**BlueCross BlueShield**
Minnesota

# QUALITY IMPROVEMENT

## PROVIDERS PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored a telephonic survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

Blue Cross conducted the survey of randomly selected contracted providers between September 14, 2020 and October 30, 2020. Qualified respondents included the Quality Director, Medical Director or Clinical Director at a facility, if available. When those individuals were not available someone with a clinical background and knowledge of continuity and coordination of care was interviewed.

## RESPONDENT REPRESENTATION

Respondents included a mix of practice types. The survey sample shows an increase in percentage of responses from Specialty Care, Inpatient Care, Behavioral Health and Nursing Home providers, while percentage of Primary Care, Emergency Department and Urgent Care declined.

### Provider Type



2020 (N=216)    2019 (N=251)
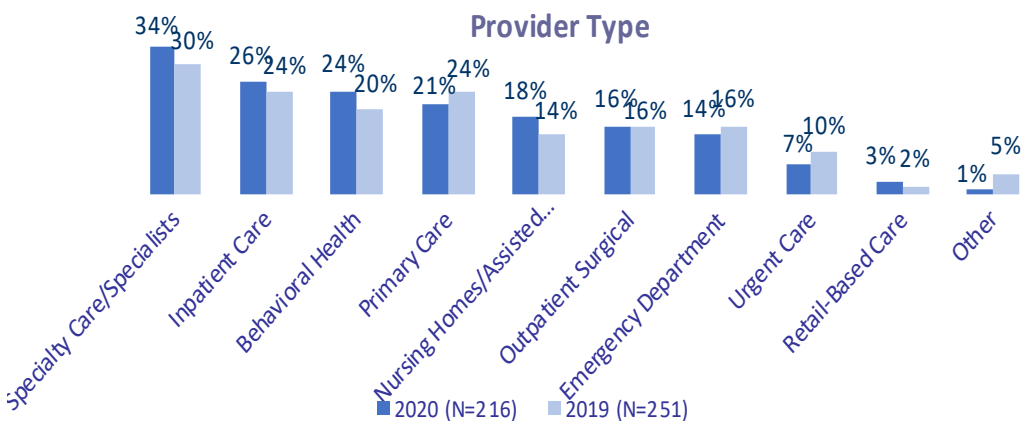
## NEED HELP UNDERSTANDING OUR NETWORKS?

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.
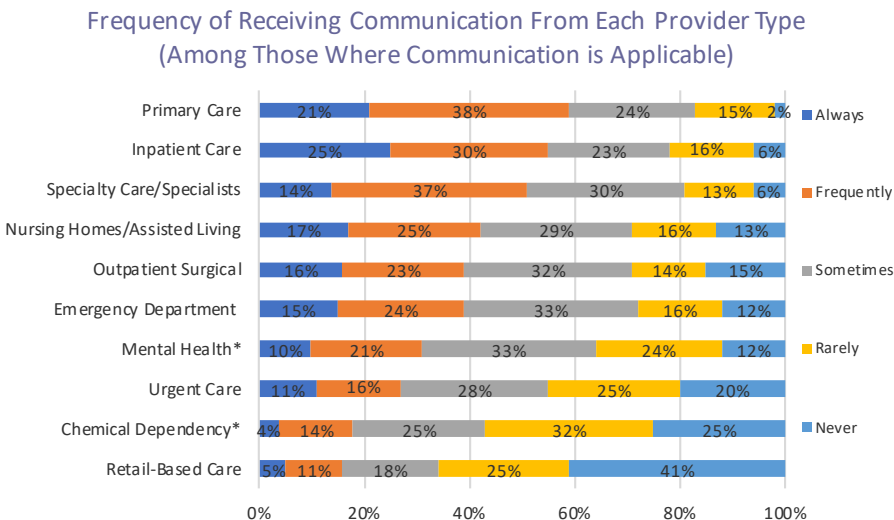
# QUALITY IMPROVEMENT

## OVERALL SATISFACTION

Overall satisfaction with continuity and coordination of care showed improvement, with 91 percent of providers indicating they were very satisfied or satisfied. Of the provider types who responded, four showed a decrease in satisfaction from 2019. Those provider types are Primary Care (-5%), Emergency Department (-5%), Retail-Based Care (-16%) and Urgent Care (-11%).

**Satisfaction with Care Coordination and Continuity of Care for Patients**

Top 2 Box
2020 = 91%
2019 = 87%

| | Very Satisfied | Satisfied | I have no opinion | Dissatisfied | Very Dissatisfied |
|---|---|---|---|---|---|
| 2020 | 21% | 70% | 5% | 3% | 1% |
| 2019 | 25% | 62% | 6% | 6% | 1% |

■ 2020 (N=216)   ■ 2019 (N=251)
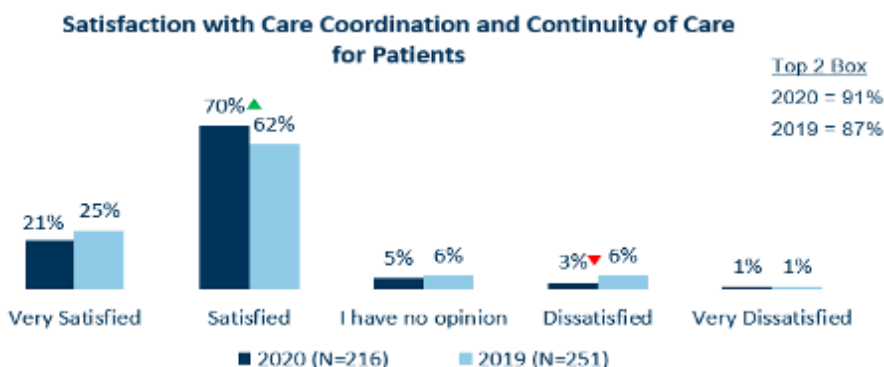
## FREQUENCY OF RECEIVING COMMUNICATION

Respondents are most likely to receive communication about their patients from Primary Care, Inpatient Care and Specialty Care. Statistically significant gains were made in Top 2 Box frequency ratings for communication from Retail-Based Care. Starting in 2020, Behavioral Health is now measured separately for Mental Health and Chemical Dependency provider types.

**Frequency of Receiving Communication From Each Provider Type (Among Those Where Communication is Applicable)**

| Provider Type | Always | Frequently | Sometimes | Rarely | Never |
|---|---|---|---|---|---|
| Primary Care | 21% | 38% | 24% | 15% | 2% |
| Inpatient Care | 25% | 30% | 23% | 16% | 6% |
| Specialty Care/Specialists | 14% | 37% | 30% | 13% | 6% |
| Nursing Homes/Assisted Living | 17% | 25% | 29% | 16% | 13% |
| Outpatient Surgical | 16% | 23% | 32% | 14% | 15% |
| Emergency Department | 15% | 24% | 33% | 16% | 12% |
| Mental Health* | 10% | 21% | 33% | 24% | 12% |
| Urgent Care | 11% | 16% | 28% | 25% | 20% |
| Chemical Dependency* | 4% | 14% | 25% | 32% | 25% |
| Retail-Based Care | 5% | 11% | 18% | 25% | 41% |

## 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 4685.1900 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).

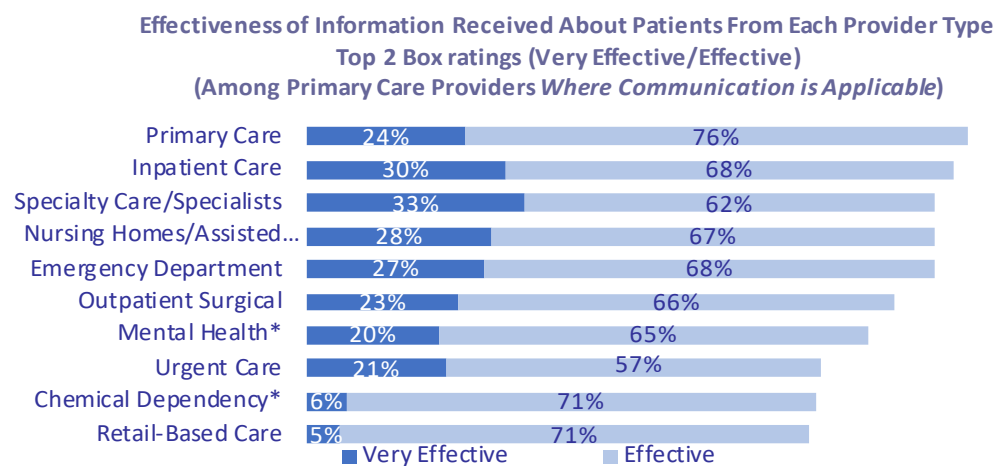Required data elements for the report are as follows:
- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

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

# QUALITY IMPROVEMENT

## EFFECTIVENESS OF INFORMATION RECEIVED

Primary Care respondents report information received from other Primary Care providers and Inpatient Care providers as most effective. Rates for effectiveness of information received increased for all provider types from 2019 to 2020, with significant increases for information received from Primary Care, Inpatient Care, Nursing Homes/Assisted Living, and Emergency Department settings.

**Effectiveness of Information Received About Patients From Each Provider Type**
**Top 2 Box ratings (Very Effective/Effective)**
**(Among Primary Care Providers *Where Communication is Applicable*)**

| Provider Type | Very Effective | Effective |
|---|---|---|
| Primary Care | 24% | 76% |
| Inpatient Care | 30% | 68% |
| Specialty Care/Specialists | 33% | 62% |
| Nursing Homes/Assisted... | 28% | 67% |
| Emergency Department | 27% | 68% |
| Outpatient Surgical | 23% | 66% |
| Mental Health* | 20% | 65% |
| Urgent Care | 21% | 57% |
| Chemical Dependency* | 6% | 71% |
| Retail-Based Care | 5% | 71% |

## CORONAVIRUS (COVID-19) IMPACT

Approximately 85% of providers reported that COVID-19 has impacted the effectiveness of continuity and coordination of care in 2020. Providers reported that the biggest challenge is the patient's ability to access care due to facilities being closed or provider backlog.

In response to the COVID-19 pandemic, Blue Cross increased the types of technology that providers can use remotely, including FaceTime and Skype. Telehealth services have also been expanded to include, when appropriate, preventive care, behavioral health, physical, occupational and speech therapies and medication management.

For more information on how Blue Cross is responding to COVID-19 please visit our website at https://www.bluecrossmn.com/about-us/newsroom/coronavirus-how-we-are-responding-covid-19.

## THANK YOU

Blue Cross' ability to better understand gaps in providers' coordination of care experiences can ultimately help us address opportunities to improve member experience and health outcomes. The most mentioned themes around opportunities for Blue Cross to improve continuity and coordination of care were to decrease challenges with prior authorizations, implement a better system for patient transportation and provide patient education resources.

Throughout 2021, Blue Cross will continue to publish articles with best practices and tips to help you coordinate care more efficiently and effectively for your patients.

Thank you for your ongoing efforts to improve continuity and coordination of care for your patients as they navigate the health care system in pursuit of better health.

# FYI

## PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from November 1, 2020 to February 1, 2021. 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 Decision Making and Notification Time Frames |
| Blue Plus Manual: Chapter 3, Government Programs | Content changes to MSHO Community and Nursing Sections |

## 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** <br> **Notes:** <br> eviCore provider service: **1-844-224-0494** <br> 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**

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/Page/mn/en_US/forms-and-publications.

# FYI

## PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from November 3, 2020 to February 1, 2021 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 |
| --- | --- |
| QP107-20 | Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective January 1, 2021 |
| QP108-20 | Commercial Pharmacy Benefit Update – New Drug-Related Step Therapy (ST) with Quantity Limit (QL) – Criteria: Dipeptidyl Peptidase-4 (DPP-4) Inhibitors and Combinations |
| QP109-20 | Commercial Pharmacy Benefit Update – New Drug-Related Step Therapy (ST) with Quantity Limit (QL) – Criteria: Antiemetic Agents |
| QP110-20 | Temporary Rate Increases for Personal Care Attendant (PCA) and Elderly Waiver (EW) Consumer Directed Community Support (CDCS) – Service for Eligible Minnesota Health Care Programs (MHCP) |
| QP111-20 | Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective January 15, 2021 |
| QP112-20 | Changes to Electronic Funds Transfer Processes |
| QP113-20 | Reminder: Service Type Selections for Outpatient Authorizations on Availity Portal |
| QP114-20 | Evaluation and Management Code Changes for 2021 |
| QP115-20 | Medtronic Continuous Glucose Monitoring Device and Insulin Pump Systems Now Available Through the Pharmacy Benefit |
| QP115R1-20 | Update: Medtronic Continuous Glucose Monitoring Device and Insulin Pump Systems Now Available Through the Pharmacy Benefit |
| QP116-20 | Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Evrenzo® |
| QP117-20 | Commercial Pharmacy Benefit Exclusion for Some Medications |
| QP118-20 | Pharmacy Benefit Update –Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective February 1, 2021 |
| QP119-20 | Provider Cost Data Update |
| QP120-20 | Provider Portal Authorization Tool Enhancements |
| QP121-20 | Remdesivir (Veklury®) for Treatment of COVID-19 |
| QP122-20 | Authorization Request Tips for Psychological and Neuropsychological Testing |
| QP123-20 | Validation of National Drug Codes Submitted with Medical Drug Claims |
| QP1-21 | Pharmacy Benefit Update –Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective March 1, 2021 |
| QP2-21 | Update for New to Market Medical Drugs: Aducanumab, Casimersen, Evinacumab, Idecatagene Vicleucel, and Pegunigalsidase Alfa |
| QP3-21 | Commercial and MHCP Pharmacy Benefit Exclusion for Barhemsys® and Monoferric® |
| QP4-21 | Commercial Pharmacy Benefit Exclusion for Oxlumo™ |

# FYI

## PUBLICATIONS AVAILABLE ONLINE (continued)

| QUICK POINTS | TITLE |
|---|---|
| QP5-21 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Sucraid® (sacrosidase) PAQL |
| QP6-21 | MHCP Pharmacy Benefit Exclusion for Oxlumo™ and Danyelza® |
| QP7-21 | Replacement Claim Submission Guidelines |
| QP8-21 | Change in Suspect COVID-19 Diagnosis Code |

| BULLETINS | TITLE |
|---|---|
| P87-20 | New Medical, Medical Drug and Behavioral Health Policy Management Updates - Effective February 1, 2021 |
| P88-20 | New Medicare Advantage Part B Step Therapy Program and Medical Policy |
| P89-20 | New Reimbursement Policy - Cellular and Gene Therapy Products |
| P90-20 | Urine Drug Testing (UDT) Limits and Prior Authorizations for Minnesota Health Care Programs (MHCP) |
| P91-20 | eviCore Healthcare Specialty Utilization Management Program – Sleep Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P92-20 | Skilled Nursing Facility Prior Authorization Waiver |
| P93-20 and P93R1-20 | Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements |
| P94-20 | Update: eviCore Healthcare Specialty Utilization Management – Durable Medical Equipment (DME) for Medicare Advantage Subscribers |
| P1-21 | Retro Reviews for Post-Acute Care and Home Health Prior Authorizations |
| P2-21 | Hospital Transfer Notification Process for Load Leveling |
| P3-21 | eviCore Healthcare Specialty Utilization Management (UM) Program - Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P4-21 | Annual Cultural Competency Training Requirement |
| P5-21 | New Reimbursement Policy: Outpatient Services Prior to an Inpatient Admission |
| P6-21 | New Medical Policy IV-168: Hysterectomy Surgery for Non-Malignant Conditions |
| P7-21 | Change in Liability for Members of Other Blue Plans |
| P8-21 | New Reimbursement Policy – Mohs-Micrographic Surgery |
| P9-21 | New Claim Edits for Professional Lab Claims Missing Required Data |
| P10-21 | New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective April 5, 2021 |
| P11-21 | Updated Preadmission Services for Inpatient Stays Reimbursement Policy for Minnesota Health Care Programs Members |
| P12-21 | Early Intensive Developmental and Behavioral Intervention (EIDBI) Service Authorization for Minnesota Health Care Programs |

# 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

## 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 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**. Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access this link below:
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.**

# PHARMACY UPDATES

## PHARMACY UPDATES FOR QUARTER 1, 2021
## PHARMACY DRUG FORMULARY UPDATE

As part of our continued efforts to evaluate and update our formularies, 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/providers

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." 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 Step Therapy, and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized

**New Step Therapy Program Effective 1/1/2021**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| JENTADUETO®  TAB | | QL* | ST |
| JENTADUETO® XR 2.5-1000 mg | | QL* | ST |
| JENTADUETO® XR 5-1000 mg | | QL* | ST |
| KAZANO TAB | | QL* | ST |
| KOMBIGLYZE® XR 2.5-1000 mg | | QL* | ST |
| KOMBIGLYZE® XR 5-500 mg, 5-1000 mg | | QL* | ST |
| NESINA TAB | | QL* | ST |
| ONGLYZA® TAB | | QL* | ST |
| OSENI TAB | | QL* | ST |
| SANCUSO® DIS 3.1 mg | | QL* | ST |
| TRADJENTA® TAB | | QL* | ST |
| ZUPLENZ® SOLUBLE FILM | | QL* | ST |

*\*QL Program already implemented*

# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

**New Prior Authorization Program Effective 1/1/2021**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| DOJOLVI™ LIQ 100% | PA | | |

**New Prior Authorization with Quantity Limit Program Effective 1/1/2021**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| ADVATE INJ | PA | QL | |
| ALPHANINE® SD INJ | PA | QL | |
| BEBULIN INJ | PA | QL | |
| BENEFIX INJ | PA | QL | |
| FINTEPLA® SOLUTION 2.2 mg/mL | PA | QL | |
| HELIXATE® FS INJ | PA | QL | |
| HELIXATE® INJH | PA | QL | |
| HEMOFIL M INJ | PA | QL | |
| HUMATE-P® INJ | PA | QL | |
| IXINITY® INJ | PA | QL | |
| KOATE® INJ | PA | QL | |
| KOGENATE® INJG | PA | QL | |
| KOVALTRY® INJ | PA | QL | |
| MONOCLATE-P® INJ | PA | QL | |
| MONONINE® INJ | PA | QL | |
| NOVOEIGHT® INJ | PA | QL | |
| NUWIQ® INJ | PA | QL | |
| PROFILNINE® INJ | PA | QL | |
| RECOMBINATE INJ | PA | QL | |
| RIXUBIS INJ | PA | QL | |
| XYNTHA® INJ | PA | QL | |
| XYNTHA® SOLOF INJ | PA | QL | |

**Changes to Existing Utilization Management Programs Effective 1/1/2021**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| AIRDUO™ DIGIHALER® | | QL | |
| ALUNBRIG™ TABLET 30 mg | PA | QL | |
| ARMONAIR® DIGIHALER® | | QL | |
| BOSULIF® TABLET 100 mg | PA | QL | |
| BUTORPHANOL SOLUTION 10 mg/mL | | QL | |
| DIMETHYL FUMARATE CAPSULE DR 120 mg | | QL | |
| DIMETHYL FUMARATE CAPSULE DR 240 mg | | QL | |

# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 mg & 240 mg | | QL | |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TABLET 600-200-300 mg | | QL | |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TABLET 400-300-300 mg | | QL | |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TABLET 600-300-300 mg | | QL | |
| EMTRICITABINE CAPSULES 200 mg | | QL | |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET 200-300 mg | | QL | |
| EPCLUSA® TABLET 200-50 mg | PA | QL | |
| FLURBIPROFEN TABLET 50 mg | | | ST |
| GAVRETO™ CAPSULE 100 mg | PA | QL | |
| KESIMPTA® INJ 20/0.4 mL | | QL | ST |
| LAPATINIB TABLET 250 mg | PA | QL | |
| LONSURF® TABLET 15-6.14 mg | PA | QL | |
| METHYLPHENIDATE CAPSULE ER | | QL | |
| ONUREG™ TABLET | PA | QL | |
| ORIAHNN™ CAPSULE | PA | QL | |
| SAPROPTERIN POWDER | PA | | |
| SEMGLEE™ | | QL | |
| TARGRETIN® GEL 1% | PA | | |
| TAVABOROLE TOPICAL SOLUTION 5% | | QL | |
| TECFIDERA® CAPSULE | | | ST |
| TECFIDERA® MIS STARTER | | | ST |
| TIVICAY® TABLET 10 mg | | QL | |
| TOBRAMYCIN NEBULIZER SOLUTION 300 mg/4 mL | PA | | |
| TRELEGY™ AER ELLIPTA 200 mcg | | QL | |
| TRULICITY® INJ 3 mg/0.5 mL | | QL | |
| TRULICITY® INJ 4.5 mg/0.5 mL | | QL | ST |
| VUMERITY® CAPSULE | | | ST |
| XYWAV™ SOLUTION 0.5 gm/mL | PA | QL | |

Key for all the above tables:
PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

**Effective January 1, 2021**
- Antiemetic Agents Step Therapy Program will be implemented for Commercial. Antiemetics Agents Quantity Limit Program will remain in place for Commercial.
- Endari Prior Authorization Program will be discontinued for Medicaid.
- Hemophilia Factor IX Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Hemophilia Factor IX Prior Authorization with Quantity Limit Program will not be implemented for Medicaid.
- Hemophilia Factor VII Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Hemophilia Factor VII Prior Authorization with Quantity Limit Program will not be implemented for Medicaid.
- Oxybryta Prior Authorization with Quantity Limit Program will be discontinued for Medicaid.
- Risdiplam Prior Authorization with Quantity Limit Program will be renamed to Evrysdi Prior Authorization with Quantity Limit Program for Commercial and Medicaid.

**Effective March 1, 2021**
- Sodium Oxybate Prior Authorization Program will be renamed to Oxybate Prior Authorization with Quantity Limit Program for Commercial.

**Effective April 1, 2021**
- Insulin Pumps Quantity Limit Program will be implemented for Commercial.
- Sucraid Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.for Medicaid.

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/providers](https://www.bluecrossmn.com/providers)

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." 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 with "Utilization management" in the title. These will list all applicable drugs currently included in one of the above programs.

# 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 |
|---|---|
| AirDuo® Digihaler® (fluticasone propionate-salmeterol inhalation powder with sensor) 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act | April 1, 2021 |
| ArmonAir® Digihaler® (fluticasone propionate inhalation powder with sensor) 55 mcg/act, 113 mcg/act, 232 mcg/act | April 1, 2021 |
| Imipramine pamoate capsules 75 mg, 100 mg, 125 mg, 150 mg | April 1, 2021 |
| ProAir Respiclick® (albuterol sulfate) 108 mcg/act | January 1, 2021 |
| Semglee™ (insulin glargine) injection | April 1, 2021 |
| Temazepam capsules 7.5 mg, 22.5 mg | April 1, 2021 |
| Timolol maleate ophthalmic gel forming solution 0.25%, 0.5% | January 1, 2021 |

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.

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Commercial |
|---|---|
| Barhemsys® (amisulpride) intravenous (IV) solution | January 13, 2021 |
| Monoferric® (ferric derisomaltose) intravenous (IV) solution | January 13, 2021 |
| Veklury® (remdesivir) intravenous (IV) solution | November 1 2020 |

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Medicaid |
|---|---|
| Barhemsys® (amisulpride) intravenous (IV) solution | January 13, 2021 |
| Monoferric® (ferric derisomaltose) intravenous (IV) solution | January 13, 2021 |
| Veklury® (remdesivir) intravenous (IV) solution | October 22, 2020 |

# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (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/providers

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." 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

Policies Effective: February 1, 2021    Notification Posted: December 1, 2020

**Policies developed**
• Medicare Advantage Part B Step Therapy, II-247

**Policies revised**
• Electroconvulsive Therapy, X-46
• Steroid- Eluting Devices for Maintaining Sinus Ostial Patency, IV-140
• Balloon Ostial Dilation, VI-01
• Mepolizumab, II-201
• Golimumab, II-180

**Policies inactivated**
None

**Policies delegated to eviCore**
None

Policies Effective: April 5, 2021    Notification Posted: February 1, 2021

**Policies developed**
• Hysterectomy Surgery for Non-Malignant Conditions, IV-168

**Policies revised**
• Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma, II-135
• MRI-Guided High-Intensity Focused Ultrasound Ablation and MRI-Guided High-Intensity Directional Ultrasound Ablation, IV-119
• Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145

**Policies inactivated**
None

**Policies delegated to eviCore**
None

**Policies reviewed with no changes in November 2020 and January 2021**
• Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, IV-165
• Allogeneic Hematopoietic Stem Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
• Balloon Dilation of the Eustachian Tube, IV-162
• Baroreflex Stimulation Devices, IV-139
• Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148

# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

**Policies reviewed with no changes in November 2020 and January 2021** (continued)

- Breast Implant, Removal or Replacement, IV-14
- Composite Tissue Allotransplantation of the Hand, IV-151
- Durable Medical Equipment (DME), VII-07
- Dynamic Spine Stabilization, IV-52
- Electromagnetic Navigational Bronchoscopy, II-132
- Endovascular Therapies for Extracranial Vertebral Artery Disease, IV-141
- Expanded Cardiovascular Risk Panels, VI-51
- General Anesthesia Services for Dental Procedures, II-166
- Growth Factors for Treatment of Wounds and Other Conditions, II-76
- Hematopoietic Stem Cell Transplantation for Autoimmune Disease, II-121
- Immunoglobulin Therapy, II-51
- In Vitro Chemoresistance and Chemosensitivity Assays, VI-30
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-33
- Intravenous Anesthetics for the Treatment of Chronic Pain, II-141
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions, II-71
- Mechanical Stretching Devices, VII-62
- Naltrexone Implants, II-223
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Omalizumab, II-34
- Patisiran, II-220
- Pelvic Floor Stimulation as a Treatment for Urinary Incontinence, IV-134
- Percutaneous Tibial Nerve Stimulation (PTNS), IV-135
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Phototherapy for the Treatment of Psoriasis, II-39
- Saturation Biopsy of the Prostate, IV-142
- Secretin Infusion Therapy for Autism, II-23
- Subtalar Arthroereisis, IV-26
- Tildrakizumab, II-222
- 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
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation, IV-118
- Vedolizumab, II-182
- Voretigene Neparvovec, 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.

**BlueCross BlueShield Minnesota**

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