Provider Press

Provider information

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BlueCross BlueShield Minnesota

IMPROVING CONTINUITY AND COORDINATION OF CARE

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

Particularly challenging to continuity and coordination are concepts such as:

- **Access to care** (availability of after-hours care, access to medical insurance, transportation to locations of care, ability to understand and navigate the healthcare system).
- **Continuity of care** (a continuous relationship with a single provider over time, ongoing familiarity and trust, smooth and coordinated transitions between care providers), and
- **Shared decision making** (engaging patients in discussions of treatment options).

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

- Current healthcare systems are often disjointed, and processes vary among and between primary care practices (PCPs) and specialty sites.
- There is often no central point of responsibility for the entire cycle of care.
- Many organizations do not have sufficient people or systems dedicated to care coordination.
- Much of the time and labor that goes into care coordination is not reimbursed.

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

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

NEED HELP UNDERSTANDING OUR NETWORKS?

Blue Cross has published two guides to help providers identify and understand our products. The Commercial Network Guide provides details regarding commercial products, including our narrow networks, and the Medicare Product Guide provides details about our Medicare products. Both guides are located on our website at **providers.bluecrossmn.com** under the "Education Center" section. The Medicare product guide is available under "Medicare Education" and the Commercial Network Guide has its own section in the Education Center.

Inside preview

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from May 14, 2020 to August 12, 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 the following sections: • Responsibilities of Participating Providers • Compliance with Laws
Provider Policy and Procedure Manual: Chapter 8, Claims Filing	Content changes to the following sections: • Master's Level Practitioners • Timely Filing • Mid-Level Practitioners
Provider Policy and Procedure Manual: Chapter 9, Reimbursement/ Reconciliation	Content changes to Payment Methodology
Provider Policy and Procedure Manual: Chapter 10, Appeals	Content changes to the following sections: • Provider Appeals • Coding Appeals • Coding Software Edit and Appeals
Blue Plus Manual: Chapter 3, Government Programs	Content changes to the following sections: • Enrollee Appeals and Grievances • Timely Filing Exception • Minnesota Health Care Programs Enrollment • Added benefit for Housing Stabilization Services

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 May 14, 2020 to August 12, 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
QP31R1-20	Update: Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Oxbryta
QP47-20	Provider Cost Data Update(QL) Programs
QP48-20	Commercial Pharmacy Update – New Drug-Related Prior Authorization (PA) Criteria: Obeticholic acid
QP49-20	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hereditary Angioedema (HAE)
QP50-20	Enforcement of Timely Filing for Minnesota Health Care Programs Claims
QP51-20	Member Mobile App for Drug and Medical Cost Estimator
QP52-20	Claim Submission Requirements for Lab Services
QP53-20	Commercial Pharmacy Benefit Exclusion for Nexplanon®
QP54-20	MHCP Pharmacy Benefit Update – Pharmacy Benefit Exclusion for Nexplanon® and Trodelry™
QP55-20	Housing Stabilization Services – New MHCP Benefit
QP56-20	U.S. Department of Health and Human Services Announced Additional Opportunity for Funding
QP57-20	Commercial Pharmacy Benefit Update: Addition of Drugs to Existing Prior Authorization (PA) with Quantity Limit (QL) Programs
QP58-20	Commercial Pharmacy Benefit Exclusion for Medical Drugs Anjeso™ , Fetroja™ and Potassium Phosphates Injection
QP59-20	MHCP Pharmacy Benefit Exclusion for DurystaTM and Fensolvi®
QP60-20	Commercial Pharmacy Benefit Exclusion for Procysbi® Delayed-Release Granules
QP61-20	Signify Health Virtual Visits for Medicare Advantage and SecureBlue Members
QP62-20	Medicaid Sleep Management – Home Sleep Studies
QP63-20	MDH Guidance to Support Hospital Patients with Disabilities and Pediatric Patients
QP64-20	Medical Drug Update for New to Market Viltolarsen
QP65-20	Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Satralizumab
QP66-20	Updates to Injectable Drug Authorization Requests
QP67-20	Commercial Pharmacy Benefit Exclusion for DurystaTM, Iluvien®, Retisert® and Yutiq®
QP68-20	MHCP Pharmacy Benefit Update - Eylea®, Iluvien®, Lucentis®, Ozurdex®, Retisert™ and Yutiq®
QP69-20	Commercial Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Risdiplam
QP70-20	In-Home Test Kits 2020 Program Details for Medicare Advantage and SecureBlue Members

(continued on next page)

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
QP71-20	MHCP Pharmacy Benefit Update: Pharmacy Benefit Exclusion for Phesgo™, Uplizna™, and Zepzelca™
QP72-20	MHCP Pharmacy Benefit Update – Pharmacy Benefit Exclusion for Anjeso™, Fetroja®, Herzuma®, Ontruzant®, Potassium Phosphates, Scenesse® and Trazimera™
QP73-20	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Bempedoic Acid PA with QL
QP74-20	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Isturisa PA with QL
QP75-20	Commercial Pharmacy Benefit Exclusion for Aralast®NP, Eylea®, Glassia®, Lucentis®, Prolastin®-C, and Uplizna™
QP76-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements – Effective June 1, 2020
BULLETINS	**TITLE**
P28R1-20	Update: Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P40-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective August 3, 2020
P41-20	Durable Medical Equipment CPT Codes have been added by the AMA for Medicare Advantage Subscribers- eviCore Healthcare Specialty Utilization Management (UM) Program
P42-20	Laboratory Management Clinical Guideline Updates and CPT Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers - eviCore Healthcare Specialty Utilization Management (UM) Program
P43-20	Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P44-20	Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P45-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P46-20	Genetic/Molecular Lab Test Coding Reimbursement Policy
P47-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates – Effective August 31, 2020
P48-20	CMS Issued Prior Authorization Requirements for Certain Hospital Outpatient Department (OPD) Services – Effective July 1, 2020 **Retraction: CMS mandate does not apply to Medicare Advantage or Platinum Blue lines of business. Please disregard this bulletin.**
P49-20	CERiS Review of High Dollar Claims
P50-20	eviCore is Changing Prior Authorization Guidelines used to Review Durable Medical Equipment, Home Health Care, and Post-Acute Care Services for Medicare Advantage Subscribers
P51-20	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P52-20	Emergency Room Visit Level of Service Coding Reimbursement Policy
P53-20	New Reimbursement Policy: Inpatient Non-Reimbursable Unbundling
P54-20	Documentation Requirements for Replacement Claims

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FYI

UTILIZATION MANAGEMENT (UM) STATEMENT

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

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P55-20	New Prior Authorization Timeframes Required by Legislation
P56-20	New Medical, Medical Drug and Behavioral Health Policy Management Updates — Effective October 5, 2020
P57-20	Site of Service Program Updates for Selected Specialty Medical Drugs for Commercial Subscribers: Medical Policy XI-06
P58-20	Hereditary Angioedema (HAE) Drug Prior Authorization Management Changes for generic Icatibant, Firazyr, Haegarda, and Takhzyro – Effective October 5, 2020
P59-20	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program
P60-20	Lab Management CPT Codes added by the American Medical Association (AMA) and eviCore Healthcare Specialty Utilization Management (UM) Program Updates
P61-20	Site of Service for Selected Outpatient Procedures: XI-03 Medical Policy Update
P62-20	CMS Decision on Acupuncture for Chronic Low Back Pain
P63-20	Prior Authorization Updates for Skilled Nursing Facility Admissions

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**.

DISCLOSURE OF OWNERSHIP FORM

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

Please take a moment to complete and submit the Disclosure of Ownership form annually via email. This form is accessible on our website under Forms & Publications then forms-Clinical Operations for your convenience.

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

FYI

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has continually collaborated with providers 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.**

PHARMACY UPDATES

PHARMACY DRUG FORMULARY UPDATE FOR QUARTER 3, 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, Step Therapy, and Quantity Limits depending on the member's prescription drug benefit. Updates include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents.

Changes to Existing Utilization Management Programs Effective 7/1/2020

BRAND NAME (generic name - if available)	**UM Program**		
BYNFEZIA PEN™ INJ 2500 MCG	PA	QL	
DAYVIGO™ TAB		QL	ST
HALOG® SOL 0.1%		QL	ST
IBRANCE® TAB		QL	
IMBRUVICA® CAP 140MG		QL	
INSULIN LISPRO SOLN PEN INJECTOR		QL	
INSULIN LISPRO PROTAMINE/INSULIN KWIKPEN		QL	
JYNARQUE® PAK 30-15 MG	PA	QL	
JYNARQUE® TAB 15 MG	PA	QL	
KETOPROFEN CAP 50 MG		QL	ST
KETOPROFEN CAP 75 MG		QL	ST
KOSELUGO™ CAP 10 MG	PA	QL	
KOSELUGO™ CAP 25 MG	PA	QL	
NURTEC™ ODT TAB 75 MG	PA	QL	

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PHARMACY UPDATES

Changes to Existing Utilization Management Programs Effective 7/1/2020 (continued)

BRAND NAME (generic name - if available)	UM Program		
PEMAZYRE™ TAB	PA	QL	
PROMACTA® PAK 25 MG	PA	QL	
RETEVMO™ CAP 40 MG	PA	QL	
RETEVMO™ CAP 80MG	PA	QL	
TABRECTA™ TAB	PA	QL	
TERIPARATIDE INJ	PA	QL	
TRIJARDY® XR TAB 10-5-100 MG TAB		QL	
TRIJARDY® XR TAB 12.5-2.5-100 MG TAB		QL	
TRIJARDY® XR TAB 25-5-100 MG TAB		QL	
TRIJARDY® XR TAB 5-2.5-100 MG TAB		QL	
TUKYSA™ TAB 150MG	PA	QL	
TUKYSA™ TAB 50 MG	PA	QL	
ZERVIATE™ DROPS 0.24%			ST

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

Effective July 1, 2020

- Hereditary Angioedema Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Nuvigil/armodafinil and Provigil/modafinil Quantity Limit Program will be discontinued for Medicaid.

Effective September 1, 2020

- Acute Migraine Agents Prior Authorization with Quantity Limit Program is a new program targeting Reyvow (previously in 5-Hydroxytryptamine (5HT)-1F Prior Authorization with Quantity Limit Program), Nurtec ODT, and Ubrelvy (both previously in Calcitonin Gene-Related Peptide (CGRP) Prior Authorization with Quantity Limit Program) for Commercial and Medicaid.
- Acute Migraine 5-Hydroxytryptamine (5HT) Step Therapy with Quantity Limit Program will be renamed to Triptans Step Therapy with Quantity Limit Program for Commercial.
- Acute Migraine 5-Hydroxytryptamine (5HT) Quantity Limit Program will be renamed to Triptans Quantity Limit Program for Medicaid.
- 5-Hydroxytryptamine (5HT)-1F Prior Authorization with Quantity Limit Program will be retired for Commercial and Medicaid since targeted agent Reyvow moved to Acute Migraine Agents Prior Authorization with Quantity Limit Program.

Effective October 1, 2020

- Bempedoic Acid Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective October 1, 2020

- Isturisa Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Niaspan Quantity Limit Program will be discontinued for Commercial and Medicaid.
- Oxbryta Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Zetia Quantity Limit Program will be discontinued for Commercial.

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
Procysbi® (cysteamine bitartrate) delayed release granules	August 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.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Anjeso™ (meloxicam) intravenous (IV) solution	July 8, 2020
Durysta™ (bimatoprost) intracameral implant	September 1, 2020
Eylea® (afibercept) intravitreal injection and intravitreal solution prefilled syringe	October 1, 2020
Fetroja™ (cefiderocol sulfate tosylate) intravenous (IV) solution	July 8, 2020

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Drug Name	PPharmacy Benefit Exclusion Effective Date for Commercial
Iluvien® (fluocinolone acetonide) intravitreal implant	September 1, 2020
Lucentis® (ranibizumab) intravitreal injection and intravitreal solution prefilled syringe	October 1, 2020
Nexplanon® (etonogestrel) subdermal implant	July 1, 2020
Potassium Phosphates (potassium phosphates) 71mEq/15ml (potassium), 45 mmol/15ml (phosphate) injection	July 8, 2020
Retisert® (fluocinolone acetonide) intravitreal implant	September 1, 2020
Yutiq® (fluocinolone acetonide) intravitreal implant	September 1, 2020

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Durysta™ (bimatoprost) intracameral implant	June 26, 2020
Eylea® (afibercept) intravitreal injection and intravitreal solution prefilled syringe	July 26, 2020
Fensolvi® (leuprolide acetate) subcutaneous injection kit	June 26, 2020
Iluvien® (fluocinolone acetonide) intravitreal implant	July 26, 2020

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Jelmyto™ (mitomycin) injection	May 17, 2020
Lucentis® (ranibizumab) intravitreal injection and intravitreal solution prefilled syringe	July 26, 2020
Nexplanon® (etonogestrel) subdermal implant	July 1, 2020
Ozurdex® (dexamethasone) intravitreal implant	July 26, 2020
Retisert® (fluocinolone acetonide) intravitreal implant	July 26, 2020
Trodelvy™ (sacituzumab) intravenous (IV) solution	Jun 12, 2020
Yutiq® (fluocinolone acetonide) intravitreal implant	July 26, 2020

EXCEPTION REQUESTS

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find this form at the web address below:

Exception request: https://www.bluecrossmn.com/providers

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on if the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan on the top bar of the web page, select "Forms" and then "Coverage Exception Form" or you may call Provider Services to obtain the documentation.

ADDITIONAL RESOURCES

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

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to https://www.bluecrossmn.com/providers and select "Forms and Publications" then "Manuals." Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) subscribers can be found online at https://www.fepblue.org. FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to "Pharmacy Benefits" and selecting "Finding out more."

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies Effective: August 3, 2020 Notification Posted: June 1, 2020

Policies developed

- Afamelanotide, II-238
- Luspatercept, II-237
- Peanut Allergy Therapy, II-241
- Step Therapy Supplement, II-242

Policies revised

- Alemtuzumab, II-184
- Ocrelizumab, II-185
- Natalizumab, II-49
- Tumor Treating Fields Therapy, II-164
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Reduction Mammoplasty, IV-32
- Onasemnogene Abeparvovec, II-230
- Genetic Testing for Inherited Non-Cancer Conditions, VI-09

Policies inactivated

- Intravenous Human Epidermal Growth Factor Receptor 2 (HER2) Targeted Agents, II-158

Policies delegated to eviCore

- None

Policies Effective: August 31, 2020 Notification Posted: July 1, 2020

Policies developed

- None

Policies revised

- Genetic Testing for Hereditary Breast and/or Ovarian Cancer, VI-16
- Ventricular Assist Devices and Total Artificial Hearts, IV-86
- Tisagenlecleucel, II-183
- Axicabtagene Ciloleucel, II-187
- Autism Spectrum Disorder: Assessment and Early Intensive Behavioral Intervention, X-43
- Balloon Ostial Dilation, IV-01
- Selected Treatments for Varicose Veins of the Lower Extremities, IV-129
- Microwave Ablation of Solid Tumors, IV-04
- Cryoablation of Solid Tumors, IV-05
- Amino Acid-Based Elemental Formulas, II-69

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies inactivated
- None

Policies delegated to eviCore
- Image-Guided Minimally Invasive Decompression for Spinal Stenosis, IV-120

Policies Effective: October 5, 2020 Notification Posted: August 3, 2020

Policies developed
- Expanded Gastrointestinal Biomarker Panels, VI-59
- Intravenous Iron Replacement Therapy, II-243
- Implantable Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea, IV-80
- Site of Service for Selected Specialty Medical Drugs, XI-06

Policies revised
- Site of Service for Selected Outpatient Procedures: Outpatient Hospital and Ambulatory Surgery Center, XI-03
- Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
- Luspatercept, II-237
- Nusinersen, II-171
- Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions, IX-01
- Pharmacologic Therapies for Hereditary Angioedema, II-102

Policies inactivated
- Positron Emission Tomography (PET), V-27

Policies delegated to eviCore
- Spinal Fusion: Lumbar, IV-87
- Percutaneous Facet Joint Denervation, IV-95
- Sacroiliac Joint Fusion IV-126
- Spinal Cord Stimulation, IV-74
- Genetic Testing to Evaluate Patients with Developmental Delay/ Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies, VI-48
- Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries, V-14

Policies reviewed with no changes in May, June, and July 2020:
- Agalsidase Beta, II-26
- Alglucosidase Alfa, II-186
- Alpha-1 Proteinase Inhibitors, II-206
- Amniotic Membrane and Amniotic Fluid, IV-145
- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis, II-48
- Belimumab, II-152
- Bone Growth Stimulators for Non-Spinal Indications, II-110
- Breast Ductal Lavage and Fiberoptic Ductoscopy, IV-108

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in May, June, and July 2020: (continued)

- Caplacizumab, II-228
- Cellular Immunotherapy for Prostate Cancer, II-144
- Cerliponase Alfa, II-176
- Chelation Therapy, II-03
- Computerized Dynamic Posturography, II-108
- Coverage of Routine Care Related to Clinical Trials, II-19
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis, II-155
- Dry Needling, VII-67
- Eculizumab, II-196
- Electrical/Electromagnetic Stimulation for Treatment of Arthritis, VII-24
- Endothelial Keratoplasty, IV-150
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms, IV-156
- Endovascular Stent Grafts for Disorders of the Thoracic Aorta, IV-157
- Esophageal pH Monitoring, VII-64
- Gynecomastia Surgery, IV-71
- Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphoma, II-117
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis, II-119
- Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia, II-154
- Hypnotherapy, III-02
- Implantable Ambulatory Cardiac Event Monitors, II-224
- Interferential Current Stimulation, VII-66
- Organ Transplantation, IV-128
- Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain, II-149
- Photodynamic Therapy for Ocular Indications, II-205
- Pneumatic Compression Devices in the Outpatient or Home Setting, II-60
- Pressure-Reducing Support Surfaces, VII-54
- Progesterone Therapy to Reduce Preterm Birth in High-Risk Pregnancies, II-38
- Ravulizumab, II-229
- Respiratory Syncytial Virus (RSV) Prophylaxis, II-62
- Sacral Nerve Neuromodulation/Stimulation for Selected Conditions, IV-83
- Saliva Hormone Tests, VI-08
- Sebelipase Alfa, II-200
- Selected Treatments for Tinnitus, II-42
- Spinal Unloading Devices: Patient-Operated, VII-59
- Stem-Cell Therapy for Peripheral Arterial Disease, II-151
- Surface Electromyography (SEMG), VII-10
- Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain (Primary and Secondary Dysmenorrhea), IV-94
- Synthetic Cartilage Implants, IV-153
- Traction Decompression of the Spine, VII-18
- Transcatheter Mitral Valve Repair, IV-152
- Transcatheter Pulmonary Valve Implantation, IV-155

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in May, June, and July 2020: (continued)

- Transcranial Magnetic Stimulation, X-14
- Viscocanalostomy and Canaloplasty for the Treatment of Glaucoma, IV-144
- Whole Body Dual X-Ray Absorptiometry (DXA) to Determine Body Composition, V-28
- Wireless Capsule Endoscopy, V-12
- Wireless Gastric Motility Monitoring, II-134

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.

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

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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Information in Provider Press is a general outline. Provider and member contracts determine benefits.

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