# Provider Press

Provider information

Dec 2020 / Vol. 25, No. 4

BlueCross BlueShield Minnesota


## UPCOMING SURVEYS

**We Need Your Feedback. Your Opinion Matters to us!**
As a participating provider in the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) networks, we rely on you to provide quality care and service to our members—your patients. We also need to hear from you, our partners, on your experience with different aspects of the health care system.

Your Provider Service Agreement requires your support and collaboration to maintain the best quality of care for the patients we both serve. NCQA standards are one of many ways that our partnership helps support this delivery of quality care and patient satisfaction. Blue Cross is asking its provider partners to assist in the important requirements of NCQA by cooperating with surveys if you are randomly selected. By responding to these important surveys, you will directly impact the high value placed in the care you deliver to patients through your partnership with Blue Cross.

Due to the COVID-19 pandemic we are still trying to determine when some surveys will be conducted. Below is a summary of the surveys and an estimation of when you may expect them annually. These surveys can come in a variety of formats, so please keep an eye out for a mailed, telephone, or email survey. A strong response rate provides us with a clearer picture of our network's experience and expectations so we can more confidently identify opportunities to improve your satisfaction with Blue Cross.

Additionally, we ask that you notify your front-line staff about these surveys and support their cooperation. We have built these surveys for efficiency and the best use of your staff's time as to create only minimal interruption to your operations.

| SURVEY PURPOSE | SURVEY MODE | EXPECTED IN THE FIELD |
|---|---|---|
| **Access to Care** - This survey studies your ability to provide timely appointment access based on provider specialty and member need (urgent, routine, new patient, or existing patient). | Telephone | 2nd or 3rd Quarter |
| **After Hours Access** - This survey studies your ability to either care for or direct members to appropriate care outside of normal business hours. | Telephone | 1st or 2nd Quarter |
| **Utilization Management** - This survey studies practitioners' satisfaction with utilization management policies and procedures, including the appeals process. | Email | 4th Quarter |
| **Accuracy of Provider Directory** - This survey measures the accuracy of practitioner and hospital information available to members on our online or printed provider directories. | Mailed | 2nd or 3rd Quarter |
| **Coordination of Medical and/or Behavioral Care** - This survey studies the frequency and effectiveness of continuity and coordination of care across different avenues of care. | Telephone | 3rd or 4th Quarter |

Questions?
If you have questions, please contact Provider Service at **(651) 662-5200** or **1-800-262-0820**.

## 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**

# FYI

## PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from July 1, 2020 to October 30, 2020. 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 changes to Compliance with Laws |
| Provider Policy and Procedure Manual: Chapter 9, Reimbursement/ Reconciliation | Content changes to Payment Methodology |
| Provider Policy and Procedure Manual: Chapter 8, Claims Filing | Content changes to the following sections:<br>• Timely Filing<br>• Mid-Level Practitioners<br>• Masters Level Practitioners |
| Blue Plus Manual: Chapter 3, Government Programs | Content changes to the following sections:<br>• Added benefit for Stabilization Services<br>• Added Minnesota Health Care Programs Enrollment |

## 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. | |

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

## HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2020:

Thursday, November 26
Friday, November 27
Thursday, December 24
Friday, December 25

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

# FYI

## PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from August 13, 2020 to November 2, 2020 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 |
|---|---|
| QP77-20 | Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Bempedoic Acid |
| QP78-20 | Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Isturisa® |
| QP79-20 | Introducing the Blue Cross Blue Shield System's New National High-Performance Network |
| QP80-20 | MHCP Pharmacy Benefit Update - Avsola™, Ilaris® and Perseris™ |
| QP81-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Risdiplam PA with QL |
| QP82-20 | Commercial Pharmacy Benefit Exclusion for Amzeeq™ (minocycline) foam, brimonidine ophthalmic solution 0.15% and ProAir® (albuterol sulfate) HFA |
| QP83-20 | Preventive Care Outreach Campaign for ACA Individual and Small Group (with Carenet Health) |
| QP84-20 | Multiple Medicaid Coverages Listed on the Same Claim |
| QP85-20 | Commercial Pharmacy Benefit Exclusion for Tecartus™ |
| QP86-20 | Medical Drug Update for New to Market Tanezumab |
| QP87-20 | Minnesota Health Care Programs (MHCP) FQHC/RHC Provider Service |
| QP88-20 | Commercial Pharmacy Benefit Exclusion for Viltepso® |
| QP89-20 | MHCP Pharmacy Benefit Exclusion for Viltepso® |
| QP90-20 | Medical Injectable Step Therapy Override Request for Minnesota Health Care Programs (MHCP) |
| QP91-20 | MHCP Pharmacy Benefit Exclusion for Tecartus™, Monjuvi™ and Blenrep |
| QP92-20 | Change in Processing for Interim Bills for Minnesota Health Care Programs |
| QP93-20 | Prior Authorization for Drugs |
| QP94-20 | Commercial Pharmacy Benefit Exclusion for Condylox®, Lyumjev™, Veregen® and Zilxi™ |
| QP95-20 | Commercial Pharmacy Benefit Exclusion for Jelmyto® |
| QP96-20 | Medical Drug Update for New to Market Inclisiran |
| QP97-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hemophilia Factor VIII PA with QL |
| QP98-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Fintepla® (fenfluramine) PA with QL |
| QP99-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Insulin Pump PA with QL |
| QP100-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hemophilia Factor IX PA with QL |
| QP101-20 | MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Dojolvi™ PA |

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FYI

## RESOURCE FOR MENTAL HEALTH CRISIS

Blue Cross and Blue Shield of Minnesota recommends that providers educate their patients that when experiencing a mental health crisis they may dial **274747 (**CRISIS)** or text **"MN" to 741741** from a cell phone to reach a mental health professional immediately. For landlines, *The National Suicide Prevention Lifeline* is recommended for all levels of mental health emergency at **1-800-273-TALK (8255)**. Updated phone numbers and additional resources are always found through Minnesota Department of Human Services at https://mn.gov/dhs/crisis/.

# FYI

## PUBLICATIONS AVAILABLE ONLINE (continued)

| QUICKPOINTS | TITLE |
|---|---|
| QP102-20 | Introducing eviCore's new intelliPath® Technology |
| QP103-20 | Commercial Pharmacy Benefit Exclusion for Emtricitabine-Tenofovir Disoproxil Fumarate Tablet 200-300 mg |
| QP104-20 | Update: Cotiviti to Perform Focused and Limited Hospital Bill Validation (HBV) Services |
| QP105-20 | Update: EquiClaim to Perform Focused and Limited Hospital Bill Validation (HBV) Services |
| QP106-20 | CPT Code 99072 Will Not Be Separately Reimbursed |
| **BULLETINS** | **TITLE** |
| P15R1-20 | Update: Change in Requirements for Newborn Precertification Process for Minnesota Health Care Programs |
| P49R1-20 | Update: CERiS Review of High Dollar Claims |
| P50R1-20 | Update: eviCore is Changing Prior Authorization Guidelines used to Review Durable Medical Equipment, Home Health Care, and Post-Acute Care Services for Medicare Advantage Subscribers |
| P50R2-20 | Update: eviCore is Changing Prior Authorization Guidelines used to Review Durable Medical Equipment and Post-Acute Care Services (Home Health Care, Inpatient Rehabilitation Facility, Long Term Acute Care Facility and Skilled Nursing Facility) for Medicare Advantage Subscribers |
| P64-20 | Update to the Common Carrier and Special Transportation Services Addendums |
| P65-20 | Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements |
| P66-20 | Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program |
| P67-20 | Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program |
| P68-20 | Radiology Cardiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program |
| P69-20 | Update Early Intensive Developmental and Behavioral Intervention (EIDBI) Authorization Process |
| P70-20 | New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective November 2, 2020 |
| P71-20 | Minnesota Health Care Programs Reimbursement Policy Update for Modifier 78 |
| P72-20 | Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements |
| P73-20 | 2021 Renewal Changes Summary for Primary Care Clinic Providers |
| P74-20 | New Medical, Medical Drug and Behavioral Health Policy Management Updates- Effective November 30, 2020 |
| P75-20 | Removal of Six Commercial Prior Authorization Requirements – Effective November 16, 2020 |
| P76-20 | 2021 Renewal Changes Summary for Institutional Providers |
| P77-20 | 2021 Medicare Product Acupuncture Benefit Changes |
| P78-20 | Reminder: New Prior Authorization Timeframes Required by Legislation |

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FYI

## UTILIZATION MANAGEMENT (UM) STATEMENT

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 underutilization of appropriate care and services.

## 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**.

# FYI

## PUBLICATIONS AVAILABLE ONLINE (continued)

| BULLETINS | TITLE |
|---|---|
| P79-20 | Change in Medical Necessity Criteria to InterQual for Substance Use Disorder Admissions |
| P80-20 | New Medical, Medical Drug and Behavioral Health Policy Management Updates- Effective January 4, 2021 |
| P81-20 | eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P82-20 | eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P83-20 | eviCore Healthcare Specialty Utilization Management (UM) Program – Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P84-20 | Predetermination Request Form for Commercial Lines of Business |
| P85-20 | Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements |
| P86-20 | Appeals Policy for no Prior Authorization for Minnesota Health Care Programs |

## 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.

## 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

## 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.**

# FYI

## REMINDER: BLUE CROSS BLUE SHIELD NATIONAL COORDINATION OF CARE℠ OVERVIEW

**Note: This information was previously published as Quick Point QP13-20.**

A new Blue Cross Blue Shield (BCBS) National Coordination of Care program to support BCBS Medicare Advantage (MA) members was launched nationally on **January 1, 2020**. 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 logo shown to the right 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.

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# 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, bcbsmn.availitylearningcenter.com.

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# 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.

## TRANSITION OF CARE FROM PEDIATRIC TO ADULT

Changing doctors is never easy especially for a teenager new to advocating for their own health care. If there is a chronic illness like diabetes or cystic fibrosis, it can be even more challenging to make the transition. Ideally, children should transition from pediatric to adult-oriented health care between the ages of 18 and 21 years.

For adolescents seeing a pediatrician, the transition will involve choosing a new physician, transferring medical records, communicating treatment histories and insurance information. Although adolescents seeing a family physician may stay in the same practice, they may still need to transfer some aspects of their care. It is important you have these conversations with your patients.

Blue Cross Customer Service can help find adult primary care practitioners who can best serve their medical needs. Customer Service can also assist pregnant adolescents in their transition from pediatrics to an adult primary care practitioner, OB/GYN, family practitioner or internist.

For assistance in medical care transitions, please direct your patients to contact Blue Cross Customer Service at the phone number listed on the back of their member ID card. The online "Find a Doctor" tool can also help them easily find a provider. If using the "Find a Doctor" tool please direct your patients to visit bluecrossmnonline.com, sign in and select "Find a Doctor."

## ACCESS & AVAILABILITY SURVEY

Blue Cross conducted an Access & Availability survey between March and April of 2020. The survey was a random selection of primary care practitioners (PCP), medical specialties and behavioral health care services. These specialties were broken into four groups: High Volume, High Impact, Behavioral Health, and PCP.

High volume specialty care is defined as types of practitioners most likely to provide services to the largest segment of the membership and included OB/GYN and Dermatology. High impact specialty care is defined as practitioner types that treat conditions that have high mortality and morbidity rates and included Cardiology and

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# FYI

Oncology. Behavioral Health services were broken out as either prescribers which included psychiatrists and psychiatric nurse practitioners and non-prescribers, which included psychologists. Finally, due to new requirements for 2020, PCP were added to the access & availability survey.

2020 was our fifth year conducting this survey. The results this year were not as positive as they have been in prior years and is largely due to the timing of this survey, which Blue Cross was unable to reschedule due to accreditation requirements. This survey occurred just as the COVID-19 pandemic was shutting down many of our offices and had a significant impact to accessibility across all practitioner types. On a positive note, our PCP stepped up and were continuing to provide basic services and met all established goals. The Behavioral Health specialties showed a slight improvement from prior year accessibility scores, while the High-Impact and High-Volume specialties dropped significantly across all four specialties assessed.

Despite these circumstances and the inability for many practitioners to offer normal services, the Blue Cross associates making these calls noted the above and beyond willingness to assist members by almost all practitioner offices and the quick transition to offering alternative services through telemedicine. Towards the end of our survey, many offices were scheduling for telemedicine visits seamlessly. While the results of this year's survey do not show a typical picture of our practitioner's abilities to serve member needs, Blue Cross applauds the in-depth effort of our practitioners and supporting staff. If you would like a copy of the summary of results, please contact Blue Cross at the Quality.Improvement@bluecrossmn.com mailbox. Please indicate that you want a copy of the Access & Availability Survey results.

*What does this mean for you?* Blue Cross will use these results to identify improvement opportunities to enhance our network capabilities, such as continuing to provide and educate members about online appointment options and continue to improve and optimize internal processes. Normally, Blue Cross would send out letters to those providers who did not meet requirements to work on fixing any identified issues, but this will not be occurring this year. Please remember, as a contracted provider you are bound by the appointment accessibility requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

## AFTER-HOURS SURVEY

Blue Cross conducted an After-Hours survey in February of 2020. The survey was a random selection of our primary care physicians (PCP) utilized by Blue Cross members and Behavioral Health Practitioners. Due to new requirements, the Behavioral Health specialty was added to the 2020 survey. 2020 was our fifth year conducting this survey. The results showed that 91.4% of the PCP's surveyed met Blue Cross' goals

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# FYI

in the 2020 survey. This is a slight reduction from the previous year and highlights that some PCP locations are still not meeting After-Hours requirements and will require additional assessment and follow up.

While this was a new survey for the Behavioral Health practitioners, this requirement is not new. The Behavioral Health practitioners also did not meet this requirement with only 73.6% of practitioners meeting. Blue Cross encourages all practitioners to review the After-Hour requirements to understand what is expected for each location in practice.

*What does this mean for you?* Normally, Blue Cross would send out letters to those providers who did not meet requirements to work on fixing any identified issues. However due to the current pandemic, no letters will be sent out this year. Please remember, as a contracted provider you are bound by the After-Hours requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

## PROVIDER DATA ACCURACY SURVEY

Provider directories are an important tool used by members and prospective members to select and contact their physicians and other contracted providers who deliver their medical care. Members and their caregivers rely on our online provider directory, Find a Doctor (FAD) tool to make informed decisions regarding their health care choices. Inaccurate data in the directory can create a barrier to care as well as negatively impact member experience.

The 2020 survey was not as successful as our 2019 survey, largely due to the COVID-19 pandemic. The response rate for 2020 was only 10.4% which was a 7.9% reduction from the 2019 survey.

However, despite the lower response rate we saw an improvement from prior year results. Blue Cross is contributing this improvement to our added effort to reach out to practitioners if we see that information is not correct rather than waiting for you to update your information. This approach appears to have had a positive impact. Blue Cross very much appreciates your efforts in helping us provide the best possible FAD tool for our members and your patients. We are currently working on improved tools to make this process easier and seamless for all parties. The table below depicts the accuracy percentages as a result of this year's survey. As you see, the Blue Cross FAD did not achieve the established business goal of 95% but we are seeing an improvement.

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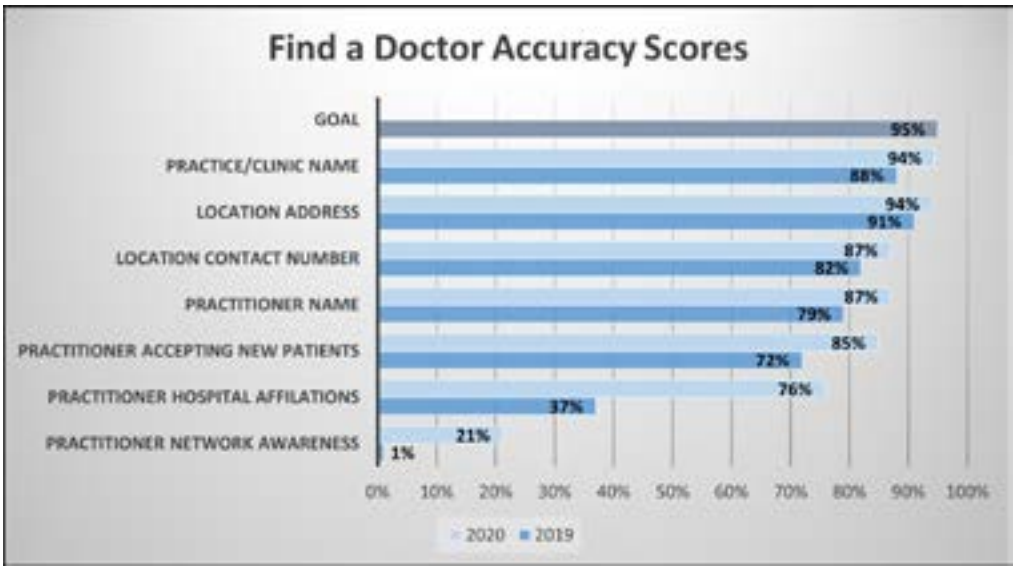
# FYI




Looking at the various components reviewed, by far the category with the biggest concern is the Practitioner Network Awareness. Blue Cross is required to assess a provider/practitioner's office staff's ability to identify every product line and organizational network in which the provider/practitioner participates.

We understand that this is not an easy requirement as not only do you have Blue Cross members but other health plans you are trying to provide medical services for. We try to make this easier by posting this information in the FAD tool for both your convenience and for our members.

As providers/practitioners you may review this data by going to the Blue Cross website, clicking on "Find a Doctor" and then click on "Go to Doctor Search." At this point you can search as a guest and look up your information by name in our FAD tool. Once you find your name choose "View accepted Networks."

Blue Cross understands that there are a lot of Networks listed and you may not be aware of many of them. You have been added to these networks based on internal business rules. We are currently working on a way to make this process easier for both you and our members.

Again, Blue Cross appreciates your participation in this survey and all our annual surveys needed to serve our members.

# QUALITY IMPROVEMENT

## RESOURCES TO IMPROVE HEALTH EQUITY

www.health-exchange.net

Looking for a one-stop online resource for translated health education materials and information about health communication? Look no further than the **Multilingual Health Resource Exchange** (the Exchange). The Exchange makes it easy to keep up on the latest news and research, plus national and Minnesota specific resources.

The Exchange provides centralized access to over 6,000 patient education pieces and videos, with new titles added every few weeks. Translated materials are focused on languages spoken most often in Minnesota, including Spanish, Hmong, Somali, Amharic, Vietnamese, Russian and more. The Exchange also provides a context for these materials, with information on how language, race, culture, literacy, class and spirituality all affect a person's health.

Blue Cross recognizes that quick access to translated materials is a valuable addition to quality care. Health care organizations are required by federal law not to limit patient access to service based on language. The Exchange provides the tools your organization needs to be in compliance with such laws, as well as accreditation requirements.

As a Blue Cross network provider, you have access to the Exchange materials library through Blue Cross' membership. Simply sign in using the log-in name *bluecross* and password *blue*.

## IMPROVING CONTINUITY AND COORDINATION OF CARE

Serious problems can occur for patients undergoing transitions across sites of care. Problems with communication between providers, patient's understanding of complex treatment regimens and follow-up plans, and overall sharing of information can affect the quality and effectiveness of care received and ultimately health outcomes for patients.

Particularly challenging to continuity and coordination of care are concepts such as:

- Transparency (information being readily available from providers or health insurance carrier)
- Literacy (patient understanding of information provided and applying it to their situation), and
- Engagement (patient ability to act on information which allows advocacy and empowerment).

In the article Healthcare Coordination: Connecting Clinicians to Patients originally published on the Jive Software site on May 3, 2017, several factors were identified that contribute to care coordination failure:

- Current healthcare systems are often disjointed, and processes vary among and between primary care practices (PCPs) and specialty sites.
- There is often no central point of responsibility for the entire cycle of care.

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## 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 IMPROVEMENT

- Many organizations don't have sufficient people or systems dedicated to care coordination.
- Much of the time and labor that goes into care coordination is not reimbursed.

The article goes on to mention that electronic health records (EHRs) are helping to eliminate disconnects and discrepancies in patient records, but they don't provide the dynamic collaboration and communication capabilities needed to make collective decisions, fully orchestrate care and make sure all participants are informed and on the same page. In addition, while individual physicians do an admirable job attending to their areas of responsibility, there are gaps related to cross-functional connections and teamwork that the system cannot compensate for.

Consider reviewing the EHR used by your system for opportunities to maximize its use for improving communication during hand-offs and transitions between care providers and settings. Also, are there other opportunities to improve understanding for patients by improving health literacy and utilizing patient decision tools in your practice. Watch for more articles related to best practices and Blue Cross' efforts to help improve continuity and coordination of care for our members.

## MULTICULTURAL HEALTH DISTINCTION

Blue Cross has achieved the NCQA Distinction in Multicultural Health Care. This distinction identifies organizations that excel in providing culturally and linguistically sensitive services, and work to reduce health care disparities. This program helps to identify gaps in Care and could lower out-of-pocket expenses.

To help assist with this program we need both member and provider multicultural information. Some of the information needed from the providers is pulled from your credentialing applications and other pieces were part of the Provider Data Survey. It is important that you provide this information so Blue Cross can provide the best care possible.

Blue Cross believes that organizations responsible for care must be aware of and be sensitive to their populations' racial, cultural and language differences. The U.S. Department of Health and Human Services notes that "by tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations." To help facilitate our providers to provide this type of tailored care, Blue Cross has provided you with member language preferences as reported for our Medicaid population. This information was included with the provider directory survey.

# QUALITY IMPROVEMENT

## HEDIS® SEASON IS HERE!

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 8 through May 7, 2021.

**What is HEDIS?**
HEDIS is a government mandated set of measurements used to evaluate the health and quality of services provided to our members.

**Why is HEDIS important?**

- Results supply comparative data that consumers can use to make choices about the health plan(s) and provider(s) they will use to meet their healthcare needs
- Reporting HEDIS results annually is a federal and state contractual requirement as well as a National Committee for Quality Assurance accreditation requirement
- Many employer groups consider HEDIS scores when choosing a health plan to offer to their employees

The medical record review project involves reviewing a random sample of our members' medical records. If you have patients selected for the sample, you will receive a letter from us in February identifying the requested records. Blue Cross will work with you on the process for accessing the records – there are several options. We can review medical records remotely via EMR link. Providers also can send medical records via secure electronic FTP transfer, fax, or mail.

If you would like assistance setting up a secure electronic transfer account or EMR link access, please contact **Amy Gonzales** by email at Amy.Gonzales@bluecrossmn.com or by phone at (651) 662-1593.

Thank you for accommodating our team as we complete the review of over 20,000 medical records throughout the state of Minnesota. Blue Cross is committed to providing accurate HEDIS results with the least amount of disruption to your clinic staff as possible. For questions or concerns please contact **Machaelle Diaz**, Manager, Risk Adjustment & Quality Health Record Retrieval by email at Machaelle.Diaz@bluecrossmn.com or by phone at (651) 662-9757.

Thank you for all you do to improve the health of your patients and our members!

# HEALTH LITERACY

## HEALTH LITERACY BEST PRACTICES ARE EVEN MORE IMPORTANT THAN EVER.


The fast spread of COVID-19 is requiring people to change their habits very quickly. They also need to quickly understand and absorb health information related to the coronavirus pandemic. To help, health care providers and organizations are trying to offer simple advice and recommendations. But there is still an overwhelming amount of complex and false health information to sift through. Using plain language and other health literacy best practices is more important now than ever before.

- Even before the pandemic, nearly 9 out of 10 Americans struggled to understand health information.
- Because of COVID-19, people are hearing a lot of new health care terms and phrases they may not know.
- The people most at risk for experiencing health disparities are also most at risk for struggling to understand the health care system and health terms.
- It is important that health information is easy to understand so people know how to protect themselves and when they should seek care.
- Using health literacy best practices – like using plain, easy to understand language – helps people understand and act on the health information they receive.

There are a lot of new health care terms being used right now. It is critical that health professionals use plain language that patients can understand the first time they hear or read them. Here is a list of common-terms being used related to the COVID-19 pandemic and a plain language definition that may be more helpful.

| HEALTH CARE TERM | PLAIN LANGUAGE DEFINITION |
|---|---|
| Contact tracing | This is a way to identify people who have a disease or who may have been exposed to a disease due to contact with a person who is sick. |
| Coronavirus | Coronavirus is a type of virus (germ). There are many different types of coronaviruses, and some cause disease. |
| COVID-19 | COVID-19 stands for "coronavirus disease of 2019." It is a respiratory illness that spreads quickly from person to person. |
| Isolation | This is a common practice is for people who are sick. It means staying away from others who are not sick to limit their exposure and to limit spreading a disease. |
| Pandemic | This means a disease that has spread across many countries and continents; one that is happening worldwide. |
| Sanitize | This refers to reducing the number of germs on a surface of something that can cause disease. |
| Social distancing | This means staying a safe distance from other people to limit the spread of a disease. |
| Telehealth, telemedicine or virtual visit | This refers to seeing and talking with a health care provider who is located elsewhere through a computer, cell phone or other technology. |
| Quarantine | This practice is for people who have a disease or who may have been exposed to a disease. It means staying away from other people. |

The Minnesota Health Literacy Partnership is a great resource to learn more and has created some simple messages and resources you can use to help educate patients and the public. Visit their website to find the latest e-newsletter "In the Know: Health literacy news and best practices" and other information.

# PHARMACY UPDATES

## PHARMACY DRUG FORMULARY UPDATE FOR QUARTER 4, 2020

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 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 and discontinuation of Quantity Limit Programs. Quantity Limits apply to brand and generic agents.

**New Prior Authorization with Quantity Limit Program Effective 10/1/2020**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| ISTURISA TAB 1MG | PA | QL | |
| ISTURISA TAB 5MG | PA | QL | |
| ISTURISA TAB 10MG | PA | QL | |
| NEXLETOL TAB 180MG | PA | QL | |
| NEXLIZET TAB 180/10MG | PA | QL | |
| OXBRYTA TAB 500MG | PA | QL | |

**Quantity Limit Program to be Discontinued Effective 10/1/2020**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| NIASPAN (niacin ext-release) TAB 500MG | | QL | |
| NIASPAN (niacin ext-release) TAB 750MG | | QL | |
| NIASPAN (niacin ext-release) TAB 1000MG | | QL | |
| ZETIA (ezetimibe) TAB 10MG | | QL | |

(continued on next page)

# PHARMACY UPDATES

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

**Changes to Existing Utilization Management Programs Effective 10/1/2020**

| BRAND NAME (generic name - if available) | UM Program | | |
|---|---|---|---|
| BAFIERTAM CAP 95MG | | QL | ST |
| BREZTRI AERO AER SPHERE | | QL | |
| DUPIXENT PRE-FILLED PEN INJ 300 mg/2 mL | PA | QL | |
| ENBREL INJ 25MG VIAL | PA | QL | |
| HARVONI PAK 45-200MG | PA | QL | |
| INQOVI TAB 35-100MG | PA | QL | |
| LICART DIS 1.3% PATCH | | QL | ST |
| LYUMJEV INJ 100UT/ML | | QL | |
| LYUMJEV KWIKPEN INJ 100UT/ML | | QL | |
| LYUMJEV KWIKPEN INJ 200UT/ML | | QL | |
| MYCAPSSA CAP 20MG | PA | QL | |
| QINLOCK TAB 50MG | PA | QL | |
| RUKOBIA TAB 600MG ER | | QL | |
| SOVALDI PAK 150MG | PA | | QL |
| SOVALDI PACK 200MG | PA | | QL |
| TIVICAY PD TAB 5MG | | QL | |
| TRAMADOL HCL CAP 150MG ER | PA | QL | |
| XPOVIO PAK 40MG (once weekly) | PA | QL | |
| XPOVIO PAK 40MG (twice weekly) | PA | QL | |
| XPOVIO PAK 60MG (twice weekly) | PA | QL | |
| XTAMPZA ER CAP 36MG | PA | QL | |
| ZEPOSIA 7DAY CAP STR PACK | | QL | |
| ZEPOSIA CAP 0.92MG | | QL | |
| ZEPOSIA CAP STR KIT | | QL | |

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

**Effective August 7, 2020**

- Risdiplam Prior Authorization Program was implemented for Commercial.

**Effective August 14, 2020**

- Satralizumab Prior Authorization Program was implemented for Commercial.

**Effective September 1, 2020**

- Risdiplam Prior Authorization with Quantity Limit Program was implemented for Medicaid.
- Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Quantity Limit Program was implemented for Medicaid.

(continued on next page)

# PHARMACY UPDATES

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

**Effective December 1, 2020**

- H.P. Acthar Gel (repository corticotropin) Prior Authorization Program will be renamed to Corticotropin Prior Authorization Program for Commercial and Medicaid.

**Effective January 1, 2021**

- Atypical Antipsychotic Step Therapy with Quantity Limit Program will be split into two programs: Atypical Antipsychotics, Long Acting Step Therapy with Quantity Limit Program and Atypical Antipsychotics, Short Acting Step Therapy with Quantity Limit Program for Commercial and Atypical Antipsychotics, Long Acting Quantity Limit Program and Atypical Antipsychotics, Short Acting Quantity Limit Program for Medicaid.
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors Step Therapy Program will be implemented for Commercial. DPP-4 Inhibitors Quantity Limit Program will remain in place for Commercial.
- Dojolvi Prior Authorization Program will be implemented for Commercial and Medicaid.
- Fintepla Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Hemophilia Factor IX Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Hemophilia Factor VII Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Insulin Pump Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Orilissa Prior Authorization with Quantity Limit Program will be renamed to Elagolix Prior Authorization with Quantity Limit Program for Commercial and 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

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.

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# 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 |
|---|---|
| Amzeeq™ (minocycline) foam 4% | October 1, 2020 |
| brimonidine ophthalmic solution 0.15% | October 1, 2020 |
| butalbital/acetaminophen/caffeine capsule 50-300-40 mg | January 1, 2021 |
| Condylox® (podofilox) gel 0.5% | October 14, 2020 |
| Lyumjev Kwikpen™ (insulin lispro-aabc) 100 units/mL | October 14, 2020 |
| Lyumjev Kwikpen™ (insulin lispro-aabc) 200 units/mL | October 14, 2020 |
| Lyumjev™(insulin lispro-aabc) 100 units/mL injection | October 14, 2020 |
| ProAir® (albuterol sulfate) HFA 108 mcg/ACT | October 1, 2020 |
| Timoptic-XE® (timolol maleate) ophthalmic gel forming solution 0.25%, 0.50% | January 1 2021 |
| Veregen® (sinecatechins) ointment 15% | October 14, 2020 |
| Zilxi™ (minocycline) foam 1.5% | October 14, 2020 |

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 Medicaid |
|---|---|
| Aralast®NP (alpha1 proteinase inhibitor) intravenous (IV) solution | October 1, 2020 |
| Glassia® (alpha1 proteinase inhibitor) intravenous (IV) solution | October 1, 2020 |
| Jelmyto™ (mitomycin) injection | October 14, 2020 |
| Prolastin®-C (alpha1 proteinase inhibitor) intravenous solution | October 1, 2020 |
| Tecartus™ (brexucabtagene autoleucel) suspension for intravenous (IV) Infusion | September 9, 2020 |
| Viltepso® (viltolarsen) intravenous (IV) solution | August 28, 2020 |
| Uplizna™ (inebilizumab-cdon) intravenous (IV) solution | October 1, 2020 |

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# PHARMACY UPDATES

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

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Medicaid |
|---|---|
| Anjeso™ (meloxicam) intravenous (IV) solution | July 3, 2020 |
| Avsola™ (infliximab-axxq) intravenous injection | September 1, 2020 |
| Blenrep (belantamab mafodotin-blmf) intravenous (IV) solution | November 1, 2020 |
| Fetroja™ (cefiderocol sulfate tosylate) intravenous (IV) solution | July 3, 2020 |
| Herzuma® (trastuzumab-pkrb) intravenous (IV) solution | July 3, 2020 |
| Ilaris® (canakinumab) subcutaneous injection | September 1, 2020 |
| Monjuvi™ (tafasitamab-cxix) intravenous (IV) solution | November 1, 2020 |
| Ontruzant® (trastuzumab-dttb) intravenous (IV) solution | July 3, 2020 |
| Perseris™ (risperidone extended release) subcutaneous injection | September 1, 2020 |
| Phesgo™ (pertuzumab, trastuzumab, and hyaluronidase-zzxf) injection | July 26, 2020 |
| Potassium Phosphates (potassium phosphates) 71mEq/15ml (potassium),45 mmol/15ml (phosphate) injection | July 3, 2020 |
| Scenesse® (afamelanotide) implant | July 3, 2020 |
| Tecartus™ (brexucabtagene autoleucel) suspension for intravenous (IV) Infusion | November 1, 2020 |
| Trazimera™ (trastuzumab-qyyp) intravenous (IV) solution | July 3, 2020 |
| Viltepso® (viltolarsen) intravenous (IV) solution | August 28, 2020 |
| Uplizna™ (inebilizumab-cdon) intravenous (IV) solution | July 26, 2020 |
| Zepzelca™ (lurbinectedin) intravenous (IV) solution | July 26, 2020 |

**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.

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# PHARMACY UPDATES

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

**ADDITIONAL RESOURCES**

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select "Shop Plans" and "Prescription Drugs." Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able 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: November 2, 2020 Notification Posted: September 1, 2020

### Policies developed

- Romosozumab, II-236
- Occipital Nerve Decompression, IV-167
- Inebilizumab, II-244
- Eptinezumab, II-240

### Policies revised

- Botulinum Toxin, II-16
- Drug Testing for Substance Use Disorder and Chronic Pain Management, VI-47
- Burosumab, II-212
- Liposuction, IV-82
- Surgical Treatments of Lymphedema, IV-158
- Bariatric Surgery, IV-19
- Alpha-1 Proteinase Inhibitors, II-206
- Intravenous Enzyme Replacement Therapy for Gaucher Disease, II-214
- Genetic Cancer Susceptibility Panels, VI-56
- Panniculectomy/ Excision of Redundant Skin or Tissue, IV-24
- Mastopexy, IV-33

### Policies inactivated

- Quantitative Electroencephalogram (QEEG) or Brain Mapping for Mental Health or Substance Related Disorders, X-26

### Policies delegated to eviCore

- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management, VI-57
- Facet Arthroplasty, IV-110

Policies Effective: November 30, 2020 Notification Posted: October 1, 2020

### Policies developed

- Brexucabtagene Autoleucel, II-245

### Policies revised

- Infliximab, II-97
- Hyperbaric Oxygen Therapy, II-04
- Wheelchairs—Mobility Assistive Equipment; VII-04
- Rituximab, II-47
- Single Photon Emission Computer Tomography (SPECT) of the Head, V-29
- Ustekinumab, II-168

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# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

## Policies inactivated
None

## Policies delegated to eviCore
- Axial (Percutaneous) Lumbar Interbody Fusion, IV-91

Policies Effective: January 4, 2021 Notification Posted: November 2, 2020

## Policies developed
- Viltolarsen, II-246

## Policies revised
- Percutaneous Left Atrial Appendage Occluder Devices, IV-169
- Speech Generating Devices, VII-52
- Esketamine, II-226
- Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy, II-173
- Air Ambulance, II-160
- Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, II-118

## Policies inactivated
None

## Policies delegated to eviCore
- Expanded Molecular Panel Testing of Stolid Tumors, VI-49

## Policies reviewed with no changes in August, September, and October 2020:
- Abatacept, II-161
- Acupuncture, III-01
- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension, II-107
- Artificial Retinal Devices, IV-154
- Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas, II-120
- Bioengineered Skin and Soft Tissue Substitutes, IV-137
- Biofeedback, X-25
- Brexanolone, II-231
- Bronchial Thermoplasty, IV-117
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting, II-43
- Cardiovascular Disease Risk Assessment and Management: Laboratory Evaluation of Non-Traditional Lipid and Nonlipid Biomarkers, VI-24
- Certolizumab Pegol, II-179
- Chiropractic Services, III-04

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# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

**Policies reviewed with no changes in August, September, and October 2020:** (continued)

- Continuous Glucose Monitoring Systems, VII-05
- Cranial Electrotherapy Stimulation, X-32
- Edaravone, II-178
- Elosulfase Alfa, II-218
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, II-94
- Galsulfase, II-217
- Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia, II-115
- Hematopoietic Stem-Cell Transplantation for Multiple Myeloma and POEMS Syndrome, II-138
- Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood, II-131
- Hematopoietic Stem-Cell Transplantation in the Treatment of Germ-Cell Tumors, II-114
- Humanitarian Use Devices, IV-11
- Idursulfase, II-215
- Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss, IV-37
- Intermittent Intravenous Insulin Therapy, II-189
- Investigative Indications for Medical Technologies Which are Not Addressed by a Specific Medical Policy, XI-01
- Laronidase, II-216
- Laser and Photodynamic Therapy for Onychomycosis, II-153
- Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy, II-165
- Medical Marijuana (Cannabis), II-221
- Medical Necessity Criteria for Medical Technologies Which Are Not Addressed by a Specific Medical Policy, XI-02
- Microprocessor-Controlled Prostheses for the Lower Limb, VII-16
- Myoelectric Prosthetic and Orthotic Components for the Upper Limb, VII-60
- Nerve Fiber Density Measurement, II-177
- Orthognathic Surgery, IV-16
- Ovarian and Internal Iliac Vein Embolization as a Treatment for Pelvic Congestion Syndrome, V-26
- Percutaneous Ultrasonic Ablation of Soft Tissue, IV-160
- Plasma Exchange, II-192
- Prophylactic Mastectomy, IV-27
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
- Romiplostim, II-211
- Selected Treatments for Hyperhidrosis, II-55
- Selected Treatments for Temporomandibular Disorder (TMD), II-07
- Sublingual Immunotherapy Drops for Allergy Treatment, II-169
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD), II-31
- Vagus Nerve Blocking Therapy, IV-132
- Vagus Nerve Stimulation, IV-131
- Vestronidase Alfa, II-219
- Wound Healing: Electrostimulation and Electromagnetic Therapy, II-85

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# 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.



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