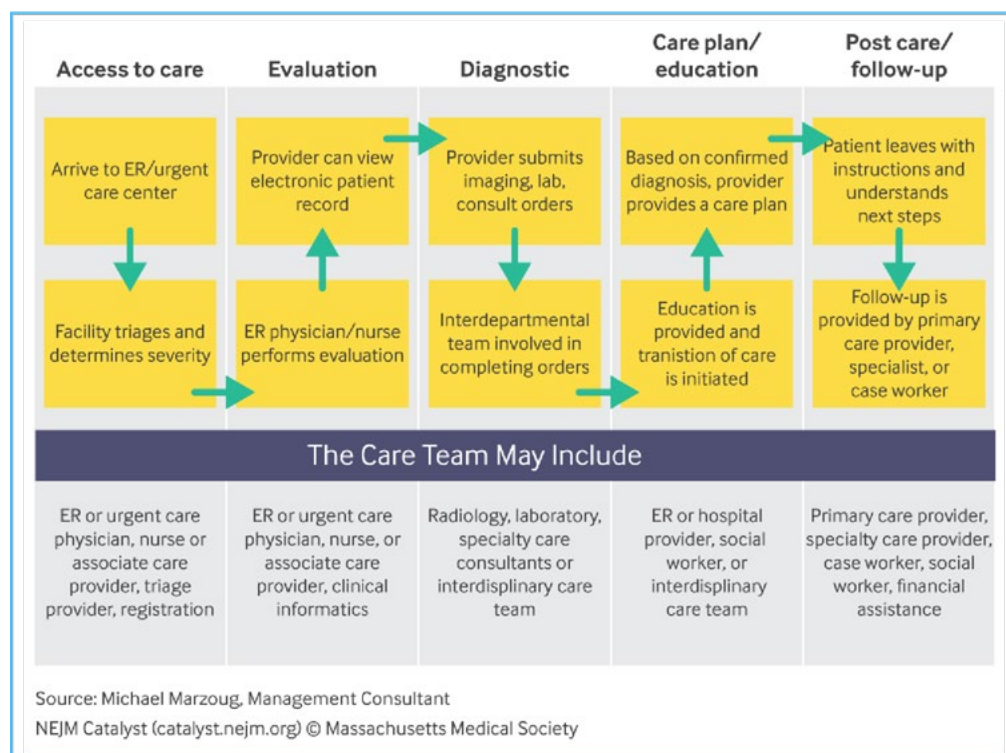
The 2019 Opioid Omnibus bill also includes time limits. No prescription for an opiate or narcotic pain reliever (Schedule III or IV) may be initially dispensed more than 30 days after the date on which the prescription was issued. In addition, no subsequent refills indicated on a prescription may be dispensed more than 30 days after the previous date on which the prescription was initially filled or refilled. Prescriptions for Schedule III or IV opiates can still have up to five refills within six months. However, each refill must be dispensed no more than 30 days after the last refill was dispensed. The 30-day time period is based on the date that the prescription is processed and prepared for dispensing.



QUALITY IMPROVEMENTS

CONTINUITY AND COORDINATION OF CARE

The transition to value-based care has led to many hospitals and health systems taking a more active role in care coordination. Determining best practices of care coordination can be uniquely custom to the available resources of the health system. On January 1, 2018 NEJM Catalyst posted an article titled, What is Care Coordination? [Click here to read the article.](#)



In the article, the author discusses the Guided Care® model which was developed by researchers at John Hopkins University. The Guided Care model utilizes trained nurses who work closely with patients, physicians and other providers to assist in coordinated care in a patient-centered approach.

QUALITY IMPROVEMENTS

THE HEALTHCARE EFFECTIVE DATA AND INFORMATION SET (HEDIS®) NEWS

Each year Blue Cross and Blue Shield of Minnesota (Blue Cross) requests thousands of charts to support:

- Complete and accurate coding for risk adjustment, and
- Health care quality reporting (such as HEDIS) which is a component of the National Committee for Quality Assurance (NCQA) accreditation

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and manages the evolution of HEDIS, the performance measurement tool used by more than 90 percent of the nation's health plans.

Apart from NCQA health plan accreditation, health care quality reporting supports the Medicare Star Ratings Program as well as provider contracts.

While Risk Adjustment efforts occur throughout the year, HEDIS data abstraction, Healthcare Effectiveness Data and Information Set Compliance Audit™ submission, and outcomes reporting occurs January – June. The annual compliance audit ensures that Blue Cross accurately reports HEDIS results.

We are pleased to announce that Blue Cross passed the 2019 NCQA HEDIS Compliance Audit!

HEDIS Benefits

HEDIS provides a standardized set of measurement specifications and reporting criteria which health plans use to report quality measures. NCQA uses health plan performance to calculate national performance statistics and benchmarks. To date, HEDIS remains one of the most established ways to measure and improve health care and drive continuous improvement efforts.

HEDIS Quality Measures

In total, there are over 90 HEDIS measures, 15 which are hybrid measures. Measures fall under 5 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems

(continued on next page)

QUALITY IMPROVEMENTS

THE HEALTHCARE EFFECTIVE DATA AND INFORMATION SET (HEDIS®) NEWS (continued)

HEDIS Data Sources

During annual HEDIS activity Blue Cross requests approximately 20,000 medical records to gather clinical data elements not readily available on claims (e.g. blood sugar values, blood pressure values, etc.). The number of HEDIS measures clinicians review for compliance is about 23,000. Where there is a large volume of records, some providers prefer that Blue Cross retrieve records either through a scheduled site visit or by providing Blue Cross with direct access to the provider's electronic medical record (EMR) system such as EpicCare. Providers can choose to fax or mail records directly to Blue Cross.

Identified Improvement Opportunities

During a review of 2018 selected member provider encounters, Blue Cross identified several improvement opportunities focusing on availability, effectiveness, timeliness, and continuity of care as they relate to patient engagement, utilization, disease management, and outcomes of patient care and treatment.

A prominent challenge across all hybrid measures was obtaining the necessary medical records to validate the measure. Of the 15 hybrid measures transitions of care, diabetic retinopathy, controlling high blood pressure, post hospitalization medication reconciliation, and presence of an advance directive for care of the older adult measure stood out as having potential for documentation improvement.

Diabetic Retinopathy: For diabetic eye exams, handwritten notes are often difficult to read and a provider's documentation format at times makes it difficult to discern the absence or presence of diabetic retinopathy.

Controlling high blood pressure: Lack of documentation of repeat blood pressures when a blood pressure is elevated during a single visit. Lack of follow up or failure to document a treatment plan for elevated blood pressures at a single visit.

Transitions of care: Lack of documentation which validates primary care provider notification of hospital admission and discharge. Hospital discharge summaries that do not include instructions to the primary provider for any necessary follow up such as blood work or referrals.

Medication reconciliation post hospitalization: Lack of documentation that hospital discharge medications were reconciled at a post hospital follow up visit.

Advance directive: For care of the older adult measure, a lack of documentation that an advance directive is on file or that the primary care provider discussed advance directives with the patient.

(continued on next page)

QUALITY IMPROVEMENTS

THE HEALTHCARE EFFECTIVE DATA AND INFORMATION SET (HEDIS®) NEWS (continued)

Blue Cross Current and Future Initiatives

Currently Blue Cross conducts provider and member education outreach throughout the year. Outreach is guided in part by HEDIS audit outcomes. Member engagement is both direct and indirect. Communication occurs using member text, email, and direct mail through home test kit initiatives. Provider outreach includes provider conference calls and member gap reports specific to the provider's Blue Cross members. Providers are encouraged to identify areas for targeted improvement.

A future goal is to obtain enhanced member record access by way of provider electronic medical record (EMR). Direct access to a providers EMR allows Blue Cross analytics and HEDIS clinicians to obtain the most complete and relevant patient encounter data in an efficient and timely way to determine measurement compliance.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA)

CPT II CODES THAT SUPPORT HEDIS®

CPT II codes can relay important information related to health outcome measures, which can close care gaps related to specific Healthcare Effective Data and Information Set (HEDIS) measures.

Submitting CPT II Codes in conjunction with CPT or other codes used for billing may decrease the need for record abstraction and chart review, minimizing your administrative burden.

How should I bill CPT II Codes?

CPT II codes are billed in the procedure code field, just as CPT I codes are billed.

CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value.

Therefore, CPT II codes are billed with a \$0.00 billable charge amount.

How can CPT II codes be used to document our performance on specific HEDIS measures?

The following table lists the CPT II codes and indicator description that are recognized in the HEDIS specifications.

(continued on next page)

QUALITY IMPROVEMENTS

CPT II CODES THAT SUPPORT HEDIS® (continued)

<i>CPT II Code</i>	<i>Description</i>
<i>Prenatal and Postpartum Timeliness</i>	
0500F	Initial prenatal care visit
0501F	Prenatal flow sheet
0502F	Subsequent prenatal care
0503F	Postpartum care visit
<i>Retinal Exam Results</i>	
2022F	Dilated retinal eye exam interpreted by ophthalmologist/ optometrist documented/reviewed
2024F	Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.
2026F	Eye Imaging validated to match diagnosis from seven (7) standard field stereoscopic photos results documented and reviewed
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
<i>Hemoglobin A1c (HbA1c) Level</i>	
3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0%
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%
3046F	Most recent hemoglobin A1c (HbA1c) level > 9.0%
<i>Microalbuminuria Test Results</i>	
3060F	Positive microalbuminuria test result documented and reviewed
3061F	Negative microalbuminuria test result documented and reviewed
3062F	Positive macroalbuminuria test result documented and reviewed
3066F	Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)
<i>Blood Pressure Readings</i>	
3074F	Most recent <i>systolic</i> blood pressure < 130 mm Hg
3075F	Most recent <i>systolic</i> blood pressure 130 to 139 mm Hg
3077F	Most recent <i>systolic</i> blood pressure 140 mm Hg
3078F	Most recent <i>diastolic</i> blood pressure < 80 mm Hg
3079F	Most recent <i>diastolic</i> blood pressure 80 – 89 mm Hg
3080F	Most recent <i>diastolic</i> blood pressure 90 mm Hg
<i>Medication Reconciliation</i>	
1111F	Discharge medications reconciled with the current medication list in outpatient medical record
<i>ACE or ARB Inhibitor</i>	
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed or currently being taken
<i>Body Mass Index</i>	
3008F	BMI documented
<i>Advance Care Directive</i>	
1123F	Advance care planning discussed and documented; advanced care plan or surrogate decision maker documented in the medical record
1124F	Advance care planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provider an advance care plan

(continued on next page)

QUALITY IMPROVEMENTS

CPT II CODES THAT SUPPORT HEDIS® (continued)

<i>CPT II Code</i>	<i>Description</i>
1157F	Advance care planning or similar legal document present in the medical record
1158F	Advance care planning discussion documented in the medical record
<i>Medication Review</i>	
1159F	Medication list documented in medical record
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplementals) documented in the medical record.
<i>Functional Status Assessment</i>	
1170F	Functional status assessed
<i>Pain Assessment</i>	
1125F	Pain severity quantified, pain present
1126F	Pain severity quantified; No pain present

HEALTH LITERACY

OCTOBER IS HEALTH LITERACY MONTH

Promote Health Literacy Best Practices in Your Office

October is health literacy month. Consider using one of these campaigns developed by the Minnesota Health Literacy Partnership to help promote the use of health literacy best practices within your setting. **Campaign materials** are available on the Partnership's website healthliteracymn.org.



Health Literacy and Health Equity. Health literacy is key to achieving our health equity goals. This year, the Partnership explores how health literacy and health equity are connected and work together to improve health for consumers. For example, using plain language can help interpreters when trying to translate otherwise complex and confusing medical terminology. People of all ages, races, incomes, and education levels are affected by limited health literacy. However, seniors, minority groups, and people with disabilities, low incomes, limited reading skills or limited English proficiency, those most likely to experience health care disparities, are also more likely to experience communication barriers and misunderstandings.



Cut the Jargon. Use Plain Language. Plain language is a health literacy tool that allows people to find what they need, understand what they find, and act appropriately on that understanding after the first time they hear or read it. Using plain language means health care systems and staff eliminate jargon words and replace them with common words, speak in an active voice, use short sentences, and organize points logically to ensure better understanding.



Promote the **Ask Me 3** program from the National Patient Safety Foundation which focuses on patient understanding of 3 simple questions:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

You can use these questions to help guide the information you provide during visits with your patients. Make sure they know the answer to these questions before they leave your office. Consider displaying posters and brochures throughout your office during October to remind staff about the 3 questions. For more information on Ask Me 3, [click here](#).



To learn more about building a culture of health literacy and using plain language at your practice, please send an email to Alisha.Odhiambo@bluecrossmn.com.

PHARMACY UPDATES

PHARMACY DRUG FORMULARY UPDATE FOR QUARTER 3, 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 web 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 whether 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. Updates include new and changes 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 7/1/19

BRAND NAME (generic name - if available)	UM Program		
ARIKAYCE® (amikacin liposome) INHALATION SUSP	PA	QL	
FIRDAPSE® (amifampridine) 10 mg	PA	QL	
NUCALA® (mepolizumab) SELF-ADMINISTERED INJ	PA	QL	
ONPATTRO™ (patisiran) SOLN 10 mg/5 ml	PA	QL	
OXERVATE™ (cenegermin-bkbj) SOLN 20 mcg/ml	PA	QL	
SANDOSTATIN® (octreotide acetate) INJ	PA	QL	
SANDOSTATIN® (octreotide acetate) INJ 1000 mcg/ml IN 5 ml MULTI-DOSE VIAL	PA	QL	
SANDOSTATIN® (octreotide acetate) LAR KIT	PA	QL	
SOMATULINE® (lanreotide) INJ	PA	QL	
SOMATULINE® (lanreotide) INJ 120 mg PRE-FILLED SYRINGE	PA	QL	
SOMAVERT® (pegvisomant) INJ	PA	QL	
TEGSEDI™ (inotersen) INJ 284 mg/1.5ml	PA	QL	

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

New Step Therapy Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program		
OTREXUP™ (methotrexate) AUTO-INJECTOR			ST
RASUVO® (methotrexate) AUTO-INJECTOR			ST

New Quantity Limit Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program		
ALORA (estradiol) TRANSDERMAL PATCH		QL	
CLIMARA PRO (estradiol/levonorgestrel)		QL	
CLIMARA (estradiol) TRANSDERMAL PATCH		QL	
DIVIGEL (estradiol) GEL		QL	
ELESTRIN (estradiol) PUMP		QL	
estradiol 0.05 mg, 0.1 mg per day transdermal patch		QL	
ESTRING (estradiol) 2 mg		QL	
ESTROGEL (estradiol) GEL 0.06%		QL	
EVAMIST (estradiol) 1.53 MG/SPRAY		QL	
FEMRING (estradiol acetate)		QL	
IMVEXXY (estradiol) STARTING PACK 4 mcg AND 10 mcg		QL	
IMVEXXY (estradiol) MAINTENANCE PACK 4 mcg AND 10 mcg		QL	
MENOSTAR (estradiol)		QL	
MINIVELLE (estradiol) TRANSDERMAL PATCH		QL	
VIVELLE DOT (estradiol) TRANSDERMAL PATCH		QL	

New Step Therapy and Quantity Limit Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program		
ACLOVATE® (acclometasone dipropionate) CREAM 0.05% *		QL	
ALA SCALP® (hydrocortisone) LOTION 2%		QL	
acclometasone dipropionate 0.05% ointment		QL	
AMCINONIDE CREAM 0.1%		QL	
AMCINONIDE LOTION 0.1%		QL	
AMCINONIDE OINTMENT 0.01%		QL	
APEXICON® E (diflorasone diacetate [emollient]) CREAM 0.05%		QL	
betamethasone dipropionate 0.05% cream		QL	
betamethasone dipropionate 0.05% lotion		QL	
betamethasone dipropionate 0.05% ointment		QL	
betamethasone dipropionate augmented gel 0.05%		QL	
betamethasone dipropionate augmented lotion 0.05%		QL	
betamethasone valerate 0.1% cream		QL	
betamethasone valerate 0.1% lotion		QL	
betamethasone valerate 0.1% ointment		QL	
BRYHALI™ (halbetasol propionate) LOTION 0.01%		QL	ST

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Step Therapy and Quantity Limit Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program	
CAPEX® (fluocinolone acetonide) SHAMPOO 0.01 %	QL	ST
clobetasol propionate solution 0.05%	QL	
CLOBEX® (clobetasol propionate) LOTION 0.05% *	QL	ST
CLOBEX® (clobetasol propionate) LOTION 0.05% *	QL	ST
CLOBEX® (clobetasol propionate) SHAMPOO 0.05% *	QL	ST
CLOBEX® (clobetasol propionate) SPRAY 0.05% *	QL	ST
CLODERM® (clocortolone) CREAM 0.1%	QL	ST
CORDRAN® (flurandrenolide) CREAM 0.05% *	QL	ST
CORDRAN® (flurandrenolide) LOTION 0.05% *	QL	ST
CORDRAN® (flurandrenolide) OINTMENT 0.05% *	QL	ST
CORDRAN® (flurandrenolide) CREAM 0.025%	QL	ST
CORDRAN® (flurandrenolide) TAPE 4 mcg/sqcm	QL	ST
CUTIVATE (fluticasone propionate) LOTION 0.05% *	QL	ST
DERMA-SMOOTH® (fluocinolone acetonide) BODY OIL 0.01% *	QL	ST
DERMA-SMOOTH® (fluocinolone acetonide) SCALP OIL 0.01% *	QL	ST
DERMATOP® (prednicarbate) CREAM 0.1% *	QL	ST
DERMATOP® (prednicarbate) OINTMENT 0.1% *	QL	ST
DESONATE® (desonide) GEL 0.05%	QL	ST
desonide 0.05% ointment	QL	
DESOWEN® (desonide) CREAM 0.05% *	QL	ST
DESOWEN® (desonide) LOTION 0.05% *	QL	ST
diflorasone diacetate 0.05% ointment	QL	
DIPROLENE® (betamethasone dipropionate augmented) OINTMENT 0.05% *	QL	ST
DIPROLENE® AF (betamethasone dipropionate augmented) CREAM 0.05% *	QL	ST
ELOCON® (mometasone furoate) CREAM 0.1% *	QL	ST
ELOCON® (mometasone furoate) OINTMENT 0.1% *	QL	ST
fluocinolone acetonide 0.01% cream	QL	
fluocinolone 0.05% emulsified cream	QL	
fluocinolone 0.05% cream	QL	
fluocinolone 0.05% gel	QL	
fluocinolone 0.05% ointment	QL	
fluocinolone 0.05% solution	QL	
fluticasone propionate 0.005% ointment	QL	
fluticasone propionate cream 0.05%	QL	
HALOG® (halcinonide) CREAM 0.1%	QL	ST
HALOG® (halcinonide) OINTMENT 0.1%	QL	ST

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

New Step Therapy and Quantity Limit Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program	
hydrocortisone 1% cream	QL	
hydrocortisone 1% ointment	QL	
hydrocortisone 2.5% cream	QL	
hydrocortisone 2.5% lotion	QL	
hydrocortisone 2.5% ointment	QL	
hydrocortisone valerate 0.2% cream	QL	
IMPOYZ™ (clobetasol propionate) CREAM 0.025%	QL	ST
KENALOG® (triamcinolone acetonide) SPRAY 0.147 mg/gm	QL	ST
LEXETTE™ (halobetasol propionate) AER 0.05%	QL	ST
LOCOID® (hydrocortisone butyrate) CREAM 0.1% *	QL	ST
LOCOID® (hydrocortisone butyrate) LIPO CREAM 0.1% *	QL	ST
LOCOID® (hydrocortisone butyrate) LOTION 0.1% *	QL	ST
LOCOID® (hydrocortisone butyrate) OINTMENT 0.1% *	QL	ST
LOCOID® (hydrocortisone butyrate) SOLUTION 0.1% *	QL	ST
LUXIQ® (betamethasone valerate) FOAM 0.12% *	QL	ST
MICORT-HC® (hydrocortisone acetate) CREAM 2.5%	QL	ST
mometasone furoate solution 0.1% (lotion)	QL	
OLUX® (clobetasol propionate) AER 0.05% *	QL	ST
OLUX-E® (clobetasol propionate emulsion) AER 0.05% *	QL	ST
PANDEL® (hydrocortisone probutate) CREAM 0.1%	QL	ST
PSORCON® (diflorasone diacetate) CREAM 0.05%	QL	ST
SERNIVO® (betamethasone dipropionate) SPRAY 0.05%	QL	ST
SYNALAR® (fluocinolone acetonide) CREAM 0.025% *	QL	ST
SYNALAR® (fluocinolone acetonide) OINTMENT 0.025% *	QL	ST
SYNALAR® (fluocinolone acetonide) SOLUTION 0.01% *	QL	ST
TEMOVATE® (clobetasol propionate) CREAM 0.05% *	QL	ST
TEMOVATE® (clobetasol propionate) GEL 0.05% *	QL	ST
TEMOVATE® (clobetasol propionate) OINTMENT 0.05% *	QL	ST
TEMOVATE® E (clobetasol propionate) CREAM 0.05% *	QL	ST
TEXACORT® (hydrocortisone) SOLUTION 2.5%	QL	ST
TOPICORT® (desoximetasone) CREAM 0.05% *	QL	ST
TOPICORT® (desoximetasone) CREAM 0.25% *	QL	ST
TOPICORT® (desoximetasone) GEL 0.05% *	QL	ST
TOPICORT® (desoximetasone) OINTMENT 0.05% *	QL	ST
TOPICORT® (desoximetasone) OINTMENT 0.25% *	QL	ST
TOPICORT® (desoximetasone) SPRAY 0.25% *	QL	ST
triamcinolone acetonide 0.025% cream	QL	

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

New Step Therapy and Quantity Limit Program Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program	
triamcinolone acetonide 0.025% lotion	QL	
triamcinolone acetonide 0.025% ointment	QL	
triamcinolone acetonide 0.1% cream	QL	
triamcinolone acetonide 0.1% lotion	QL	
triamcinolone acetonide 0.1% ointment	QL	
triamcinolone acetonide 0.5% cream	QL	
triamcinolone acetonide 0.5% ointment	QL	
TRIANEX® (Triamcinolone Acetonide) OINTMENT 0.05%	QL	ST
TRIDESILON (desonide) CREAM 0.05% *	QL	ST
ULTRAVATE® (halobetasol propionate) CREAM 0.05% *	QL	ST
ULTRAVATE® (halobetasol propionate) OINTMENT 0.05% *	QL	ST
ULTRAVATE® (halobetasol propionate) LOTION 0.05% *	QL	ST
VANOS® (fluocinonide cream) 0.1%	QL	ST
VERDESO® (desonide) AER 0.05%	QL	ST
WESTCORT® (hydrocortisone valerate) OINTMENT 0.2% *	QL	ST

*Generic available- the generic is not subject to step therapy; quantity limit will apply if applicable

New Quantity Limit Program Limiting New Utilizers to a 7 Day Supply, Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program	
acetaminophen/caffeine/dihydrocodeine	QL	
acetaminophen/caffeine/dihydrocodeine 325 mg/30 mg/16 mg tablet	QL	
acetaminophen/codeine solution, 120-12 mg/5 mL	QL	
APADAZ™ (benzhydrocodone/acetaminophen)	QL	
butalbital/acetaminophen/caffeine/codeine 50-325-40-30 mg capsule	QL	
butorphanol tartrate nasal solution 10 mg/ml	QL	
CODEINE SULFATE (codeine sulfate) 30 mg	QL	
CODEINE SULFATE 15 and 60 mg	QL	
DEMEROL™ (meperidine) 100 mg	QL	
DILAUDID® (hydromorphone) 2 mg, 4 mg, 8 mg	QL	
DILAUDID® (hydromorphone) liquid, 1 mg/mL	QL	
DOLOPHINE® (methadone) 5 mg, 10 mg	QL	
DVORAH® (acetaminophen/caffeine/dihydrocodeine)	QL	
FIORICET® W/ CODEINE (butalbital/acetaminophen/caffeine/codeine) 50-300-40-30 mg	QL	
FIORINAL® (butalbital/aspirin/caffeine) 50-325-40 mg	QL	
HYDROCODONE/ACETAMINOPHEN (hydrocodone/acetaminophen) solution 10-325 mg/15 mL	QL	

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

New Quantity Limit Program Limiting New Utilizers to a 7 Day Supply, Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program
hydrocodone/acetaminophen solution 7.5-325 mg/15 mL	QL
hydrocodone/acetaminophen, 2.5-325 mg	QL
hydrocodone/ibuprofen 7.5-200 mg	QL
IBUDONE® (hydrocodone/ibuprofen) 10-200 mg	QL
ibudone 5-200 mg	QL
levorphanol 2 mg	QL
LEVORPHANOL 3 mg	QL
LORTAB® (hydrocodone bitartrate/acetaminophen) ELIXIR 10-300 mg/15 mL	QL
meperidine 50 mg	QL
MEPERIDINE SOLUTION 50 mg/5ml	QL
METHADONE (methadone) solution 10 mg/5 mL	QL
METHADONE (methadone) solution 5 mg/5 mL	QL
methadone soluble tablet 40 mg	QL
METHADOSE™ (methadone) concentrate 10 mg/mL	QL
methadose soluble tablet 40 mg	QL
MORPHINE SULFATE 15 and 30 mg	QL
morphine sulfate solution 10 mg/5 mL	QL
morphine sulfate solution 20 mg/5 mL	QL
morphine sulfate solution 20 mg/mL	QL
NALOCET® (oxycodone/acetaminophen)	QL
NORCO® (hydrocodone/acetaminophen)	QL
NUCYNTA® (tapentadol)	QL
OPANA® (oxymorphone) 5 mg, 10 mg	QL
OXAYDO® (oxycodone hcl) 5 mg	QL
oxycodone 10 mg, 20 mg	QL
oxycodone 5 mg	QL
oxycodone concentrate 20 mg/mL	QL
oxycodone solution 5 mg/5 mL	QL
OXYCODONE/ACETAMINOPHEN solution	QL
oxycodone/aspirin	QL
OXYCODONE/IBUPROFEN	QL
OXYCODONE/IBUPROFEN 5-400 mg	QL
panlor	QL
pentazocine/naloxone	QL
PERCOET® (oxycodone/acetaminophen)	QL
PRIMLEV™ (oxycodone hcl/acetaminophen)	QL
REPREXAIN™ (hydrocodone-ibuprofen) 5-200 mg	QL

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

New Quantity Limit Program Limiting New Utilizers to a 7 Day Supply, Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program		
ROXICODONE® (oxycodone) 5 mg, 15 mg, 30 mg		QL	
ROXYBOND™ (oxycodone hcl)		QL	
SYNALGOS® DC (aspirin/caffeine/dihydrocodeine)		QL	
TREZIX™ (acetaminophen/caffeine/dihydrocodeine bitartrate)		QL	
TYLENOL® W/CODEINE (acetaminophen/codeine)		QL	
ULTRACET® (tramadol/acetaminophen)		QL	
ULTRAM® (tramadol)		QL	
XODOL® (hydrocodone/acetaminophen)		QL	

Changes to Existing Utilization Management Programs, Effective 7/1/19

BRAND NAME (generic name - if available)	UM Program		
AIMOVIG™ (ereenumab-aooe) INJ 140 mg/ml	PA	QL	
APADAZ™ (benzhydrocodone/acetaminophen)		QL	
BALVERSA™ (erdafitinib) TAB 3 mg	PA	QL	
BALVERSA™ (erdafitinib) TAB 4 mg	PA	QL	
BALVERSA™ (erdafitinib) TAB 5 mg	PA	QL	
DOVATO® (dolutegravir/lamivudine)		QL	
DOXYCYCLINE TAB HYCL ER 80 MG	PA		
INGREZZA® (valbenazine) CAP 40-80 mg	PA	QL	
INSULIN LISPRO INJECTION 100 UNITS/ML		QL	
JORNAY PM™ (methylphenidate hcl) CAP		QL	
JYNARQUE™ (tolvaptan) PAK 45-15 mg	PA	QL	
JYNARQUE™ (tolvaptan) PAK 60-30 mg	PA	QL	
JYNARQUE™ (tolvaptan) PAK 90-30 mg	PA	QL	
JYNARQUE™ (tolvaptan) TAB 15 mg	PA	QL	
JYNARQUE™ (tolvaptan) TAB 30 mg	PA	QL	
MOTTEGRITY™ (prucaloprine)	PA		
QMIIZ ODT™ (meloxicam)			ST
SKYRIZI™ (risankizumab-rzaa) INJ 150 DOSE	PA	QL	

Key for all the above tables:

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

Effective May 20, 2019

- Tafamidis Prior Authorization Program will be implemented for Commercial.

Effective July 1, 2019

- Antifungal (Cresemba®, Noxafil®, Vfend®) Prior Authorization Program will be implemented for Medicaid.

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES

Effective July 1, 2019

- Homozygous Familial Hypercholesterolemia Agents (HoFH) Prior Authorization with Quantity Limit will be implemented for Medicaid.
- Combination Non-Steroidal Anti-Inflammatory Drug (NSAID) Prior Authorization with Quantity Limit will be implemented for Medicaid.
- Insulin Combination Quantity Limit will be implemented for Medicaid.
- Symlin® Step Therapy with Quantity Limit will be implemented for Medicaid.
- Vascepa® Prior Authorization with Quantity Limit will be implemented for Medicaid.
- Inhaled Corticosteroid (ICS) and Long-Acting Beta Agonist (LABA) Combinations Prior Authorization program will be discontinued; Quantity Limit program to remain for Medicaid.
- Inhaled Corticosteroids (ICS) Prior Authorization program will be discontinued; Quantity Limit program to remain for Medicaid.
- Oxycodone Extended Release (ER) Prior Authorization with Quantity Limit program will be discontinued for Medicaid. Target drugs will move to the Opioids Extended Release (ER) Quantity Limit program.
- Proton Pump Inhibitor (PPI) Step Therapy program will be discontinued; Quantity Limit program to remain for Medicaid.
- Retinoids Prior Authorization program will be discontinued for Medicaid.
- Selective Serotonin Inverse Agonist (SSIA) Prior Authorization program will be discontinued; Quantity Limit program to remain for Medicaid.

Effective September 1, 2019

- Triptan Step Therapy with Quantity Limit Program will be renamed to Acute Migraine 5HT Step Therapy with Quantity Limit Program.

Effective October 1, 2019

- Alinia® Quantity Limit Program will be implemented for Commercial and Medicaid.
- Hemophilia Factor VIII Extended Half-Life Products Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Hemophilia Factor IX Extended Half-Life Products Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Procysbi® Prior Authorization Program will be implemented for Commercial.
- Riluzole Prior Authorization with Quantity Limit will be implemented for Commercial.
- Vascepa® Prior Authorization with Quantity Limit will be implemented for Commercial.
- Firdapse® Prior Authorization with Quantity Limit Program will be renamed to Amifampridine Prior Authorization with Quantity Limit Program.

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

A detailed list of all drugs included in these programs can be found at the following web 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 whether 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.

PHARMACY BENEFIT EXCLUSIONS

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit, but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

Please note, both brand and generic agents are excluded from pharmacy benefit coverage.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
ADAGEN® (pegademase bovine) INJ 250 unit/ml	7/1/2019
AQUASOL A™ (vitamin A) INJ 50000 unit/ml	7/1/2019
ATROPEN® (atropine sulfate) IM SOLN	7/1/2019
BACITRACIN™ (bacitracin) IM SOLN	7/1/2019
BAL IN OIL™ (dimercaprol injection)	7/1/2019
BENTYL® (dicyclomine hydrochloride) INJ 10 mg/ml	7/1/2019
BICILLIN® (penicillin G benzathine) INJ SUSP	7/1/2019
BOTOX® COSMETIC (onabotulinumtoxin A) INJ	7/1/2019
brompheniramine maleate IM injection	7/1/2019
diazepam IM solution auto-inj 10 MG/2ML	7/1/2019
DUODOTE® (atropine-pralidoxime) INJ	7/1/2019
HEMABATE® (carboprost tromethamine) INJ	7/1/2019
hydroxyzine HCL IM injection	7/1/2019
HYPERRHO® S/D (rho D immune globulin) IM SOLN	7/1/2019

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
HYPERTET® S/D (tetanus immune globulin)	7/1/2019
ketorolac tromethamine IM injection	7/1/2019
LIPO-B® (methionine/inositol/choline/cyanocobalamin) IM INJ	7/1/2019
MICROHOGAM® (rho d immune globulin) IM SOLN	7/1/2019
NABI HB® (hepatitis B immune globulin human) IM INJ	7/1/2019
PEN G PROC® (penicillin G procaine) IM SUSP	7/1/2019
RHOGAM PLUS® (rho D immune globulin) IM SOLN	7/1/2019
streptomycin sulfate IM injection	7/1/2019
TIGAN® (trimethobenzamide hydrochloride) INJ	7/1/2019
TYPHIM VI® (typhoid VI polysaccharide) IM VACCINE	7/1/2019
THYROGEN® (thyrotropin alfa) INJ	7/1/2019
VARIZIG® (varicella zoster immune globulin) IM INJ	7/1/2019
VIVITROL® (naltrexone) IM EXTENDED RELEASE SUSP	7/1/2019
ZOLGENSMA® (onasemnogene abeparvovec-XIOI) INJECTION	6/7/2019

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
CIMZIA® (certolizumab pegol lyophilized) POWDER FOR INJ (NDC 50474070062)	7/1/2019
ELZONRIS™ (tagraxofusp-erzs)	7/1/2019
GAMIFANT® (emapalumab-lzsg)	7/1/2019
KALBITOR® (ecallantide)	7/1/2019
KHAPZORY™ (levoleucovorin) SOLN	7/1/2019
leucovorin solution	7/1/2019
NUZYRA™ (omadacycline tosylate) SOLN	7/1/2019
PANZYGA® (immune globulin (human) – Ifas) SOLN	7/1/2019
ZOLGENSMA® (onasemnogene abeparvovec-XIOI) INJ	6/4/2019

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

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 web 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.

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 to 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 <https://www.bluecrossmn.com/providers> 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 online at <https://www.fepblue.org>. 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: August 5, 2019

Notification Posted: June 3, 2019

Policies developed

- Dry Needling, VII-67
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management, VI-57
- Caplacizumab, II-228
- Ravulizumab, II-229

Policies revised

- Eculizumab, II-196
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Selected Treatments for Tinnitus, II-42
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions, II-71
- Site of Service for Selected Outpatient Procedures, XI-03

Policies inactivated

- None

Policies Effective: September 2, 2019

Notification Posted: July 1, 2019

Policies developed

- None

Policies revised

- Selected Treatments for Varicose Veins of the Lower Extremities, IV-129
- Transcatheter Pulmonary Valve Implantation, IV-155
- Intravenous Human Epidermal Growth Factor Receptor 2 (HER2) Targeted Agents, II-158
- Genetic Testing for Hereditary Breast and/or Ovarian Cancer, VI-16
- Alemtuzumab, II-184
- Ocrelizumab, II-185
- Natalizumab, II-49
- Belimumab, II-152
- Organ Transplantation, IV-128
- Autism Spectrum Disorder: Assessment and Early Intensive Behavioral Intervention, X-43

Policies inactivated

- None

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies delegated to eviCore

- Artificial Intervertebral Discs, IV-46

Policies Effective: September 30, 2019

Notification Posted: August 1, 2019

Policies developed

- Onasemnogene Apeparvovec, II-230

Policies revised

- Nusinersen, II-171
- Amniotic Membrane and Amniotic Fluid, IV-145
- Liposuction, IV-82

Policies inactivated

- None

Policies delegated to eviCore

- Sleep Disorder Testing in Adults, II-106
- Sleep Studies/ Polysomnograms in Children and Adolescents, II-128
- Percutaneous and Endoscopic Techniques for Disc Decompression, IV-96

Policies reviewed with no changes in May, June, and July 2019:

- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension, II-107
- Agalsidase Beta, II-26
- Alglucosidase Alfa, II-186
- Alpha-1 Proteinase Inhibitors, II-206
- Amino Acid-Based Elemental Formulas, II-69
- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis, II-48
- Breast Ductal Lavage and Fiberoptic Ductoscopy, IV-108
- Cellular Immunotherapy for Prostate Cancer, II-144
- Cerliponase Alfa, II-176
- Chelation Therapy, II-03
- Computerized Dynamic Posturography, II-108
- Corneal Collagen Cross-Linking, II-207
- Drug Testing for Substance Abuse Treatment and Chronic Pain Management, VI-47
- Electrical/Electromagnetic Stimulation for Treatment of Arthritis, VII-24
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, II-94
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms, IV-156
- Endovascular Stent Grafts for Disorders of the Thoracic Aorta, IV-157

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in May, June, and July 2019:

- Esophageal pH Monitoring, VII-64
- Genetic Testing to Evaluate Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies, VI-48
- Genetic Testing, VI-09
- Gynecomastia Surgery, IV-71
- Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphoma, II-117
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis, II-119
- Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia, II-154
- Image-Guided Minimally Invasive Decompression for Spinal Stenosis, IV-120
- Infliximab, II-97
- Interferential Current Stimulation, VII-66
- Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain, II-149
- Photodynamic Therapy for Ocular Indications, II-205
- Pressure-Reducing Support Surfaces, VII-54
- Progesterone Therapy to Reduce Preterm Birth in High-Risk Pregnancies, II-38
- Psychoanalysis, X-13
- Quantitative Electroencephalogram (QEEG) or Brain Mapping for Mental Health or Substance-Related Disorders, X-26
- Quantitative Sensory Testing, II-54
- Respiratory Syncytial Virus (RSV) Prophylaxis, II-62
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
- Sacral Nerve Neuromodulation/Stimulation for Selected Conditions, IV-83
- Saliva Hormone Tests, VI-08
- Sebelipase Alfa, II-200
- Sleep Disorder Testing in Adults, II-106
- Spinal Fusion: Lumbar, IV-87
- Spinal Unloading Devices: Patient-Operated, VII-59
- Stem Cell Therapy for Peripheral Arterial Disease, II-151
- Surface Electromyography (SEMG), VII-10
- Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain (Primary and Secondary Dysmenorrhea), IV-94
- Synthetic Cartilage Implants, IV-153
- Traction Decompression of the Spine, VII-18
- Transcatheter Mitral Valve Repair, IV-152
- Transcranial Magnetic Stimulation, X-14
- Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
- Ventricular Assist Devices and Total Artificial Hearts, IV-86
- Whole Body Dual X-Ray Absorptiometry (DXA) to Determine Body Composition, V-28
- Wireless Capsule Endoscopy, V-12
- Wireless Gastric Motility Monitoring, II-134

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.

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:

Network Management R317
 Editor: Holly Batchelder
 P.O. Box 64560
 St. Paul, MN 55164-0560
 (651) 662-2014
 toll free: 1-800-382-2000, ext. 22014

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

CPT-4 codes noted are AMA copyrighted.

08/19



Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Network Management R317
 P.O. Box 64560
 St. Paul, MN 55164-0560