Provider **Press**

Provider information

**BlueCross
BlueShield**
Minnesota

QUALITY MEASUREMENT SPECIFICATIONS

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has a new location for our quality measurement specification tip sheets.

Our original Star Ratings program website has been retired. We now house all our quality measurement specifications on the secure Availity Learning Center site.

You can locate the 2020 Quality Measurement Specifications, HEDIS tip sheets, risk adjustment resources, and on-demand courses for coders and providers on our secure Availity Learning Center at: https://bcbsmn.availitylearningcenter.com/.

From the Blue Cross *Resources for Health Care Providers* page at:
https://www.bluecrossmn.com/providers
Click on the *Quality Measurement Specifications Availity Learning Center* link located in the Tools and Resources section.

You will be directed to a navigation guide that will show you how to access the Availity Learning Center site where you can locate the 2020 Quality Measurement Specifications and the other resources mentioned above.

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 December 2019 to February 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 Governmental Required Definitions
Blue Plus Manual: Chapter 3, Government Programs	Content changes to the following sections: • Updated Care Coordination Guidelines for Nursing Home and Community • Care Coordination for Nursing Contact Updated

WHOM TO CONTACT?

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

FYI

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 November 16, 2019 to February 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
QP82R1-19	Pharmacy Benefit Update - $0 Insulin Member Cost-Share Benefit for Commercial Lines of Business
QP93-19	Provider Cost Data Update
QP94-19	MDH Syphilis Pregnancy Screening Guidelines
QP95-19	New Drug, Reyvow™ (lasmiditan) Will Require Prior Authorization (PA)
QP96-19	Pharmacy Benefit Exclusion for Polivy™, Kanjinti™, Evenity®, Belrapzo™, Mvasi™, Clinolipid 20%, Cisplatin, Heparin Sodium, and Selenious Acid
QP97-19	Commercial Product Changes for 2020
QP98-19	Changes to Blue Cross Mailing Addresses
QP99-19	Pharmacy Benefit Exclusion for Repatha®
QP100-19	Blue Distinction Center and Blue Distinction Center + Designations Being Applied to Ambulatory Surgical Centers for Spine, Knee and Hip Services
QP101-19	InterQual® Level of Care Criteria for Concurrent Review Authorizations
QP102-19	MinnesotaCare Tax Change Effective January 1, 2020
QP103-19	Addition of Drugs to Existing Prior Authorization (PA) with Quantity Limit (QL) Programs
QP104-19	Retail Health Clinics
QP105-19	Understanding Vision Benefits within Eligibility & Benefits Inquiry Response
QP106-19	Additional Benefit Detail Now Available via the Availity Portal for Minnesota Health Care Programs Subscribers
QP107-19	Medical Drug Update for Rituximab Biosimilars (Truxima, Ruxience) – Commercial Products
QP1-20	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Palforzia and Viaskin Peanut (Peanut Allergy Oral Immunotherapy)
QP2-20	MHCP Medical Dental Claim Denials
QP3-20	Addition of Mille Lacs Corporate Ventures to the American Indian Tribal Fee Schedule for Eligible Facility and Professional Services Provided to Purchased/ Referred Care (PRC) – Eligible American Indians
QP4-20	Minnesota Health Care Programs (MHCP) and Minnesota Senior Health Options (MSHO) Behavioral Health Fax Back Notification Update
QP5-20	Pharmacy Benefit Exclusions
QP6-20	Separate Remits Will be Sent for Processed Legacy Platform Runout Claims
QP7-20	Pharmacy Benefit Exclusion for Vyondys 53™ (golodirsen)
QP8-20	Medical Drug Update for New to Market Golodirsen (Vyondys 53)
QP9-20	Pharmacy Benefit Exclusion Healthcare Administered Drugs
QP10-20	Pharmacy Benefit Exclusions for Xenleta™, Asparlas™, Ogivri™ and Tranexamic Acid/Sodium Chloride
QP11-20	Pharmacy Benefit Exclusion for Budesonide-Formoterol Fumarate Dihydrate Aerosol

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)

QUICKPOINTS	TITLE
QP12-20	Reminder for Referring Subscribers to Participating Providers
QP13-20	Blue Cross Blue Shield National Coordination of Care SM Overview
QP14-20	New Service Type Options for Inpatient Admission Notifications on Availity Portal
QP14R1-20	Update: New Service Type Options for Inpatient Admission Notifications on Availity Portal
QP15-20	Commercial Medical Drug Exclusion List Expanded to Include Avsola
QP16-20	Pharmacy Benefit Exclusion for Padcev™ and Enhertu®
QP17-20	Pharmacy Benefit Update – New Drug-Related Prior Authorization with Quantity Limit Criteria: Wakix®
QP18-20	Pharmacy Benefit Exclusion for Calcipotriene-Betamethasone Dipropionate Suspension 0.005-0.064% (authorized generic (AG) of Taclonex suspension)
QP19-20	Provider Overpayments and Overpayment Recoupment for MHCP
QP20-20	Medical Drug Update for New to Market Teprotumumab-trbw (Tepezza)
QP21-20	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Baclofen
QP22-20	Pharmacy Benefit Exclusion for Tepezza™
BULLETINS	**TITLE**
P86-19	Compliance with SAMSHA Part 2 Regulations and Identifying Claims Subject to Federal Confidentiality of Substance Use Disorder Regulations
P87-19	New Medical, Medical Drug and Behavioral Health Policy Management Updates - Effective January 6, 2020
P88-19	Mental Health Adult and Child Crisis Services Billing
P1-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective March 2, 2020
P2-20	Radiation Oncology Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P3-20	Radiology Oncology Imaging Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P4-20	Lab Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P5-20	Cardiology & Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P6-20	Sleep Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P7-20	Musculoskeletal Management Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty UM Program
P8-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P9-20	MHCP Prenatal Service Third Party Liability Change
P10-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective April 6, 2020
P11-20	Updated Bulletin: Commercial Inpatient Admission Notification Process Changes
P12-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

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

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P13-20	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers- eviCore Healthcare Utilization Management (UM) Program
P14-20	BlueRide Transportation – Claims Payment Transition Back to Blue Plus Platform – April 1, 2020
P15-20	Change in Requirements for Newborn Precertification Process for Minnesota Health Care Programs

QUALITY IMPROVEMENT

PAIN MANAGEMENT AND OPIOIDS GUIDE FOR YOUR PATIENTS

Helping your patients understand and successfully manage their pain is important and can be challenging. A new patient resource is now available!

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) invites you to review the Pain Management and Opioids Guide for Consumers located on the Stratis Health website and share with your patients as you see fit. The Guide can also be printed from the website for consumer ease.

Blue Cross is part of a Managed Care Organization (MCO) Collaborative that aims to reduce the rate of chronic opioid use in Minnesota. The Pain Management and Opioids Guide for Consumers provides information about pain, pain medication, and ways to manage pain with self-care. A second section of the guide aims to provide information on Opioids, side effects, risks, and how to store and dispose of Opioids properly. The guide is geared for consumer use, so is written in person-centered plain language.

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**.

QUALITY IMPROVEMENT

CPT II CODES THAT SUPPORT HEDIS® REPORTING

CPT Category II codes are supplemental tracking codes that can be used for Quality performance measurement. Billing CPT II codes is an option for clinic groups to convey important health outcome information to health plans. Health plans recognize and incorporate these codes into HEDIS reporting.

The use of the tracking codes for performance measurement will decrease the need for record abstraction / chart review and minimize administrative burdens on physicians and other health care professionals.

How should I bill CPT II Codes?

CPT II codes are billed in the procedure code field, just as CPT I codes are billed. CPT II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT II codes are billed with a $0.00 billable charge amount.

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

The following table lists the CPT II codes and indicator description that are recognized in the HEDIS specifications. Please note, CPT II codes will be incorporated into all HEDIS measures and reflected in quality contract measurement.

CPT II Code	Description
Prenatal and Postpartum Timeliness	
0500F	Initial prenatal care visit
0501F	Prenatal flow sheet
0502F	Subsequent prenatal care
0503F	Postpartum care visit
Retinal Exam Results	
2022F	Dilated retinal eye exam interpreted by ophthalmologist/ optometrist documented/reviewed
2024F	Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.
2026F	Eye Imaging validated to match diagnosis from seven (7) standard field stereoscopic photos results documented and reviewed
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
Hemoglobin A1c (HbA1c) Level	
3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0%
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%
3046F	Most recent hemoglobin A1c (HbA1c) level > 9.0%
Microalbuminuria Test Results	
3060F	Positive microalbuminuria test result documented and reviewed
3061F	Negative microalbuminuria test result documented and reviewed
3062F	Positive macroalbuminuria test result documented and reviewed
3066F	Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist)

QUALITY IMPROVEMENT

CPT II CODES THAT SUPPORT HEDIS® REPORTING (continued)

	Blood Pressure Readings
3074F	Most recent *systolic* blood pressure < 130 mm Hg
3075F	Most recent *systolic* blood pressure 130 to 139 mm Hg
3077F	Most recent *systolic* blood pressure 140 mm Hg
3078F	Most recent diastolic blood pressure < 80 mm Hg
3079F	Most recent diastolic blood pressure 80 – 89 mm Hg
3080F	Most recent diastolic blood pressure 90 mm Hg
	Medication Reconciliation
1111F	Discharge medications reconciled with the current medication list in outpatient medical record
	ACE or ARB Inhibitor
4010F	Angiotensin converting enzyme (ACE) inhibitor or Angiotensin receptor blocker (ARB) therapy prescribed or currently being taken
	Body Mass Index
3008F	BMI documented
	Advance Care Directive
1123F	Advance care planning discussed and documented; advanced care plan or surrogate decision maker documented in the medical record
1124F	Advance care planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provider an advance care plan
1157F	Advance care planning or similar legal document present in the medical record
1158F	Advance care planning discussion documented in the medical record
	Medication Review
1159F	Medication list documented in medical record
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplementals) documented in the medical record.
	Functional Status Assessment
1170F	Functional status assessed
	Pain Assessment
1125F	Pain severity quantified, pain present
1126F	Pain severity quantified; No pain present

QUALITY IMPROVEMENT

MEMBER EMAILS TO ADDRESS GAP IN CARE

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) sends a series of monthly emails to members with a care gap, to help them stay up to date on their health screenings. The table identifies the month and topic of the communication. Members with a care gap are identified using claims data and the Healthcare Effectiveness Data and Information Set (HEDIS) specifications. Our goal is to educate members on the importance of preventive care and to encourage them to call their primary care provider to schedule an appointment.

Month	Preventive Care Topic
January	Cervical Cancer Screening
February	Controlling High Blood Pressure
March	Colorectal Cancer Screening
April	STD/STI Awareness
May	Asthma Medication Management
June	Diabetes Care
July	Children's Immunizations
August	Adolescent Immunizations
September	Breast Cancer Screening
October	Flu Vaccine
November	Diabetes Care
December	Mental Wellness

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**.
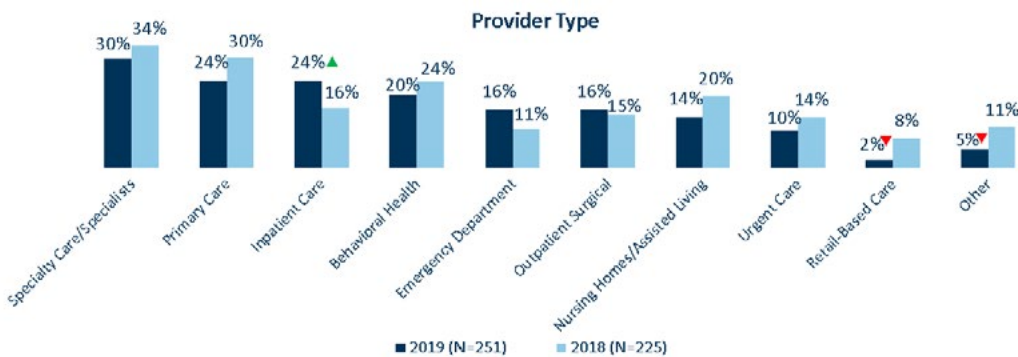
QUALITY IMPROVEMENT

PROVIDERS PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE

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

Blue Cross conducted the survey of randomly selected contracted providers between September 11, 2019 and October 14, 2019. Qualified respondents included the Quality Director, Medical Director or Clinical Director at a facility, if available. When those individuals were not available, someone with a clinical background with knowledge of continuity and coordination of care was interviewed.

Respondent Representation
Respondents included a mix of practice types. The survey sample shows an increase in percentage of responses from Inpatient Care providers, while percentage of Retail-Based Care declined. Survey results also showed an overall 15 percent increase in respondents that are part of an integrated care delivery system.

Provider Type

2019 (N=251) 2018 (N=225)

Specialty Care/Specialists: 30% / 34%
Primary Care: 24% / 30%
Inpatient Care: 24%▲ / 16%
Behavioral Health: 20% / 24%
Emergency Department: 16% / 11%
Outpatient Surgical: 16% / 15%
Nursing Homes/Assisted Living: 14% / 20%
Urgent Care: 10% / 14%
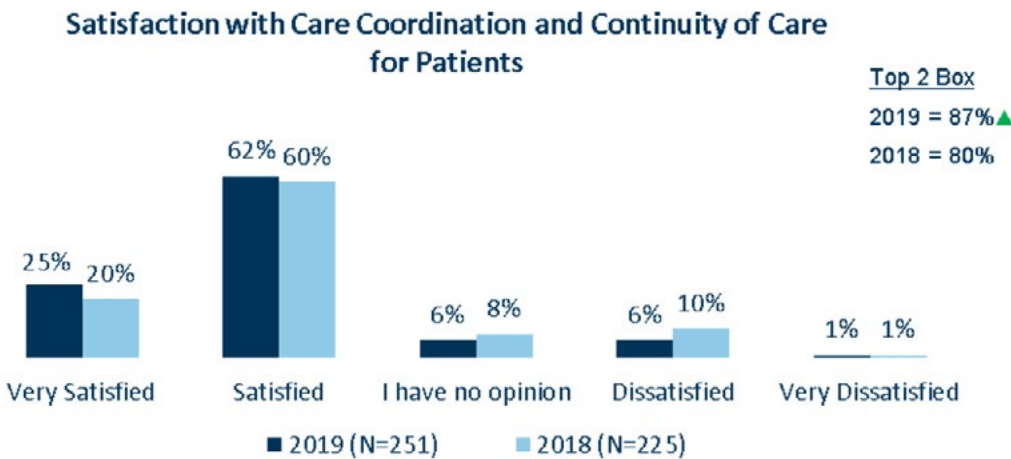Retail-Based Care: 2%▼ / 8%
Other: 5%▼ / 11%

QUALITY IMPROVEMENT

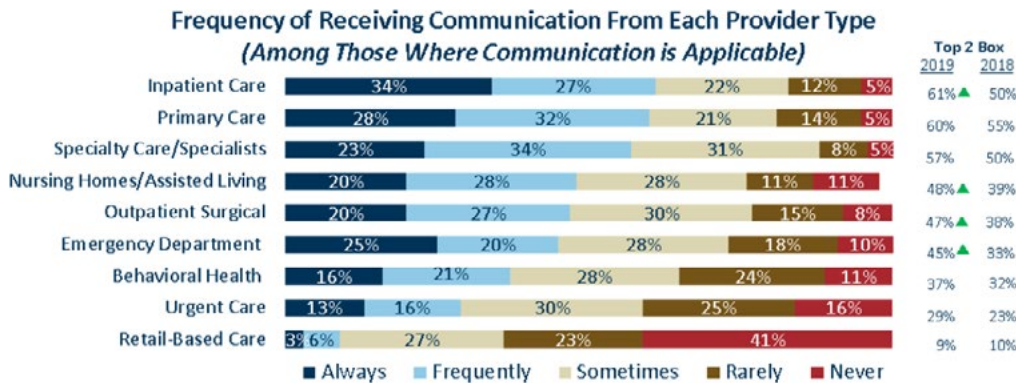## PROVIDERS PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE (continued)

Overall Satisfaction

Overall satisfaction with continuity and coordination of care showed significant improvement, with 87 percent of providers indicating they were very satisfied or satisfied. Of the provider types who responded, the Behavioral Health type was the only type that showed a decrease in satisfaction from 2018 (77%) to 2019 (71%).

Satisfaction with Care Coordination and Continuity of Care for Patients

Top 2 Box
2019 = 87%▲
2018 = 80%

	Very Satisfied	Satisfied	I have no opinion	Dissatisfied	Very Dissatisfied
2019	25%	62%	6%	6%	1%
2018	20%	60%	8%	10%	1%

■ 2019 (N=251)   ■ 2018 (N=225)

Frequency of Receiving Communication

Respondents are most likely to "always" or "frequently" receive communication about their patients from Inpatient Care and Primary Care. Communication improved across most provider types. Statistically significant gains were made in Top 2 Box frequency ratings for communication from Inpatient Care, Nursing Homes/Assisted Living, Outpatient Surgical, and Emergency Departments. Communication continues to be lowest from Retail-Based Care.
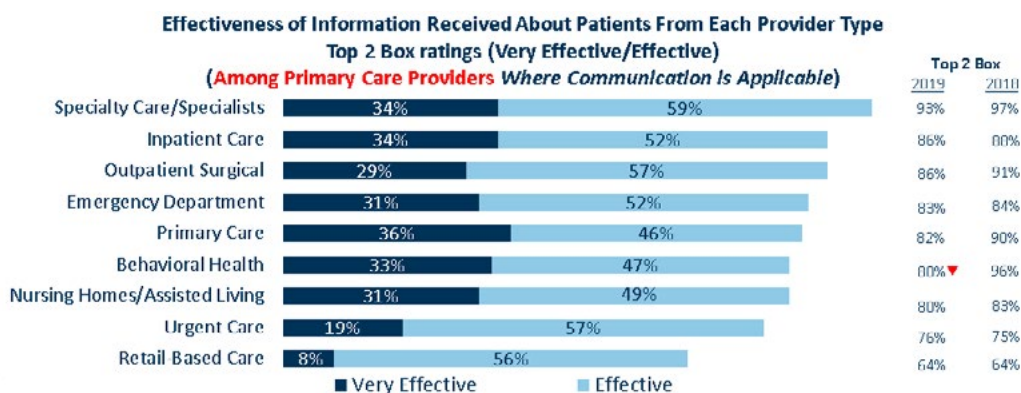
Frequency of Receiving Communication From Each Provider Type
(Among Those Where Communication is Applicable)

	Always	Frequently	Sometimes	Rarely	Never	Top 2 Box 2019	Top 2 Box 2018
Inpatient Care	34%	27%	22%	12%	5%	61%▲	50%
Primary Care	28%	32%	21%	14%	5%	60%	55%
Specialty Care/Specialists	23%	34%	31%	8%	5%	57%	50%
Nursing Homes/Assisted Living	20%	28%	28%	11%	11%	48%▲	39%
Outpatient Surgical	20%	27%	30%	15%	8%	47%▲	38%
Emergency Department	25%	20%	28%	18%	10%	45%▲	33%
Behavioral Health	16%	21%	28%	24%	11%	37%	32%
Urgent Care	13%	16%	30%	25%	16%	29%	23%
Retail-Based Care	3%	6%	27%	23%	41%	9%	10%

■ Always ■ Frequently ■ Sometimes ■ Rarely ■ Never

QUALITY IMPROVEMENT

PROVIDERS PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE (continued)

Effectiveness of Information Received

Among Primary Care, providers report information received from Specialty Care/Specialists, Inpatient Care and Outpatient Surgical providers as most effective. Rates for effectiveness of information received from the different provider types decreased from 2018 to 2019, with a significant decrease in effectiveness of information received from Behavioral Health settings.

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

Provider Type	Very Effective	Effective	Top 2 Box 2019	Top 2 Box 2018
Specialty Care/Specialists	34%	59%	93%	97%
Inpatient Care	34%	52%	86%	00%
Outpatient Surgical	29%	57%	86%	91%
Emergency Department	31%	52%	83%	84%
Primary Care	36%	46%	82%	90%
Behavioral Health	33%	47%	00% ▼	96%
Nursing Homes/Assisted Living	31%	49%	80%	83%
Urgent Care	19%	57%	76%	75%
Retail Based Care	8%	56%	64%	64%

■ Very Effective   ■ Effective

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

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 1, 2020

$0 Insulin Member Cost-Share Benefit for Commercial Lines of Business

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing access to safe, quality, cost-effective health care. In response to the rising cost of insulin and as part of its broader efforts to reign in health care costs, Blue Cross has collaborated with our pharmacy benefit manager (PBM) Prime Therapeutics (Prime), to implement a **$0 Insulin Member Cost-Share benefit** to help ensure our commercial members using insulin have continued access to affordable insulin therapy options.

As of January 1, 2020, commercial members who have pharmacy coverage through Blue Cross have Tier 1 and Tier 2 insulin brand options available with a $0 out-of-pocket benefit when the insulin is filled at an in-network pharmacy. Applicable network charges apply when prescriptions are filled at an out-of-network pharmacy. The $0 Insulin Member Cost-Share benefit only applies to the cost of insulin, not diabetes supplies, such as: syringes, diabetic test strips, lancets, blood glucose monitors, continuous glucose monitors, continuous glucose monitoring systems for insulin pumps and associated supplies.

To review the list of insulin brands included in the $0 Insulin Member Cost-Share benefit, members are encouraged to contact Blue Cross Customer Service or search online. Members can log in to their Blue Cross online account to check their pharmacy benefit plan.

Products Impacted

The $0 Insulin Member Cost-Share benefit applies to Blue Cross members of eligible group plans that include:

- Individual and Family Plans (both on and off MNsure)
- Fully insured commercial small group and large group employer plans
- Minnesota HealthCare Consortium, also known as the Minnesota Service Cooperatives
- Self-insured groups – Only those groups that have decided to participate in the initiative

The Initiative does not impact Government Program lines of business as they have separate pharmacy benefit formularies. Government Programs include:

- Blue Advantage Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO) products
- Federal Employee Program (FEP)
- Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue)
- Medicare Advantage
- Platinum Blue

PHARMACY UPDATES

PHARMACY DRUG FORMULARY UPDATES (continued)

Other Formulary Updates & Link to Formulary Updates

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. Quantity Limits apply to brand and generic agents.

Prior Authorization Program that will now have Quantity Limits Implemented Effective 1/1/2020

BRAND NAME (generic name - if available)	UM Program	
AMITIZA® CAP	PA*	QL
LINZESS® CAP	PA*	QL
MOTEGRITY™ TAB	PA*	QL
MOVANTIK® TAB	PA*	QL
RELISTOR® INJ, KIT, TAB	PA*	QL
SYMPROIC® TAB	PA*	QL
TRULANCE® TAB	PA*	QL
ZELNORM™ TAB	PA*	QL

*Prior Authorization is already in place

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

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

BRAND NAME (generic name - if available)	UM Program		
SUNOSI™ TAB	PA	QL	

Quantity Limit Program that will now have Prior Authorization Implemented Effective 1/1/2020

BRAND NAME (generic name - if available)	UM Program		
CIALIS® (Tadalafil) TAB 2.5 mg and 5 mg	PA	QL*	

*Quantity Limit is already in place

New Quantity Limit Program Effective 1/1/2020

BRAND NAME (generic name - if available)	UM Program		
CABLIVI® KIT		QL	

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

BRAND NAME (generic name - if available)	UM Program		
DRIZALMA™ CAP		QL	ST
DUAKLIR® AER		QL	
FASENRA® PEN INJ	PA	QL	
INREBIC® CAP	PA	QL	
OLUMIANT® TAB	PA	QL	
RELAFEN ™DS TAB		QL	ST
RINVOQ™ TAB	PA	QL	
ROZLYTREK™ CAP	PA	QL	
RYBELSUS® TAB		QL	ST
TOSYMRA™ SOL 10MG	PA	QL	
TRIKAFTA™ TAB	PA	QL	
VUMERITY™ CAP		QL	ST

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

Effective January 15, 2020
- Nuvigil/Provigil Prior Authorization Program will be discontinued for Medicaid. Quantity Limit Program will remain in place.

Effective February 1, 2020
- Uric Acid Transporter 1 (URAT-1) Inhibitor Prior Authorization with Quantity Limit Program will be discontinued for Commercial.

Effective April 1, 2020
- Baclofen Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Baclofen Quantity Limit Program will be implemented for Medicaid.

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

- Lyrica CR Quantity Limit Program will be implemented for Medicaid.
- Nasal Antiepileptics Quantity Limit Program will be implemented for Commercial.
- 5-Hydroxytryptamine (5HT)-1F Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Wakix Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

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

Utilization Management information: https://www.bluecrossmn.com/providers

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
Budesonide-Formoterol (Authorized Generic for Symbicort)	January 9, 2020
Doxycycline Monohydrate capsule 75 mg	January 1, 2020
Doral® (quazepam) capsule 15 mg	January 1, 2020
Ivermectin cream 1%	November 5, 2019
Ketoprofen capsule 25 mg	January 1, 2020
Naproxen suspension 125 mg/5ml	January 1, 2020
Mefenamic Acid capsule 250 mg	January 1, 2020
Repatha® NDCs: 55513076001,55513076002, 55513077001, 55513075001)	January 1, 2020
Wakix® tablet 4.45 MG, 17.8 MG	January 1, 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
Adakveo® (crizanlizumab-tmca) 100 mg/10ml intravenous (IV) solution	February 19, 2020
Clinolipid (fat emulsion) 20% injection	January 1, 2020
Evenity® (romosozumab-Aqqg) 105 mg/1.17 ml syringe	January 1, 2020
Givlaari ™ (givosiran) 189mg/ml subcutaneous injection	February 19, 2020
Heparin Sodium 5000 unit/0.5ml	January 1, 2020
Selenious Acid 60mcg/mL (selenious acid) injection	January 1, 2020
Tranexamic acid-sodium chloride 1000 mg/100ml-0.7% intravenous (IV) solution	February 19, 2020
Vyondys 53 ™ (golodirsen) 100 mg/2ml Intravenous (IV) Solution	December 30, 2019
XENLETA ™ (lefamulin acetate) 150 mg/15ml intravenous (IV) solution	February 19, 2020

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Adakveo® (crizanlizumab-tmca) 100 mg/10ml intravenous (IV) solution	February 19, 2020
Asceniv™ (immune globulin intravenous, human – slra) 10% intravenous (IV) solution	February 19, 2020
Asparlas™ (Calaspargase Pegol-Mknl Solution) 3750/5ml Intravenous (IV) Solution	February 19, 2020
Belrapzo ™ (bendamustin) 100 mg/4 ml Intravenous (IV) solution	December 1, 2019
Cisplatin (cisplatin) 50 mg Intravenous (IV) solution	December 1, 2019
Clinolipid (fat emulsion) 20% injection	December 1, 2019
Evenity® (romosozumab-Aqqg) 105 mg/1.17 ml syringe	December 1, 2019
Givlaari ™ (givosiran) 189 mg/ml subcutaneous injection	February 19, 2020
Heparin Sodium 5000 unit/0.5mL	December 1, 2019
Kanjinti ™ (trastuzuman-anns) Intravenous (IV) solution	December 1, 2019
Mvasi ™ (bevacizumab-awwb) Intravenous (IV) solution	December 1, 2019
Polivy ™ (polatuzumab vedofin-piiq) 140 mg Intravenous (IV) solution	December 1, 2019
Ogivri 150mg, 420mg (trastuzumab-dkst) 150 mg, 420 mg Intravenous (IV) solution	February 19, 2020
Selenious Acid 60mcg/mL (selenious acid) injection	December 1, 2019
Tranexamic acid-sodium chloride 1000 mg/100ml-0.7% intravenous (IV) solution	February 19, 2020
Vyondys 53 ™ (golodirsen) 100 mg/2ml Intravenous (IV) Solution	December 30, 2019

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
XENLETA ™ (lefamulin acetate) 150 mg/15ml intravenous (IV) solution	February 19, 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 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 on the top bar of the web page, select "Forms" and then "Coverage Exception Form" or you may call Provider Services to obtain the documentation.

ADDITIONAL RESOURCES

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select "Shop Plans" and "Prescription Drugs." Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to https://www.bluecrossmn.com/providers and select "Forms and Publications" then 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: February 3, 2020   Notification Posted: December 2, 2019

Policies developed

- None

Policies revised

- Hematopoietic Stem-Cell Transplantation for Autoimmune Disease, II-121
- Omalizumab, II-34
- Mepolizumab, II-201
- Reslizumab, II-202
- Benralizumab, II-203
- Mechanical Stretching Devices, VII-62
- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension, II-107
- Rituximab, II-47
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, IV-134
- Continuous Glucose Monitoring Systems, VII-05

Policies inactivated

- None

Policies delegated to eviCore

- None

Policies Effective: April 6, 2020   Notification Posted: February 3, 2020

Policies developed

- None

Policies revised

- Hematopoietic Stem-Cell Transplantation for Acute Myeloid Leukemia, II-115
- Electromagnetic Navigational Bronchoscopy, II-132
- Intravenous Human Epidermal Growth Factor Receptor 2 (HER2) Targeted Agents, II-158
- Gender Affirming Procedures for Gender Dysphoria, IV-123
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions, II-71
- Reduction Mammoplasty, IV-32
- Ustekinumab, II-168   **[Policy revisions effective April 1, 2020]**
- Infliximab, II-97
- Vedolizumab, II-182
- Certolizumab Pegol, II-179
- Natalizumab, II-49

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY (continued)

- Abatacept, II-161
- Golimumab, II-180
- Tocilizumab, II-181

Policies inactivated

- None

Policies delegated to eviCore

- None

Policies reviewed with no changes in November 2019 and January 2020:
- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
- Balloon Dilation of the Eustachian Tube, IV-162
- Baroreflex Stimulation Devices, IV-139
- Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148
- Breast Implant, Removal or Replacement, IV-14
- Chiropractic Services, III-04
- Composite Tissue Allotransplantation of the Hand, IV-151
- Durable Medical Equipment (DME), VII-07
- Electroconvulsive Therapy, X-46
- Endovascular Therapies for Extracranial Vertebral Artery Disease, IV-141
- Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions, IX-01
- General Anesthesia Services for Dental Procedures, II-166
- Golimumab (Simponi Aria), II-180
- Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma, II-135
- Immunoglobulin Therapy, II-51
- Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease, IV-140
- In Vitro Chemoresistance and Chemosensitivity Assays, VI-30
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-133
- Intravenous Anesthetics for the Treatment of Chronic Pain, II-141
- Medical Marijuana (Cannabis), II-221
- MRI-Guided High-Intensity Focused Ultrasound Ablation, IV-119
- Naltrexone Implants, II-223
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Orthognathic Surgery, IV-16
- Patisiran, II-220
- Percutaneous Facet Joint Denervation, IV-95

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in November 2019 and January 2020: (continued)

- Percutaneous Tibial Nerve Stimulation (PTNS), IV-135
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Phototherapy in the Treatment of Psoriasis, II-39
- Saturation Biopsy of the Prostate, IV-142
- Secretin Infusion Therapy for Autism, II-23
- Selected Treatments for Temporomandibular Disorder (TMD), II-07
- Stem-Cell Therapy for Orthopedic Applications, II-142
- Subtalar Arthroereisis, IV-26
- Tildrakizumab, II-222
- Tocilizumab, II-181
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies, II-190
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, IV-136
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation, IV-118
- Vedolizumab, II-182
- Voretigene Neparvovec, II-188
- Wearable Cardioverter-Defibrillators, II-91
- Wound Healing: Non-Contact Ultrasound Treatment, II-88

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

To access medical and behavioral health policies:
Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:
Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

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

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

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

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

BlueCross BlueShield Minnesota

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