

MEMBERS' PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE

According to the Agency for Healthcare Research and Quality (AHRQ), care coordination is identified by the Institute of Medicine as a key strategy that has the potential to improve the effectiveness, safety, and efficiency of the American health care system. Well-designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone: patients, providers, and payers.¹

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 patients in the community to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored focus groups to measure member experience with continuity and coordination of care.

Blue Cross conducted 12 focus groups from October 13, 2020, through October 29, 2020. Focus group participants included residents of the Twin Cities and surrounding areas who were age 18 or older that had commercial health insurance.

PARTICIPANT REPRESENTATION

In an effort to also capture perspectives of communities experiencing greater health disparities, Blue Cross sought out participants from the following groups, with two focus groups taking place for each group:

- General Population (Mostly Caucasian)
- People of Color
- African American
- Somali
- Hispanic
- Hmong

CARE COORDINATION TEAM

Focus group participants identified four major players in the care coordination team:

1. **Health Care Provider/Clinic:** primary resource for patients when navigating health care system
2. **Patient:** responsible for their own care and critical to the health care process
3. **Pharmacist:** key coordinator of medications
4. **Health Insurer:** the gatekeeper to care

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NEED HELP UNDERSTANDING OUR COMMERCIAL NETWORKS AND MEDICARE PRODUCTS?

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) publishes reference guides for commercial networks and Medicare products annually. The 2021 guides have been placed on the provider landing page (bluecrossmn.com/providers) for easier access and can be found within the 'Tools and Resources' section in the bottom right quadrant of the webpage. The previous year's guides are located in the Education Center.

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MEMBERS' PERSPECTIVE

ON CONTINUITY AND COORDINATION OF CARE (CONTINUED)

OVERALL SATISFACTION

Overall, 20 percent of participants rated care coordination highly². When care coordination breaks down the result is frustration and distrust with the entire health care system. Several roadblocks to achieving optimal care coordination were identified during the focus groups.

- **Physicians:** who do not review medical records, who do not share records or communicate with other providers, who do not answer patient questions in easy-to-understand terms, or who do not provide necessary referrals.
- **Health Insurers:** who do not allow patients to get doctor recommended care or provide easy to find health care costs and network information.
- **Patients:** who do not understand the care they receive or do not share necessary information with providers or caregivers.
- **Dependency on Technology:** for successful outcomes for those that are not technologically savvy including patients who are elderly or non-English speakers.
- **Coronavirus (COVID-19) Pandemic:** disruption to traditional health care access.
- **Cultural Challenges:** present unique struggles for second-generation patients and their parents.

KEYS TO CARE COORDINATION

Important factors contribute to successful care coordination and establish patient trust in the process. The following factors were identified during the focus groups to demonstrate areas of focus that can improve the patient care coordination experience.

Blue Cross' ability to better understand gaps in members' coordination of care experiences can ultimately help us address opportunities to improve member experience and health outcomes.



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.

¹ AHRQ Care Coordination (<https://www.ahrq.gov/ncepncr/care/coordination.html>)

² Percentage of participants who responded with 9 or 10 on a 10-point scale

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

FYI

REMINDER: BLUE CROSS BLUE SHIELD NATIONAL COORDINATION OF CARESM OVERVIEW

Blue Cross Blue Shield (BCBS) launched the National Coordination of Care program on January 1, 2020 to support BCBS Medicare Advantage (MA) members. This program aims to increase the quality of members' care by enabling all BCBS MA members to receive appropriate care wherever they access care.

To better support all BCBS MA PPO members residing in Minnesota, Blue Cross and Blue Shield of Minnesota (Blue Cross) has been working with providers to improve these members' care through:

- Supporting providers with additional information about open gaps in care
- Requesting medical records to give Blue Plans a complete understanding of their members' health status

MA PPO members incorporated into this program can be identified by a Minnesota address and the following logo included on their Blue Cross ID Card:



Reminder: Providers are required to respond to requests in support of risk adjustment, HEDIS and other government required activities within the requested timeframe. This includes requests from Blue Cross related to this program.

Medical Record Requests

Providers may receive medical records requests from Blue Cross related to this program. However, providers may be contacted for medical records requests that are not a part of this program.

Gap Closure Requests

You may receive an increase in Stars and Risk Adjustment gap closure requests from Blue Cross for your patients which may result in greater contact with these members—whether it is through onsite visits or via phone outreach—and may allow for greater continuity in care.

HIPAA/Privacy

Blue Cross abides by all HIPAA and any other applicable laws and regulations to preserve the confidentiality of protected health information (PHI). You will only receive requests from Blue Cross that are permissible under applicable law and, patient-authorized information releases are not required for medical records requests or closure of Stars and/or risk adjustment gaps.

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

ADDITIONAL MEMBER CARE & ADMINISTRATIVE REMINDERS

Annual Wellness Visits

The annual wellness visit (AWV) is a yearly preventive visit emphasizing health screenings and wellness planning. AWVs include a wide range of preventive services and assessments, like Health Risk Assessments, physical measurements, depression screening, and advance care planning. AWVs increase access to preventive services, reduce healthcare costs, and increase provider revenue.

Blue Cross provides network providers participating in our Value Based Programs with a report about members who have received an Annual Wellness Visit. We also provide ongoing lists of members who have not received their annual wellness visit and ask that you outreach to these members to schedule this important visit.

Documentation Required for Care Gap Closure

Blue Cross provides network providers participating in our Value Based Program with performance reporting for specified preventive screening and chronic condition management measures. The performance rate reports are accompanied by a list of members with care gaps in the specified measures. We ask that you outreach to these members to schedule the services necessary to close the care gap.

Blue Cross provides detailed specifications for each measure which outlines the measure denominator/numerator and best practices for closure. We encourage you to access these measure resources on our Availity Learning Center, an engaging and learning-rich environment that can be accessed at your convenience through a secure website, <https://bcbsmn.availitylearningcenter.com>

Member Experience

Blue Cross continues to work closely with our provider network to ensure appropriate access to services that support our members' health related quality of life and reduce barriers to care.

Performance Metrics and Tools

Blue Cross provides monthly reporting to network providers participating in our Value Based Program. This performance reporting includes a composite score of the 12-preventive screening and chronic condition management measures included in the Medicare Star Ratings Program. Participating providers receive this information via sFTP for their attributed membership on a monthly basis.

Medicare Risk Adjustment

Blue Cross provides significant provider resources to our provider community, including but not limited to webinars/microlearning's/CEU's/CME's, which can be accessed on our Availity Learning Center, an engaging and learning-rich environment that can be accessed at your convenience through a secure website, <https://bcbsmn.availitylearningcenter.com>

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UTILIZATION MANAGEMENT CLINICAL CRITERIA

Upon request, any Blue Cross practitioner may review the clinical criteria used to evaluate an individual case.

Medical and behavioral health policies are available for your use and review on our website at **providers.bluecrossmn.com**.

UTILIZATION MANAGEMENT STATEMENT

Utilization Management (UM) decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or under-utilization of appropriate care and services.

FYI

Importance of Coding Accuracy

Correct diagnostic coding is essential to understanding the member's illness complexity and ensuring that accurate and appropriate care is delivered to all members. Since chronic conditions are not likely to resolve over the long term, accurate coding is crucial to assure proper long-term care is delivered.

Questions?

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

PROVIDER MANUAL UPDATES

The following is a list of the Blue Cross provider manuals that have been updated from May 5, 2021, to August 3, 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 2, Provider Agreements	Content added to the following section: <ul style="list-style-type: none"> Requirements of Consolidated Appropriations Act of 2021 (CAA)

DISCLOSURE OF OWNERSHIP FORM

Blue Cross makes every effort to assist providers in complying with the Minnesota Department of Human Services (DHS) Disclosure of Ownership and Business Transactions requirement. It is imperative that every provider complete and submit the DHS required disclosure form annually. Failure to do so may result in material noncompliance with the requirements of participation.

Please take a moment to complete and submit the Disclosure of Ownership form on our website at <https://www.bluecrossmn.com/providers/forms-and-publications>. Select "forms-Clinical Operations" in the drop-down menu, then Search "disclosure" to access the form.

If you have any questions, please email us at DisclosureStatement@bluecrossmn.com. Thank you for your attention to this important compliance effort.

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

The following is a list of Quick Points and Bulletins published from May 12, 2021, to August 2, 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
QP2R1-21	Update for New to Market Medical Drugs: Aducanumab, Casimersen, Evinacumab, Idecabtagene Vicleucel, and Pegunigalsidase Alfa
QP40-21	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective July 1, 2021
QP41-21	Commercial and MHCP Pharmacy Benefit Exclusion for Qutenza®
QP42-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hemophilia Agents
QP43-21	MHCP Pharmacy Benefit Exclusion for Jemperli and Zynlonta™
QP44-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Zeposia® (ozanimod)
QP45-21	Medical Drug Update for Botulinum Toxins (Myobloc, Botox, Dysport, Xeomin) - Commercial Products
QP46-21	Incorrect ID Cards Issued for Minnesota Health Care Programs
QP47-21	Audio-Only Telehealth Visits do not Meet Requirements for Risk Adjustment Face-to-Face Requirement
QP48-21	Learn to Live – An Online Behavioral Health Resource for Select Blue Cross and Blue Shield of Minnesota Health Plan Members
QP49-21	Update for New to Market Medical Drugs: Anifrolumab, Teplizumab, Donislecel, and Difelikefalin
QP50-21	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective August 1, 2021
QP51-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective July 25, 2021
QP52-21	Commercial and MHCP Pharmacy Benefit Exclusion for Aduhelm™
QP53-21	Medical Drug Exclusion List Update – for Euflexxa
QP54-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective September 1, 2021
QP55-21	MHCP Pharmacy Benefit Exclusion for Rybrevant™
QP56-21	Commercial Pharmacy Benefit Exclusion for Select Medications
QP57-21	Philips Respironics Device Recall
QP58-21	Commercial and MHCP Pharmacy Benefit Exclusion for Vocabria
QP59-21	Enforcement of Inpatient Readmissions Reimbursement Policy for Minnesota Health Care Programs Members
QP60-21	New Form for Long-Term Acute Care, Inpatient Rehabilitation and Skilled Nursing Facility Admissions and Continued Stay Requests
QP61-21	Final Determination Letter to be Sent from Cotiviti

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FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P3R1-21	Update: eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P33-21	Change to Medical Review Process for Outpatient Therapies Services
P34-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective August 2, 2021
P35-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P36-21	Site of Service for Selected Outpatient Procedures: XI-03 Medical Policy Update
P37-21	Outpatient Dialysis Notification - Requirement Change
P38-21	Updated Minnesota Health Care Programs and SecureBlue Prior Authorization and Medical Policy Requirements
P39-21	Enforcement of CG-LAB-11 Screening for Vitamin D Deficiency for Minnesota Health Care Programs
P40-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective August 30, 2021
P41-21	eviCore Healthcare Specialty Utilization Management (UM) Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P42-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P43-21	Prior Authorization Requirements for Respiratory Durable Medical Equipment (DME) and Home Health to be Reinstated
P44-21	Urine Drug Testing Reimbursement Policy
P45-21	Behavioral Health Coding for Early Intensive Behavioral Intervention and Applied Behavioral Analysis
P46-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Sleep Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P47-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective October 4, 2021
P48-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers

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](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 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 3, 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 7/1/2021

BRAND NAME (generic name - if available)	UM Program		
WINLEVI CREAM 1%			ST

Step Therapy Program to be Discontinued Effective 7/1/2021

BRAND NAME (generic name - if available)	UM Program		
LATUDA TABLET 20 mg		QL*	ST
LATUDA TABLET 40 mg		QL*	ST
LATUDA TABLET 60 mg		QL*	ST
LATUDA TABLET 80 mg		QL*	ST
LATUDA TABLET 120 mg		QL*	ST
REXULTI TABLET 0.25 mg		QL*	ST
REXULTI TABLET 0.5 mg		QL*	ST
REXULTI TABLET 1 mg		QL*	ST

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

BRAND NAME (generic name - if available) (continued)	UM Program		
REXULTI TABLET 2 mg		QL*	ST
REXULTI TABLET 3 mg		QL*	ST
REXULTI TABLET 4 mg		QL*	ST

*QL will still apply

New Prior Authorization with Quantity Limit Program Effective 4/1/2021

BRAND NAME (generic name - if available)	UM Program		
BENLYSTA AUTOINJECTOR 200 mg/mL	PA	QL	
BENLYSTA PREFILLED SYRINGE 200 mg/mL	PA	QL	
EYSUVIS OPHTHALMIC SUSPENSION 0.25%	PA	QL	
IMCIVREE INJ 10 mg/mL multi-dose vial	PA	QL	
LUPKYNIS CAPSULE 7.9 mg	PA	QL	
NOVOSEVEN RT INJ 1 mg per vial	PA	QL	
NOVOSEVEN RT INJ 2 mg per vial	PA	QL	
NOVOSEVEN RT INJ 5 mg per vial	PA	QL	
NOVOSEVEN RT INJ 8 mg per vial	PA	QL	
SEVENFACT INJ 1 mg per vial	PA	QL	
SEVENFACT INJ 5 mg per vial	PA	QL	
VERQUVO TABLET	PA	QL	
XHANCE NASAL EXHALER SUSPENSION 93 mcg/actuation	PA	QL	
ZOKINVY CAPSULE	PA	QL	

Changes to Existing Utilization Management Programs Effective 7/1/2021

BRAND NAME (generic name - if available)	UM Program		
ALDARA (imiquimod 5% cream)	PA*	QL	
FOTIVDA CAPSULE	PA	QL	
HETLIOZ LQ ORAL SUSPENSION 4 mg/mL	PA	QL	
ICLUSIG TABLET 15 mg	PA	QL	
KLISYRI OINTMENT 1%	PA	QL	
ORGOVYX TABLET 120 mg	PA	QL	
PLEGRIDY INTRAMUSCULAR PREFILLED SYRINGE 125 mcg/0.5 mL		QL	ST
POGO AUTOMATIC TEST CARTRIDGES		QL	
PONVORY TABLET 20 mg		QL	ST
PONVORY TABLET STARTER PACK		QL	ST
QELBREE CAPSULE ER 100 mg		QL	
QELBREE CAPSULE ER 150 mg		QL	
QELBREE CAPSULE ER 200 mg		QL	
TEPMETKO TABLET 225 mg	PA	QL	

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

BRAND NAME (generic name - if available)(continued)	UM Program		
UKONIQ TABLET 200 mg	PA	QL	
VESICARE LS SUSPENSION 5 mg/mL	PA	QL	
XALKORI CAPSULE 200 mg	PA	QL	
XALKORI CAPSULE 250 mg		QL	ST
XELJANZ SOLUTION 1 mg/mL	PA	QL	
XTANDI TABLET 40 mg	PA	QL	
XTANDI TABLET 80 mg	PA	QL	

*Brand subject to PA

Key for all the above tables:

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

Effective June 15, 2021

- Zeposia Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

Effective July 1, 2021

- Hemophilia Agents Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

Effective August 1, 2021

- Circadian Rhythm Disorders Prior Authorization with Quantity Limit Program will be renamed to Hetlioz Prior Authorization with Quantity Limit Program for Commercial and Medicaid.
- Glucose Test Strips and Disks Quantity Limit Program will be renamed to Glucose Test Strips/Meters Quantity Limit Program for Commercial.
- Glucose Test Strips and Disks Quantity Limit Program will be renamed to Glucose Test Strips Quantity Limit Program for Medicaid.
- Zeposia Prior Authorization with Quantity Limit Program will be implemented for Commercial.

Effective October 1, 2021

- Deferasirox Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Empaveli Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Interleukin (IL)-1 Inhibitors Prior Authorization with Quantity Limit program will be implemented for Commercial.

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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/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 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
Elepsia XR™ (levetiracetam) tablet 1000 mg, 1500 mg	July 14, 2021
Mitigare® (colchicine) capsule 0.6 mg	January 1, 2022
Roszet™ (rosuvastatin and ezetimibe) tablet 5-10 mg, 10-10 mg, 20-10 mg, 40-10 mg	July 14, 2021
VESIcare LS™ (solifenacin succinate) oral suspension 5 mg/5 mL	July 14, 2021

The following medications have been updated to reflect eligibility for coverage under the Commercial pharmacy benefit.

Drug Name	Pharmacy Benefit Inclusion Effective Date for Commercial
Amphetamine/Dextroamphetamine capsule 24hr 10 Mg, 24hr 15 Mg, 24hr 20 Mg, 24hr 25 Mg, 24hr 30 Mg, 24hr 5 Mg	January 1, 2022
Colchicine tablet 0.6mg	July 1, 2021

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Abecma® (idecabtagene vicleucel) suspension for intravenous (IV) infusion	April 28, 2021
Aduhelm™ (aducanumab-avwa) injection for intravenous (IV) use	June 21, 2021
Qutenza® (capsaicin) 8% topical system kit	July 1, 2021
Vocabria* (cabotegravir sodium) tablet 30mg	July 14, 2021

* This drug will not be commercially available to pharmacies and will be supplied directly from the manufacturer to healthcare facilities only for use.

The following drug has been updated to reflect eligibility for coverage under the Commercial pharmacy benefit. This drug is indicated to be administered by a healthcare provider, but can be given at home by a caregiver, if deemed appropriate.

Drug Name	Pharmacy Benefit Inclusion Effective Date for Commercial
Aduhelm™ (aducanumab-avwa) injection for intravenous (IV) use	July 6, 2021
Jemperli (dostarlimab-gxly) intravenous (IV) solution	May 26, 2021
Qutenza® (capsaicin) 8% topical system kit	July 1, 2021
Rybrevant (amivantamab-vmjw) intravenous (IV) solution	July 14, 2021
Vocabria* (cabotegravir sodium) tablet 30mg	July 14, 2021
Zynlonta™ (loncastuximab tesirine-lpyl) intravenous (IV) solution	May 26, 2021

* This drug will not be commercially available to pharmacies and will be supplied directly from the manufacturer to healthcare facilities only for use.

The following drug has been updated to reflect eligibility for coverage under the Medicaid pharmacy benefit. This drug is indicated to be administered by a healthcare provider, but can be given at home by a caregiver, if deemed appropriate.

Drug Name	Pharmacy Benefit Inclusion Effective Date for Medicaid
Nulibry™ (fosdenopterin hydrobromide) solution for intravenous injection	June 22, 2021

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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](https://www.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 UPDATE

Policies Effective: August 2, 2021 Notification Posted: June 1, 2021

Policies developed

- Casimersen, II-251
- Fosdenopterin, II-210

Policies revised

- Site of Service for Selected Outpatient Procedures: Outpatient Hospital and Ambulatory Surgery Center, XI-03
- Laparoscopic and Percutaneous Treatments for Uterine Fibroids, II-98
- Implantable Ambulatory Cardiac Event Monitors and Intracardiac Ischemia Monitoring Systems, II-224
- Onasemnogene Apeparvovec, II-230
- Nusinersen, II-171
- Ravulizumab, II-229

Policies inactivated

- Psychoanalysis, X-13
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None

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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.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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:

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