Provider **Press**

Provider information

BlueCross
BlueShield
Minnesota

SHARECARE OFFERS PROVIDERS TELEMEDICINE CAPABILITIES

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) recognizes the need for providers to have full telemedicine capabilities as soon as possible. Through our partnership with Sharecare, we are pleased to bring a web-based solution to our entire provider network. Sharecare recently partnered with Updox, a HIPAA-compliant telehealth platform. Sharecare offers providers the ability to quickly offer telehealth capabilities to ensure providers can continue to provide quality services to their patients through telehealth. The platform works with all benefit plans, but reimbursement for services is dependent upon the Subscriber's benefits. Providers who sign up for the platform by June 1, 2020 will receive services at no cost through September 1, 2020. After the initial period, a monthly fee is assessed based on the number of clinicians leveraging the platform.

If you are interested in learning more, please reach out to Sharecare at 1-800-523-0462 or you can learn more at https://www.sharecare.com/telehealth.

FYI

DISCLOSURE OF OWNERSHIP FORM

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

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

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.

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from March 1, 2020 to May 13, 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 1, At Your Service	Content changes to Care Management Numbers and Addresses
Provider Policy and Procedure Manual: Chapter 3, Quality Improvement	Content changes to Preventive Services
Provider Policy and Procedure Manual: Chapter 4, Care Management	Content changes to the following sections: • Care Management • Utilization Management • Medical Policy • Prior Authorization/Notification • Utilization Management Services Requiring Prior Authorization/Notification • Where to Send Requests • Referrals to Case, Maternity and Condition/Disease Management • DME Waiver Requirement
Provider Policy and Procedure Manual: Chapter 5, Health Care Options	Content changes to the following sections: • Blue Cross and Blue Shield of Minnesota Coverage Options • Blue Cross Medical Assistance Coverage Options • Blue Plus Coverage Options • Delta Dental • Networks
Provider Policy and Procedure Manual: Chapter 7, BlueCard	Content changes to Prior Authorization and Admission Notification
Provider Policy and Procedure Manual: Chapter 8, Claims Filing	Content changes to Place of Service Codes and Site of Service
Provider Policy and Procedure Manual: Chapter 10, Appeals	Content changes to Prior Authorization and Admission Notification Appeal Process

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:

Wednesday, January 1

Monday, January 20

Monday, May 25

Friday, July 3

Monday, September 7

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 March 1, 2020 to May 13, 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
QP20R1-20	Update: Medical Drug Update for Teprotumumab (Tepezza)
QP24-20	Pharmacy Benefit Update - Addition of Drugs to Existing Prior Authorization (PA) with Quantity Limit (QL) Programs
QP25-20	Pharmacy Benefit Exclusion for Injectafer®, Feraheme®, Venofer®, INFeD®, Ferrlecit®, and generic Ferrlecit®
QP26-20	CMS Decision Memo on Acupuncture for Chronic Low Back Pain
QP27-20	Coronavirus (COVID-19) Information for Providers
QP28-20	Updated Service Type Options for Surgery on Availity Portal
QP29-20	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Peanut Allergy
QP30-20	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Oxbryta™
QP31-20	Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Oxbryta™
QP32-20	Delay of Inpatient and Outpatient Elective Surgery and Procedure Cases During COVID-19 Peacetime Emergency
QP33-20	Updates to Telemedicine/Telehealth and Telephone Call Reimbursement Policies
QP34-20	New Claims Status Online Messaging Available on Availity
QP35-20	Post Service COVID-19/Coronavirus Claim Appeals
QP36-20	Pharmacy Benefit Exclusion for Vyepti™ and Sarclisa®
QP37-20	MHCP Pharmacy Benefit Exclusion for Beovu®, Quzyttir™, Reblozyl®, Recarbrio™, Ruxience™, Truxima® and Zirabev®
QP38-20	Pharmacy Benefit Exclusion for Consensi®
QP39-20	Commercial Pharmacy Benefit Exclusion for Beovu®, Quzyttir™, Reblozyl®, Recarbrio™ and Vyepti™
QP40-20	Tips for Psychological and Neuropsychological Testing
QP41-20	Sharecare Offers Providers Telemedicine Capabilities
QP42-20	Minnesota Health Care Programs: New Provider Website
QP43-20	Medical Drug Update for New to Market Valoctocogene Roxaparvovec (Valrox)
QP44-20	Non-Covered Medicare Services and Organization Determination Reminder for Platinum Blue and Medicare Advantage Subscribers
QP45-20	Preventive Care Provided Via Telehealth
QP46-20	Validation of National Drug Codes Submitted with Medical Drug Claims

FYI

MEMBER RIGHTS AND RESPONSIBILITIES

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

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P16-20	eviCore CPT® Code Updates for Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) – Durable Medical Equipment
P17-20	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers-eviCore Healthcare Specialty Utilization Management (UM) Program
P18-20	Lab Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers- eviCore Healthcare Specialty Utilization Management (UM) Program
P19-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates - Effective May 4, 2020
P20-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements – Effective May 1, 2020
P21-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements – Effective June 1, 2020
P22-20	eviCore to Become Final Reviewer on Appeals for Commercial Members
P23-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective June 1, 2020
P24-20	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P25-20	Children's Therapeutic Services and Supports (CTSS) Prior Authorization Requirements
P26-20	Minnesota Senior Health Options (MSHO) Model of Care Training Requirements
P27-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective July 6, 2020
P28-20	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P29-20	Sequestration Suspension for Medicare Lines of Business
P30-20	2020 Renewal Changes Summary for Aware Professional Providers
P31-20	2020 Renewal Changes Summary for Blue Plus Referral Health Professional Providers
P32-20	2020 Renewal Changes Summary for Suppliers of Durable Medical Equipment
P33-20	Billing Change for Board Certified Behavioral Analysts
P34-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P35-20	Provider Liability Appeals Temporary Extension Due to COVID-19
P36-20	Clinical Laboratory Improvement Amendments (CLIA) Requirements Enforcement
P37-20	Coronavirus (COVID-19) Information for Providers
P38-20	Non-Emergency Medical Transportation Fee Schedule Update
P39-20	eviCore Removal of Prior Authorizations for Echocardiogram Procedure Codes for Fully Insured Commercial and M Medicare Advantage Subscribers - eviCore Healthcare Specialty Utilization Management (UM) Program

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.

FYI

WHOM TO CONTACT?

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

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

UPDATE ON OUR CHRONIC CONDITION IMPROVEMENT PROGRAMS (CCIP)

Supporting Comprehensive Diabetes Care in the Senior Population
In 2018, we began a focused program on Supporting Comprehensive Diabetes Care in the MAPD population through Medical Attention for Nephropathy. Individuals older than 65 years are disproportionately affected by diabetes and End Stage Renal Disease. Blue Cross utilizes the member Thrive magazine to educate on the importance of comprehensive diabetes care. Each quarter, members receive a mailed magazine that shares wellness education, questions and answers from our medical director, along with other resources to keep our members healthy and safe at home. We also perform new member calls to educate the importance of preventive screenings and annual wellness visits.

Lastly, we perform targeted in-home health assessments to assist our Medicare members in addressing any health concerns they may have and perform assessments of mental, environmental and physical health. In addition, the visit provides the opportunity to complete the micro albumin urine test, HbA1c screening, and diabetic retinal exam. After the visit is completed, the member receives a leave-behind document that outlines the recommended plan of care discussed during the visit. Three to four weeks later, a detailed visit summary including any lab results is sent. The summary and lab results are also sent to the member's identified primary care provider (PCP).

Improving Hypertension Management in the Senior Population
In 2019, we began a focused program to improve hypertension management in the MSHO population. Hypertension is considered only second to smoking as a preventable cause of heart attacks and strokes. Guidelines from the American Heart Association, the American College of Cardiology, and nine other health organizations lowered the numbers for the diagnosis of hypertension to 130/80 millimeters of mercury (mm Hg) and higher for all adults. This means more individuals aged 65 and older are now classified as having hypertension. Fortunately, drugs that treat hypertension are nearly all available under generic labels, so they are considered relatively affordable.

To promote the importance of hypertension management, the HEDIS® Controlling high blood pressure measure was added as a display measure in the Medicare value based contracting program in 2019. In addition, Statin therapy for patients with cardiovascular disease is a new measure in the 2020 Medicare value based contracting program.

FYI

MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE: ANNUAL TRAINING REQUIREMENT REMINDER

SecureBlue℠ is Blue Plus' Minnesota Senior Health Options (MSHO) plan, a Fully Integrated Dual Eligible Special Needs Plan (SNP) in which Medicare and Medicaid benefits and services are integrated into one benefit package. The Centers for Medicare & Medicaid Services (CMS) requires all SNPs to have a Model of Care (MOC) for delivering coordinated care to our SecureBlue members.

In addition, CMS requires all providers and appropriate staff to complete MOC training **upon initial employment and annually thereafter**. Providers and appropriate staff required to complete the training include anyone who may participate in a SecureBlue member's Interdisciplinary Care Team, be responsible for implementation of the member's Collaborative Care Plan or manage planned or unplanned transitions of care. Providers should ensure that all practitioners and staff who are delivering care that is part of the patient's treatment plan are completing this training.

Blue Plus has made this training available in an easy to understand presentation that should take approximately 10-15 minutes to complete in order to help providers meet this requirement in the most efficient manner possible. The SecureBlue SNP-MOC training is available online through the BCBSMN Learning and Development website supported by Availity.

- *Providers using Availity,* log in to the Availity portal. Click Payer Spaces | BlueCrossBlueShield of Minnesota. Click Resources | Access BCBSMN Learning and Development. Providers will be directed to the Catalog. Search **Blue Plus SecureBlue Special Needs Plan Model of Care** – On-Demand, then click Enroll OR select "Minnesota Health Care Programs" under the Category dropdown to find the training.

- *Providers not using Availity*, use the link https://bcbsmn.availitylearningcenter.com to create your account. To create a new account, select Sign Up Now and follow the prompts. Use your email address as the username. Providers will be directed to the Dashboard. Click "Get Started" on the rotating banner titled Learn with Blue Cross and Blue Shield of Minnesota | then click on Access the Training Catalog | select **Blue Plus SecureBlue Special Needs Plan Model of Care** – On-Demand, then click Enroll.

A certificate can be printed after completion of the training. The Availity website will also track completion of your training. Because compliance is critical, if a provider fails to complete the CMS required training and remains noncompliant, they may be required to develop a Corrective Action Plan or be subject to other remediation activities. We are here to assist you in overcoming any barriers to training completion. If you have questions or require assistance, please send an email to medicare.compliance.training@bluecrossmn.com.

FYI

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

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

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

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

Forms location
Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. 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.**

HEALTH LITERACY

HEALTH LITERACY CONSIDERATIONS FOR A NEW CANCER PREVENTION INITIATIVE

A summary of Rima E. Rudd, ScD, article published in The Gerontologist, 2019, Vol. 59, No. S1, S7–S16

Health literacy is a key component in encouraging members to stay compliant to care plans and screening recommendations. When a patient understands the 'how' and 'why' they are more likely to be successful in their health care journey. Dr. Rudd explores health literacy strategies for promoting cancer prevention among older adults.

Her discussion in The Gerontologist focused on findings from health literacy studies that could help shape more successful health communication strategies and thereby increase the match between cancer prevention information and the known literacy issues among older adults. Dr. Rudd references several studies indicating that older adults struggle with the use of prose materials (information presented in sentence and paragraph format), document materials (such as schedules, forms or charts), and quantitative tasks (such as adding up numbers or figuring a percentage).

Health literacy researchers Baker and colleagues conducted several studies on Medicare managed care enrollees and found older adults with limited literacy participated in fewer preventive care activities.

Over 3,000 studies have found that the reading level of health education materials assessed far exceeds the best practices for health literacy and the skills of the public for whom they were developed. One specific review of patient guidelines posted by the National Comprehensive Cancer Network found the average reading grade level was above 10th grade, higher than the recommended 6th to 8th grade level; the charts and graphs were scored at moderate complexity level; and the score based on the CDC Health Literacy Index assessment tool was below the recommended rating for an appropriate health literacy demand.

Lessons for Cancer Prevention Efforts for Older Adults
Cancer prevention programs developed for older adults face both common and unique challenges. Literacy experts point out that abstract concepts are problematic for those with limited literacy skills. In this light, the phrase 'prevention' is a difficult concept for people with limited literacy skills because of its abstract nature. More concrete concepts such as 'treatment' resonate with greater ease. If your practice uses custom health education/promotion, we recommend piloting the material with patients of the intended audience to determine what revisions may be necessary, so the message is more easily understood.

HEALTH LITERACY

HEALTH LITERACY CONSIDERATIONS FOR A NEW CANCER PREVENTION INITIATIVE (continued)

Longer words in English are more likely to contain silent letters and are difficult to pronounce. However, short words such as risk, range, or, normal, reflect complex concepts that are not easily grasped and are not considered by readability assessment tools.

Lessons drawn from literacy studies point to the importance of focusing on concrete words, providing definitions and examples, and offering specific steps with how-to components for cancer prevention measures.

Other tips to consider when creating your practice's health promotion materials for older patients:

• Use "chunking," which is placing like information together.

• Use organizational cues such as headings that are bolded.

• Pay attention to font size, strive for 12 – 14 points. This article is at 12-point font.

• Avoid light type on a dark background.

• Use visuals to facilitate reading ease.

• If giving instructions, make sure they are written in the same order in which they are supposed to be carried out.

• "Do the math" for the reader or patient by simplifying numerical concepts, including providing numbers along with words.

A key question that must be asked about health education for cancer prevention is: Does it help the individual take the needed and recommended action?

We encourage you to read the full article in **The Gerontologist** and adopt the health literacy best practices mentioned to support efforts for effective patient education and understanding of health information.

QUALITY IMPROVEMENT

CLINICAL PRACTICE GUIDELINES

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

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

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

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

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

Specific Guidelines
Specific guidelines recommended by Blue Cross include the following:

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

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

QUALITY IMPROVEMENT

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.

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 14 focus groups from October 2019 into November 2019. Focus group participants included residents of the Twin Cities and surrounding areas who were age 18 or older, that had commercial health insurance or played a role in health care decision-making for their household.

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)
- Low Income (Mixed Ethnicities/Race)
- Mixed People of Color
- African American
- Somali (with an option for study to be conducted in language)
- Hispanic (with an option for study to be conducted in language)
- Hmong (with an option for study to be conducted in language)

Patient Experience Stages
Three stages of the care experience and their impact on coordination of care were explored with focus group participants.

1. **Transparency:** occurs when patient perceives that information is readily available from their health care provider or health care insurance carrier(s)

2. **Literacy:** the ability to understand the information provided and what it means to them

[1]AHRQ Care Coordination (https://www.ahrq.gov/ncepcr/care/coordination.html)

QUALITY IMPROVEMENT

MEMBERS' PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE - (continued)

3. **Engagement:** the ability to act on the information provided, which allows personal advocacy and patient empowerment

When patients successfully pass through each stage, trust is built with the health-care provider which empowers the patient regarding their care. If trust is broken at any point during the cycle, patients either feel the need to exert control of the situation by dictating their care (increased perceived effort), or by disengaging from the system overall (avoiding seeking care as much as possible).

Several barriers to achieving successful movement through the care experience stages were identified during the focus groups.

- **Transparency:** time and convenience for obtaining care or information, how can the patient seek out information if they don't know they need it and what information is available especially cost information.

- **Literacy:** ability to adequately interpret not just translate, speaking in terms that the patient can understand and helping the patient understand what the care or service means for them or their culture.

- **Engagement:** lack of personalization, lack of respect and lack of professional competency.

Care Coordination Roles
In the care coordination process the patient, provider and health plan each play a specific role. From the focus groups the three roles are seen as the following:

- **Patient Role:** understanding their situation or condition through personal experience and research, being honest and transparent with the provider and following through with treatment recommendations.

- **Healthcare Provider Role:** actively listening to the patient, providing the best care (health outcomes), acting in the best interest of the patient, providing resources and information, and facilitating coordination of care with other providers.

- **Health Plan Role:** responsible for access to care and not hindering choice.

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 2020, 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.

PHARMACY UPDATES

PHARMACY DRUG FORMULARY UPDATE FOR QUARTER 2, 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 include new and changes to existing Prior Authorization (PA), Step Therapy (ST), and Quantity Limit (QL) programs as well as discontinuation of Prior Authorization and Quantity Limit programs. Quantity Limits apply to brand and generic agents.

New Prior Authorization with Quantity Limit Program Effective 4/1/2020

BRAND NAME (generic name - if available)	UM Program		
OZOBAX™ SOLUTION 5MG/5ML	PA	QL	
REYVOW™ TAB 50 MG, 100 MG	PA	QL	

New Quantity Limit Program Effective 4/1/2020

BRAND NAME (generic name - if available)	UM Program		
NAYZILAM® SPRAY 5MG		QL	

Changes to Existing Utilization Management Programs Effective 4/1/2020

BRAND NAME (generic name - if available)	UM Program		
AIMOVIG® INJ 70MG/ML	PA	QL**	
AIMOVIG® INJ 140DOSE	PA	QL**	
AIMOVIG® INJ 140MG/ML	PA	QL**	

Key for all the above tables:
PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy
*Prior authorization already in place, quantity limit is being added
**Quantity Limit is changing on the targeted medication

PHARMACY UPDATES

Changes to Existing Utilization Management Programs Effective 4/1/2020

BRAND NAME (generic name - if available)	UM Program		
AYVAKIT™ TAB 100MG, 200MG, 300MG	PA	QL	
AJOVY®	PA	QL**	
ASMANEX® HFA AER 50MCG		QL	
BRUKINSA™ CAP 80 MG	PA	QL	
CAPLYTA™ CAP 42 MG		QL	ST
DAKLINZA™	PA*	QL	
DOPTELET®	PA	QL**	
DULERA® AER 50-5MCG		QL	
EMGALITY®	PA	QL**	
EPCLUSA®	PA*	QL	
ESPEROCT® INJ 500UNIT	PA	QL	
ESPEROCT® INJ 1000UNIT	PA	QL	
ESPEROCT® INJ 1500UNIT	PA	QL	
ESPEROCT® INJ 2000UNIT	PA	QL	
ESPEROCT® INJ 3000UNIT	PA	QL	
FORTAMET® (metformin ext-release) 500 mg		QL**	ST
GLUMETZA® (metformin ext-release) 500 mg		QL**	ST
glydo gel 2%	PA	QL**	
HARVONI®	PA*	QL	
HYCET® (hydrocodone/acetaminophen) solution, 7.5-325 mg/15 mL		QL**	
IMPOYZ™ CREAM 0.025%		QL**	ST
INSULIN ASPART products (authorized generics for Novolog®)		QL	
LIDOCAINE GEL 2% (lidocaine) JELLY	PA	QL**	
lidocaine ointment 5%	PA	QL**	
lidocaine sol 4%	PA	QL**	
MAVYRET™	PA*	QL	
NORCO® (hydrocodone/acetaminophen) 5-325 mg		QL**	
NOVOLIN® R INJ 100 UNIT		QL	
OLYSIO	PA*	QL	
regenecare gel 2%	PA	QL**	
RILUTEK® TAB 50MG	PA	QL	
RIOMET ER™ SUS 500MG/5ML		QL	ST
RYBELSUS® TAB 3 MG		QL**	ST
SECUADO® DIS 3.8MG		QL	ST
SECUADO® DIS 5.7MG		QL	ST
SECUADO® DIS 7.6MG		QL	ST

Key for all the above tables:
PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy
*Prior authorization already in place, quantity limit is being added
**Quantity Limit is changing on the targeted medication

PHARMACY UPDATES

Changes to Existing Utilization Management Programs Effective 4/1/2020 (continued)

BRAND NAME (generic name - if available)	UM Program		
SOVALDI®	PA*	QL	
TAZVERIK™ TAB	PA	QL	
TECHNIVIE™	PA*	QL	
TRAMADOL HCL TAB 100MG		QL	
UBRELVY™ TAB	PA	QL	
VALTOCO® LIQ		QL	
VALTOCO® SPR		QL	
VALTOCO® SPR		QL	
VIEKIRA PAK™	PA*	QL	
VIEKIRA XR™	PA*	QL	
VOSEVI™	PA*	QL	
VYZULTA®		QL**	
XELJANZ XR™ TAB 22 MG	PA	QL	
XYLOCAINE® GEL 2%	PA	QL**	
XYLOCAINE SOL 4%	PA	QL**	
ZEPATIER®	PA*	QL	

Prior Authorization and Quantity Limit Program Discontinued Effective 2/1/20

BRAND NAME (generic name - if available)	UM Program		
DUZALLO™	PA	QL	
ZURAMPIC®	PA	QL	

Quantity Limit Program to be Discontinued Effective 4/1/20

BRAND NAME (generic name - if available)	UM Program		
ARICEPT® (donepezil)		QL	
donepezil orally disintegrating tablet		QL	
EXELON® patch (rivastigmine)		QL	
NAMENDA® (memantine) tablets		QL	
NAMENDA® (memantine) titration pack		QL	
NAMENDA® XR (memantine ext-release)		QL	
NAMENDA® XR titration kit		QL	
NAMZARIC® capsules		QL	
NAMZARIC® titration kit		QL	
RAZADYNE® ER (galantamine ext-release 24 hr)		QL	
RAZADYNE (galantamine)		QL	
rivastigmine		QL	

Key for all the above tables:
PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy
*Prior authorization already in place, quantity limit is being added
**Quantity Limit is changing on the targeted medication

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective April 1, 2020
- Thiazolidinediones Quantity Limit Program will be discontinued for Medicaid.

Effective May 1, 2020
- Continuous Glucose Monitor (CGM) Quantity Limit Program will be implemented for Medicaid
- Oxbryta Prior Authorization with Quantity Limit Program will be implemented for Medicaid
- Peanut Allergy Prior Authorization with Quantity Limit Program will be implemented 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.

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
calcipotriene-betamethasone dipropionate suspension 0.005-0.064% (authorized generic of Taclonex suspension)	January 27, 2020
Consensi® (amlodipine besylate-celecoxib) tablets	April 8, 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.

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Beovu® (brolucizumab-dbll) 6 mg/0.05ml intravitreal solution	April 8, 2020
Feraheme® (ferumoxytol) 510 mg/17 ml injection	April 1, 2020
Ferrlecit® (sodium ferric gluconate complex in sucrose) 12.5 mg/ml intravenous (IV) solution	April 1, 2020
INFeD® (iron dextran) 50 mg/ml injection	April 1, 2020
Injectafer® (ferric carboxymaltose) 750 mg/15 ml intravenous (IV) solution	April 1, 2020
Quzyttir™ (cetirizine hydrochloride) 10 mg/ml intravenous (IV) solution	April 8, 2020
Reblozyl® (luspatercept-aamt) 25 mg, 75 mg subcutaneous injection	April 8, 2020
Recarbrio™ (imipenem, cilastatin, and relebactam) 1.25 gm injection for intravenous (IV) solution	April 8, 2020
sodium ferric gluconate complex in sucrose (generic Ferrlecit®) 12.5 mg/ml intravenous (IV) solution	April 1, 2020
Tepezza TM (teprotumumab-trbw) 500 mg intravenous (IV) solution	February 12, 2020
Venofer® (iron sucrose) 20 mg/ml injection	April 1, 2020
Vyepti™ (eptinezumab-jjmr) 100 mg/ml intravenous (IV) solution	April 8, 2020

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Beovu® (brolucizumab-dbll) 6 mg/0.05ml intravitreal solution	April 8, 2020
Enhertu® (fam-trastuzumab deruxtecan-nxki) 100mg intravenous (IV) solution	February 3, 2020
Feraheme® (ferumoxytol) 510 mg/17 ml injection	March 4, 2020
Ferrlecit® (sodium ferric gluconate complex in sucrose) 12.5 mg/ml intravenous (IV) solution	March 4, 2020
INFeD® (iron dextran) 50 mg/ml injection	March 4, 2020
Injectafer® (ferric carboxymaltose) 750 mg/15 ml intravenous (IV) solution	March 4, 2020
Padcev TM (enfortumab vedotin-ejfv) 20 mg, 30 mg intravenous (IV) solution	February 3, 2020
Quzyttir™ (cetirizine hydrochloride) 10 mg/ml intravenous (IV) solution	April 8, 2020
Reblozyl® (luspatercept-aamt) 25 mg, 75 mg subcutaneous injection	April 8, 2020
Recarbrio™ (imipenem, cilastatin, and relebactam) 1.25 gm injection for intravenous (IV) solution	April 8, 2020

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Ruxience™ (rituximab-pvvr) 100 mg/10 ml, 500mg/50 ml intravenous (IV) solution	April 8, 2020
Sarclisa® (isatuximab-irfc) 100 mg/5ml, 500 mg/25 ml intravenous (IV) solution	April 1, 2020
sodium ferric gluconate complex in sucrose (generic Ferrlecit®) 12.5 mg/ml intravenous (IV) solution	March 4, 2020
Tepezza TM (teprotumumab-trbw) 500 mg intravenous (IV) solution	February 12, 2020
Truxima® (rituximab-abbs) 100 mg/10 ml, 500 mg/50 ml intravenous (IV) solution	April 8, 2020
Venofer® (iron sucrose) 20 mg/ml injection	March 4, 2020
Vyepti™ (eptinezumab-jjmr) 100 mg/ml intravenous (IV) solution	April 1, 2020
Vyepti™ (eptinezumab-jjmr) 100 mg/ml intravenous (IV) solution	April 8, 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.

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 RESOURCES

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 under the "Category" dropdown list select "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."

QUALITY IMPROVEMENT

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

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies Effective: May 4, 2020   Notification Posted: March 2, 2020

Policies developed
- Crizanlizumab, II-235
- Givosiran, II-234
- Golodirsen, II-232

Policies revised
- Ravulizumab, II-229
- Mobile Cardiac Outpatient Telemetry, II-20
- Prostatic Urethral Lift, IV-148
- Water Vapor Energy Ablation for Benign Prostatic Hyperplasia, IV-163

Policies inactivated
- None

Policies delegated to eviCore
- None

Policies Effective: July 6, 2020   Notification Posted: May 1, 2020

Policies developed
- Teprotumumab, II-239

Policies revised
- None

Policies inactivated
- None

Policies delegated to eviCore
- None

Policies reviewed with no changes in February, March, and April 2020:
- Ablation of Peripheral Nerves to Treat Pain, IV-130
- Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, IV-165
- Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy, II-173
- Aqueous Shunts and Stents for Glaucoma, IV-146
- Automated Point-of-Care Nerve Conduction Tests, VII-12

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in February, March, and April 2020: (continued)

- Benralizumab, II-203
- Bezlotoxumab, II-199
- Buprenorphine Implant, II-197
- Catheter Ablation as Treatment for Atrial Fibrillation, II-95
- Catheter Ablation for Cardiac Arrhythmias Other Than Atrial Fibrillation, II-193
- Closure Devices for Atrial Septal Defects and Patient Foramen Ovale, IV-143
- Cognitive Rehabilitation, III-03
- Confocal Laser Endomicroscopy, II-191
- Cooling/Heating Devices Used in the Outpatient Setting, VII-14
- Corneal Collagen Cross-Linking, II-207
- Cosmetic Criteria for Services Which Are Not Addressed by a Specific Medical Policy, XI-04
- Dynamic Spinal Visualization and Vertebral Motion Analysis, V-17
- Dynamic Spine Stabilization, IV-52
- Emapalumab, II-204
- Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID), II-227
- Esketamine, II-226
- Eteplirsen, II-172
- Evaluation Process for New FDA-Approved Medical Drugs or Medical Drug Indications, II-174
- Extracorporeal Photopheresis, II-194
- Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair, II-11
- Fecal Microbiota Transplantation, II-198
- Functional Neuromuscular Electrical Stimulation Devices in the Home Setting, VII-11
- Gastric Electrical Stimulation, IV-28
- Growth Factors for Treatment of Wounds and Other Conditions, II-76
- Hair Analysis, VI-06
- Hematopoietic Stem-Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors and Ependymoma, II-130
- Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma, II-122
- Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults, II-123
- Hematopoietic Stem-Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
- Hippotherapy, VII-03
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Insulin Infusion Pumps, VII-61
- Intra-Articular Hyaluronan Injections for Osteoarthritis, II-29
- Intravenous Ketamine for Treatment for Depression, II-225
- Intravitreal Corticosteroid Implants, II-100
- Islet Transplantation, IV-09
- Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids, II-98
- Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09
- Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD), IV-124

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in February, March, and April 2020: (continued)
- Magnetic Resonance Imaging (MRI) of the Breast, V-07
- Mepolizumab, II-201
- Metallothionein (MT) Protein Assessment and Treatment Protocols, X-03
- Nerve Graft with Prostatectomy, IV-147
- Neurofeedback, X-29
- Occipital Nerve Stimulation, II-140
- Optical Coherence Tomography of the Anterior Eye Segment, II-79
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders in the Home, VII-35
- Pegloticase, II-147
- Penile Prosthesis Implantation, IV-166
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT), II-81
- Perirectal Spacer for Use During Radiotherapy for Prostate Cancer, IV-164
- Peroral Endoscopic Myotomy, IV-159
- Photodynamic Therapy for Skin Conditions, II-46
- Powered Exoskeleton, VII-63
- Psychoanalysis, X-13
- Psychological and Neuropsychological Testing, X-45
- Quantitative Sensory Testing, II-54
- Removal of Benign Skin Lesions, IV-138
- Reslizumab, II-202
- Rhinoplasty, IV-73
- Sphenopalatine Ganglion Nerve Block, II-195
- Spinal Cord Stimulation, IV-74
- Stem-Cell Therapy for Orthopedic Applications, II-142
- Subcutaneous Hormone Pellets, II-159
- Surgical Treatments of Lymphedema, IV-158
- Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis, IV-149
- Transcatheter Uterine Artery Embolization, V-10
- Vestibular Evoked Myogenic Potential (VEMP) Testing, II-167

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.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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

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

Click on the "+" (plus) sign next to "Utilization Management."
- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

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

BlueCross BlueShield Minnesota

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