

JULY IS NATIONAL IMMUNIZATION AWARENESS MONTH!

Help us Boost Adolescent Immunization Rates across Minnesota

Young children get many vaccinations to help protect them from disease as they grow. As children become pre-teens and teens, they need a new set of immunizations to make sure they stay healthy. The CDC recommends four important vaccines starting at age 11 or 12:

- Human papillomavirus (HPV) vaccine
- Tetanus, diphtheria & pertussis (Tdap) vaccine
- Meningococcal conjugate vaccine
- Influenza (flu) vaccine

The proportion of adolescents receiving recommended immunizations is on the rise but rates for adolescent immunizations continue to be lower than rates for childhood vaccinations. The HPV vaccine has the lowest rates among vaccinations recommended for teens and preteens. Data from the Minnesota Immunization Information Connection (MIIC) indicates that only 34% of adolescents age 13-17 were completely up to date on the HPV vaccine (i.e., completed 2 or more doses) as of July 2017, whereas 77% were up to date on the Tdap vaccine and 74% had at least the first dose of the meningococcal vaccine (click here for additional information). Since the HPV virus is associated with cervical cancer and several other types of cancer (see HPV Facts text box), this means we are missing a big opportunity to prevent cancer in Minnesota.

HPV Facts:

- An estimated 14 million people become newly infected with HPV each year in the U.S.¹
- HPV causes 33,700 new cancer diagnoses each year in the U.S., including cervical cancer, anal cancer, oropharyngeal cancer, vaginal cancer, vulvar cancer and penile cancer.
- HPV vaccination could prevent more than 90% of these cancers.²
- The [CDC](#) and the [Minnesota Department of Health](#) have several ready-to-use tools and resources to help your practice successfully communicate with parents about HPV vaccination.

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.

We cannot expect parents and teens to make immunization a priority if we are not effectively communicating to them the reasons why they should do so.

[Click here to read the American Academy of Family Physicians – 20 Best Practices for Adolescent Immunization.](#)

Every visit provides an opportunity to ensure an adolescent’s immunizations are up to date.

The Unity Consortium issued a whitepaper in 2017 titled Adolescent Immunization: *Understanding Challenges and Framing Solutions for Healthcare Providers*. It concludes that best practices in adolescent immunization include improvements in one or more of the following areas:³

- Access
- Systems
- Advocacy
- Education
- Measurement

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JULY IS NATIONAL IMMUNIZATION AWARENESS MONTH! (continued)

The American Academy of Family Physicians gathered the following best practices for boosting adolescent immunizations from eight family medicine residencies across the U.S.:⁴

| BEST PRACTICE | EXAMPLES |
|-------------------------------------|--|
| CREATE A TEAM APPROACH | Train everyone on the team about why adolescent immunizations are important. This includes clinical support staff, who are often the first point of contact for patients. |
| STRONGLY RECOMMEND ALL VACCINATIONS | The CDC agrees that providers should bundle their recommendation for all adolescent vaccines, including the HPV vaccine, in the same way, on the same day. Clinics can suggest standardized language all staff can use for the discussion. |
| IMPLEMENT STANDING ORDERS | One residency program implemented standing order protocols, which meant that vaccine reports were printed for all adolescent visits, not just well-child visits. If the patient is willing to be vaccinated and has no questions for the physician, the nurse can order and administer the vaccines during triage time. Standing orders also allow for nurse-only visits for vaccines, which can be particularly helpful for the HPV vaccine, which requires more than one dose. |
| REACH OUT TO PATIENTS | Use your electronic medical record (EMR) system to identify patients who are behind on immunizations and to generate reminder letters, texts, patient portal messages and phone calls to these patients. |
| TRY NEW TECHNOLOGIES | One residency program used geographic information system mapping to learn more about the clinic's adolescent population. This allowed them to staff immunization information booths at area health fairs. Others provided tablets with information on adolescent immunizations for patients to watch while waiting for their appointment. |
| LEVERAGE COMMUNITY OUTREACH | Several residency programs partnered with community groups to piggy back on events already happening, such as community flu shot events. One inserted a "vaccine minute" into sports physicals and injury clinics they were already doing within schools. |



If teenagers are not showing up for routine wellness visits or not completing their vaccination series at those visits, then we need to meet them where they are," said Dr. Melissa Kizilos, Medical Director at Blue Cross and Blue Shield of Minnesota. This includes at schools, pharmacies, and acute and urgent care settings. Integrated care between physicians and other complementary health-care providers

is necessary to ensure that these opportunities for vaccination are not missed, noted Dr. Kizilos. At Blue Cross, we encourage vaccinations through member outreach and education. For example, our targeted member email campaign sends reminders to parents about the importance of recommended adolescent vaccinations. Blue Cross also engages with network providers to improve adolescent immunization rates through value-based programs.

1 <https://www.cdc.gov/std/hpv/stdfact-hpv.htm>

2 <https://www.cdc.gov/hpv/hcp/hpv-important.html>

3 [https://www.jahonline.org/article/S1054-139X\(17\)30433-0/pdf](https://www.jahonline.org/article/S1054-139X(17)30433-0/pdf)

4 <https://www.aafp.org/news/health-of-the-public/20180803fdtnimmunawards.html>

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/providers/forms-and-publications?ReturnTo=/>.

IF YOU WOULD LIKE TO DISCUSS YOUR PRACTICE RATES, PLEASE EMAIL TONYA HANEY AT TONYA.HANEY@BLUECROSSMN.COM. WE HAVE A TEAM OF PROVIDER QUALITY CONSULTANTS THAT ARE TRAINED TO HELP IDENTIFY AREAS FOR IMPROVEMENT. OUR PROVIDER QUALITY CONSULTANTS ARE NURSES WITH OVER 30-YEARS OF COLLECTIVE CLINICAL EXPERIENCE.

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from March 2019 to May 2019. 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 update to Required Notification section |

RESOURCES TO IMPROVE HEALTH EQUITY

www.health-exchange.net

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

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

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

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

HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2019:

Monday, May 27

Thursday, July 4

Monday, September 2

Thursday, November 28

Friday, November 29

Tuesday, December 24

Wednesday, 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 2019 to May 2019 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 |
|--------------|--|
| QP23-19 | Reminder Payment Policy Auditing System |
| QP24-19 | New Behavioral Health Coding for Early Intensive Behavioral Intervention Services for Commercial Lines of Business |
| QP25-19 | Pharmacy Benefit Update – New Drug Related Prior Authorization with Quantity Limit Criteria: Gonadotropin Hormones |
| QP26-19 | eviCore Post-Acute Care Program for Medicare Advantage Members Helpful Tips and Reminders |
| QP27-19 | Medicare Hospice reminder for Medicare Advantage |
| QP28-19 | Interest Paid on Clean Claims |
| QP29-19 | Pharmacy Benefit Update – New Drug Related Prior Authorization with Quantity Limit Criteria: Arikayce |
| QP30-19 | Pharmacy Benefit Update – New Drug Related Prior Authorization with Quantity Limit Criteria: Hereditary transthyretin-mediated (haTTR) Amyloidosis |
| QP31-19 | Change to Outpatient Therapies Requirements for Medicare Advantage Subscribers |
| QP32-19 | Pharmacy Benefit Exclusion for Glyrx-PF, Libtayo, Lumoxiti, Onpattro, Poteligeo, and Xerava |
| QP33-19 | SmartChoice Program for Fully Insured Commercial Products |
| QP34-19 | Pharmacy Benefit Exclusions for Antineoplastic and Adjunctive Therapies |
| QP35-19 | Billing Code Change for MHCP Subscribers for Rule 25 and Comprehensive Assessments |
| QP36-19 | Online Medical Policy Survey for Medicare Advantage Chiropractic Services |
| QP37-19 | Cotiviti to Perform Focused and Limited Hospital Bill Validation Services |
| QP38-19 | Taft Hartley Third Party Administrators and Remote Processing Prior Authorization Submissions |
| QP39-19 | Cost & Quality Requirements: Quick Access to Important information for Providers |
| QP40-19 | Medical drug Update for New to Market Golodirsen |
| QP41-19 | Provider Cost Data Update |
| QP42-19 | Prior Authorizations, Pre-Admissions and 278 Transactions |
| QP43-19 | Online Medical Policy Survey for Botox and Bariatric Surgery |

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**.

(continued on next page)

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

| BULLETINS | TITLE |
|---------------------|---|
| P1R1-19 | Update: Professional Liability (Malpractice) Coverage Requirements |
| P22-19 | Updated MHCP and MSHO Prior Authorization and Medical Policy Requirements |
| P23-19 | Prior Authorization Start Date for Urgent and Non-Urgent Preservice Requests |
| P24-19 | Blue Cross to Decommission Legacy Claims System |
| P25-19 | Medicare Advantage PPO Network Sharing Frequently Asked Questions |
| P26-19 and P26R1-19 | New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage Lines of Business- Effective May 6, 2019 |
| P27-19 | Required use of Authorization Portal to Submit Preservice Inpatient and Outpatient Prior Authorization Requests |
| P28-19 | Medicare Oncology Drug PA Updates for Fully Insured Commercial and Medicare Advantage Members -eviCore Healthcare UM Program |
| P29-19 | eviCore Healthcare Specialty UM Program Prior Authorization Updates for fully Insured Commercial and Medicare Advantage Members |
| P30-19 | Updated MHCP and MSHO Prior Authorization Notification and Medical Policy Requirements |
| P31-19 | Medicare Crossover Process Change Effective During Second Quarter 2019 |
| P32-19 | eviCore Radiology Program Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage |
| P33-19 | New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage Lines of Business- Effective June 3, 2019 |
| P34-19 | Change to Prior Authorization Requirements for Outpatient Therapies and Chiropractic Services for Commercial and Medicare Products |
| P35-19 and P35R1-19 | Appeals Policy for no Prior Authorization Effective June 3, 2019 |
| P36-19 | eviCore Medicare Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Members |
| P38-19 | Change to Outpatient Therapies Requirements for Medicare Advantage Subscribers |
| P40-19 | eviCore Radiology Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P41-19 | eviCore Medicare Advantage DME Prior Authorization Code List Update |
| P42-19 | eviCore Lab Management Clinical Guidelines and Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P43-19 | eviCore Radiation Oncology Program Updates for Fully Insured Commercial and Medicare Advantage Subscribers |
| P44-19 | Updated MHCP and MSHO Prior Authorization and Medical Policy Requirements |
| P45-19 | 2019 Renewal Changes Summary for Aware Professional Providers |
| P46-19 | 2019 Renewal Changes Summary for Blue Plus Referral Health Professional Providers |
| P47-19 | 2019 Renewal changes Summary for Suppliers of Durable Medical Equipment |
| P48-19 | Site of Service for Select Outpatient Procedures: XI-03Medical Policy Update |
| P48-19 | Blue Cross Requires use of Anatomical Modifiers |
| P49-19 | New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial and Medicare Advantage Lines of Business- Effective July 1, 2019 |
| P50-19 | Reminder: Change to TPA Business and Submitting Claims for TPA Business and Submitting Claims for TPA Plan Members |

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.

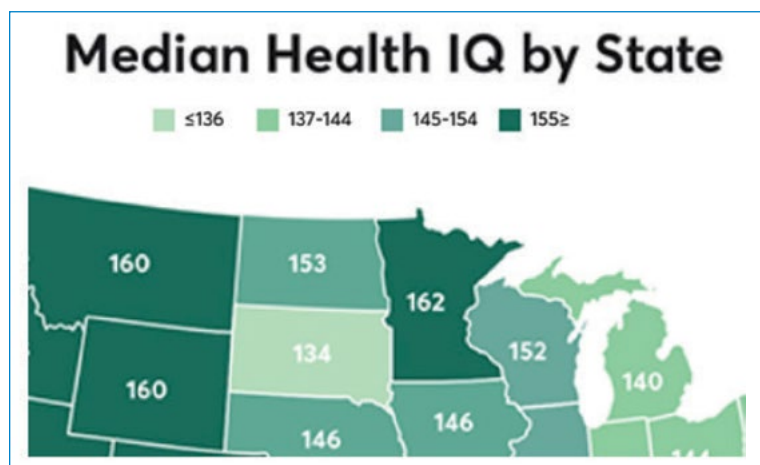
Please take a moment to complete and submit the Disclosure of Ownership form annually via email. This form is accessible on our website under Forms & Publications then forms-Clinical Operations for your convenience. If you have any questions, please email us at DisclosureStatement@bluecrossmn.com.

Thank you for your attention to this important compliance effort.

HEALTH LITERACY

MINNESOTA IN THE TOP 5 STATES FOR HIGHEST “HEALTH IQ”

Health IQ’s recent report entitled, [Health Literacy in the 50 States](#) uses data compiled from more than 10 million “Health IQ” quizzes. The report highlights the connection between health literacy, chronic diseases and health care costs.



Minnesota, with a median Health IQ score of 162, ranks in the top 5 states. Health IQ defines the health literacy threshold as a score of 184. The report shows a relationship between high Health IQ and lower rates of diabetes. Minnesota’s estimated medical costs of diabetes in 2017 was \$4.7 billion dollars for those diagnosed.¹ The report also showed a relationship between high Health IQ and lower rates of obesity. Four of the five top-ranked Health IQ states (UT, CO, MT and MN) are in the top five states with the lowest rates of high blood pressure. In Minnesota, individuals with no formal education after a high school diploma report much higher rates of high blood pressure than those with at least a college degree (31% vs. 24%).²



We’d like to applaud all of our providers and their staff for working hard to ensure patients understand their conditions and the care directions that you provide. We encourage all offices to incorporate health literacy training into new hire orientation and to reinforce the use of health literacy best practices in staff meetings and huddles. Health IQ defines the health literacy threshold as a score of 184. So, while Minnesota is a top performer, there is still work to be done. Visit the Minnesota Health Literacy Partnership’s website for videos, member brochures and posters available for your use ([click here](#)).

¹ <https://www.health.state.mn.us/diseases/diabetes/data/diabetesfacts.html>

² <https://www.health.state.mn.us/diseases/cardiovascular/data/hypertension.html>

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 our Subscribers. Blue Cross is hereby reminding all providers to promptly submit a form to us when changes occur, including any of the following:

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

Forms location

Based on what change has occurred, submit the appropriate form located on our website at [providers.bluecrossmn.com](https://www.bluecrossmn.com). Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access this link:

<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 IMPROVEMENTS

CLINICAL PRACTICE GUIDELINES

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, 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 and Blue Shield of Minnesota and Blue Plus (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 Adults with Major Depressive Disorder (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 IMPROVEMENTS

QUALITY OF CARE COMPLAINT REPORT

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1700-1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format

(e.g. Excel, csv).

Required data elements for the report are as follows:

- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to: Quality.of.Care.Mailbox@bluecrossmn.com

QUALITY IMPROVEMENTS

EVALUATION OF CONTINUITY AND COORDINATION OF CARE

Lack of communication and care coordination increases the potential for error in the health care system, a patient safety concern.

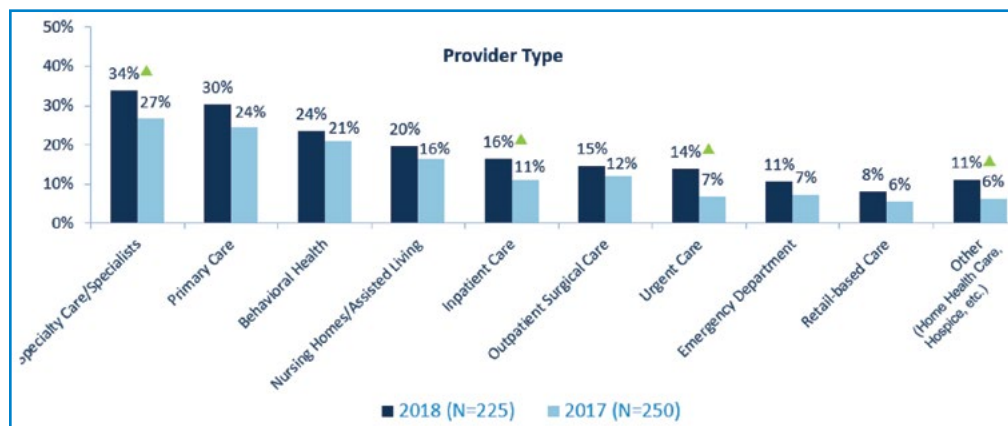
Blue Cross monitors many aspects of continuity and coordination of medical care. As part of our monitoring activities, we study the providers' experience with coordination of care. In this article we will describe the provider survey methodology and provide a brief summary of survey results. In calling out both high performance and opportunities for improvement, we hope this is motivating to help make needed changes to improve continuity and coordination of care for your patients – our members.

Provider Survey Methodology

Blue Cross conducted a telephone survey of a random selection of contracted providers in 2018 between August 14th and September 18th. A total of 225 telephone surveys were completed.

Respondent Profile

23% of overall respondents represent practices that are part of an integrated care delivery system. The total for completed surveys is consistent with the past two years' survey results.



Results

Overall satisfaction with the continuity and coordination of care for patients remains consistent among providers at 80% satisfaction, with those reporting being “very satisfied” increasing by 3% points. Satisfaction is highest among Outpatient Surgical Care (88%) and Urgent Care (87%) providers; however, satisfaction among the latter group fell significantly this year. Primary Care (78%) reports a lower satisfaction.

QUALITY IMPROVEMENTS

EVALUATION OF CONTINUITY AND COORDINATION OF CARE

(continued)

| INDICATOR | 2017 | 2018 |
|---|------|------|
| Percent "very satisfied" with overall continuity and coordination of care for their patients. | 17% | 20% |
| Percent "very satisfied" with overall continuity and coordination of care for their patients <u>from Outpatient Surgical Care</u> . | 87% | 88% |
| Percent "very satisfied" with overall continuity and coordination of care for their patients <u>from Urgent Care</u> . | 100% | 87% |
| Percent "very satisfied" with overall continuity and coordination of care for their patients <u>from Primary Care</u> . | 85% | 78% |

Frequency of Receiving Information

Providers most frequently receive communication about their patients from Primary Care, Inpatient Care, and/or Specialty Care providers. It is comparatively rare to receive communication from Urgent Care and Retail-based Care providers.

| INDICATOR** | 2017 | 2018 |
|--|------|------|
| How often do you receive information about YOUR patients <u>from Inpatient Care</u> ? | 59% | 61% |
| How often do you receive information about YOUR patients <u>from Primary Care</u> ? | 54% | 57% |
| How often do you receive information about YOUR patients <u>from Emergency Department care</u> ? | 58% | 51% |
| How often do you receive information about YOUR patients <u>from Specialty Care</u> ? | 48% | 50% |
| How often do you receive information about YOUR patients <u>from Urgent Care</u> ? | 30% | 27% |

** % as "always" or "frequently"

Effectiveness of the Communication

When information is received, Primary Care providers, find information from Specialty Care/ Specialists and Emergency Department providers to be highly effective.

| INDICATOR** | 2017 | 2018 |
|--|------|------|
| Please rate the effectiveness of information you typically receive about care your patients received <u>from Emergency Department care</u> . | 87% | 84% |
| Please rate the effectiveness of information you typically receive about care your patients received <u>from Specialty Care</u> . | 94% | 97% |

** % "very effective" or "effective"

We encourage all providers to actively promote coordination of care within their clinical workflows and in discussions with patients. **Throughout 2019 in the Provider Press, we will publish 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, 2019

As part of our continued efforts to evaluate and update our formularies, Blue Cross and Blue Shield of Minnesota and Blue Plus (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 address.

Formularies:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

Under "TOOLS AND RESOURCES" select "Prescription drugs." 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, under "helpful documents" select the documents titled "Drug list" or "Formulary updates" to review the applicable formulary.

NOTIFICATION OF CHANGE IN THE BLUS PLUS PREFERRED DRUG LIST BLUE CROSS AND BLUE SHIELD OF MINNESOTA BLUE PLUS PLANS: BLUE ADVANTAGE (FAMILIES AND CHILDREN, MSC+) AND MINNESOTACARE

Effective July 1, 2019, all of the Managed Care Organizations (MCOs) that offer drug benefits for Minnesota Health Care Programs (MHCP) members will offer the same Preferred Drug List (PDL). This change will affect the following Blue Cross and Blue Shield of Minnesota Blue Plus plans: Blue Advantage (Families and Children, MSC+) and MinnesotaCare (i.e., Medicaid plans). This change does not apply to SecureBlueSM (HMO SNP) members with combined dual Medicare and Medicaid coverage.

Members enrolled with Blue Plus will have access to all of the drugs on the PDL. However, Blue Plus will continue to maintain its List of Covered Drugs, or formulary, that is more comprehensive than the PDL. If a current member drug is non-preferred on the PDL, the member will need to ask for a prior authorization for the non-preferred medication or switch to a preferred drug.

If you have any questions regarding claims processing, please contact the Prime Contact Center at **1.800.821.4795**.

(continued on next page)

PHARMACY UPDATES

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, Quantity Limits, and/or Step Therapy depending on the member's prescription drug benefit. Programs in this update includes new and changes to existing Prior Authorization (PA), Step Therapy (ST), and Quantity Limit (QL) programs. Quantity Limits apply to brand and generic agents.

New Prior Authorization with Quantity Limit Program Effective 4/1/19

| BRAND NAME (generic name - if available) | UM Program | | |
|--|------------|----|--|
| ORLISSA™ (elagolix) | PA | QL | |
| CARAFATE® (sucralfate) | PA | QL | |
| GALAFOLD™ (migalastat) | PA | QL | |

New Prior Authorization with Quantity Limit Program Effective 5/1/19*

| BRAND NAME (generic name - if available) | UM Program | | |
|---|------------|----|--|
| BRAVELLE® (urofollitropin) INJ | PA | QL | |
| CETROTIDE® (cetorelix acetate) INJ | PA | QL | |
| FOLLISTIM® AQ (follitropin beta) 75 UNIT/0.5 ML CARTRIDGE INJ | PA | QL | |
| FOLLISTIM® AQ (follitropin beta) 300 UNIT/0.36 ML CARTRIDGE INJ | PA | QL | |
| FOLLISTIM® AQ (follitropin beta) 600 UNIT/0.72 ML CARTRIDGE INJ | PA | QL | |
| FOLLISTIM® AQ (follitropin beta) 900 UNIT/0.72 ML CARTRIDGE INJ | PA | QL | |
| ganirelix acetate 250 mcg/0.5 ml PREFILLED SYRINGE | PA | QL | |
| GONAL-F® (follitropin alfa) 75 UNIT RFF PRE-FILLED SYRINGE | PA | QL | |
| GONAL-F® (follitropin alfa) 300 UNIT/0.5 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM | PA | QL | |
| GONAL-F® (follitropin alfa) 450 UNIT/0.75 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM | PA | QL | |
| GONAL-F® (follitropin alfa) 450 UNIT MULTI-DOSE PRE-FILLED SYRINGE MULTI-DOSE DELIVERY SYSTEM | PA | QL | |
| GONAL-F® (follitropin alfa) 900 UNIT/1.5 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM | PA | QL | |
| GONAL-F® (follitropin alfa) 1050 UNIT MULTI-DOSE PRE-FILLED SYRINGE | PA | QL | |
| MENOPUR® (menotropins) 75 UNIT VIAL INJ | PA | QL | |
| NOVAREL® (chorionic gonadotropin) 5000 UNIT VIAL INJ | PA | QL | |
| NOVAREL® (chorionic gonadotropin) 10000 UNIT VIAL INJ | PA | QL | |
| OVIDREL® (choriogonadotropin alfa) 250 mcg/0.5 ML PRE-FILLED SYRINGE INJ | PA | QL | |
| PREGNYL® (chorionic gonadotropin) 10,000 UNIT MULTI-DOSE VIAL | PA | QL | |

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Changes to Existing Utilization Management Programs, Effective 4/1/19

| BRAND NAME (generic name - if available) | UM Program | | |
|--|------------|----|----|
| ABILIFY MYCITE® (aripiprazole with sensor) | | QL | ST |
| ACTEMRA® (tocilizumab) INJ PEN | PA | QL | |
| CEQUA™ (cyclosporine ophthalmic) SOL 0.09% | PA | QL | |
| DAURISMO™ (glasdegib) 100 mg | PA | QL | |
| DAURISMO™ (glasdegib) 25 mg | PA | | |
| DUPIXENT® (dupilumab) 200mg/2mL | PA | QL | |
| EMLA® (lidocaine – prilocaine) CREAM 2.5-2.5% | PA | QL | |
| EPCLUSA® (sofosbuvir – velpatasvir) authorized generic | PA | | |
| HARVONI® (ledipasvir – sofosbuvir) authorized generic | PA | | |
| lidocaine sol 4% | PA | QL | |
| lidocaine/prilocaine cream 2.5-2.5% | PA | QL | |
| LORBRENA® (lorlatinib) 100 mg | PA | QL | |
| LORBRENA® (lorlatinib) 25 mg | PA | QL | |
| NOCDURNA® (desmopressin acetate) SL | PA | QL | |
| PLIAGLIS® (lidocaine – tetracaine) CREAM 7-7% | PA | QL | |
| PROMACTA® (eltrombopag) POW 12.5MG | PA | QL | |
| regene care gel 2% | PA | QL | |
| SEYSARA™ (sarecycline) | PA | | |
| SYNERA® (lidocaine – tetracaine) DIS 70-70MG | PA | QL | |
| TALZENNA™ (talazoparib) 0.25 mg | PA | QL | |
| TALZENNA™ (talazoparib) 1 mg | PA | QL | |
| TOLSURA™ (itraconazole) 65 mg | PA | QL | |
| TRESIBA® (insulin degludec) INJ | | QL | |
| VITRAKVI® (larotrectinib) 100 mg | PA | QL | |
| VITRAKVI® (larotrectinib) 25 mg | PA | QL | |
| VITRAKVI® (larotrectinib) SOLUTION 20 MG/ML | PA | QL | |
| VIZIMPRO® (dacomitinib) | PA | QL | |
| XARELTO® (rivaroxaban) 2.5 mg | | QL | |
| XELPROS® (latanoprost emulsion) 0.005% | | QL | |
| XOFLUZA™ (baloxavir marboxil) | | QL | |
| XOSPATA® (gilteritinib) 40 mg | PA | QL | |
| XYLOCAINE® (lidocaine) GEL 2% | PA | QL | |
| XYLOCAINE® (lidocaine) SOL 4% | PA | QL | |

Key for all the above tables:

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

*Prescription drugs for or related to reproduction may not be eligible for coverage.

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective April 1, 2019

- Noctiva™ Prior Authorization with Quantity Limit Program has been renamed to Nocturia Prior Authorization with Quantity Limit Program.
- Injectable Atopic Dermatitis Agents Prior Authorization with Quantity Limit Program has been renamed to Interleukin-4 (IL-4) Inhibitor Prior Authorization with Quantity Limit Program.
- Epidiolex® Prior Authorization Program has been renamed to Cannabidiol Prior Authorization Program.
- Topical Estrogens Quantity Limit Program will be implemented for Medicaid.

Effective May 1, 2019

- Arikayce® Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Hereditary Transthyretin-Mediated (hATTR) Amyloidosis Neuropathy Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

Effective July 1, 2019

- Arikayce® Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Hereditary Transthyretin-Mediated (hATTR) Amyloidosis Neuropathy Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Hyperhidrosis Prior Authorization with Quantity Limit will be implemented for Commercial.
- Methotrexate Injectable Step Therapy will be implemented for Commercial.
- Somatostatin Analog Prior Authorization with Quantity Limit will be implemented for Commercial.
- Neurotrophic Keratitis Prior Authorization with Quantity Limit will be implemented for Commercial and Medicaid.
- Firdapse® Prior Authorization with Quantity Limit will be implemented for Commercial and Medicaid.
- Opioid Immediate Release New to Therapy Program will be implemented for Commercial.
- Topical Corticosteroids Step Therapy with Quantity Limit Program will be implemented for Commercial and Quantity Limit Only Program for Medicaid.
- Topical Estrogens Quantity Limit Program will be implemented for Commercial.

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

Utilization Management information:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Under "TOOLS AND RESOURCES" select "Prescription drugs." 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, under "helpful documents" you will see documents titled "Utilization management." 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 |
|---|--|
| COLCRYS™ (colchicine) | 7/1/2019 |
| COLCRYS™ (colchicine) (authorized generic) | 7/1/2019 |
| MITIGARE™ (colchicine) (authorized generic) | 7/1/2019 |
| PROVENTIL® HFA (albuterol sulfate) | 7/1/2019 |
| PROVENTIL® HFA (albuterol sulfate) (authorized generic) | 4/19/2019 |
| SAVAYSA™ (edoxaban tosylate) | 7/1/2019 |

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 Commercial |
|-------------------------------------|--|
| GLYRX-PF™ (glycopyrrolate solution) | 4/3/2019 |
| SPRAVATO™ (esketamine) | 3/19/2019 |
| ULTOMIRIS™ (ravulizumab) | 4/1/2019 |
| XERAVA™ (eravacycline solution) | 4/3/2019 |

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

| Drug Name | Pharmacy Benefit Exclusion Effective Date for Medicaid |
|---|--|
| ELZONRIS™ (tagraxofusp-erzs) | 7/1/2019 |
| GAMIFANT® (emapalumab-lzsg) | 7/1/2019 |
| GLYRX-PF™ (glycopyrrolate solution) | 4/1/2019 |
| KHAPZORY™ (levoleucovorin solution) | 7/1/2019 |
| leucovorin solution | 7/1/2019 |
| LIBTAYO® (cemiplimab-rwlc solution) | 4/1/2019 |
| LUMOXITI™ (moxetumomab pasudotox-tdfk) | 4/1/2019 |
| NUZYRA™ (omadacycline tosylate solution) | 7/1/2019 |
| ONPATTRO™ (patisiran solution) | 4/1/2019 |
| PANZYGA® (immune globulin (human) – Ifas solution) | 7/1/2019 |
| POTELIGEO® (mogamulizumab-kpkc solution) | 4/1/2019 |
| XERAIVA™ (eravacycline solution) | 4/1/2019 |

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 address below:

Exception request:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/>

Under "TOOLS AND RESOURCES" select "Prescription drugs." 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 search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review. (continued on right >)

ADDITIONAL RESOURCES

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to providers.bluecrossmn.com 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 on the Fepblue.org website. 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 May 6, 2019 Notification Posted: March 1, 2019

Policies developed

- Surgical Treatment of Lymphedema, IV-158
- Chiropractic Services, III-04
- Water Vapor Energy Ablation for Benign Prostatic Hyperplasia, IV-163
- Penile Prosthesis Implantation, IV-166
- Implantable Ambulatory Cardiac Event Monitors, II-224

Policies revised

- Panniculectomy/Excision of Redundant Skin or Tissue, IV-24
- Mobile Cardiac Outpatient Telemetry, II-20
- Removal of Benign Skin Lesions, IV-138
- Intravitreal Corticosteroid Implants, II-100
- Psychological and Neuropsychological Testing, X-45

Policies inactivated

- None

Policies delegated to eviCore

- Multigene Expression Assays for Predicting Risk of Recurrence in Colon Cancer, VI-34
- Proteomics-Based Testing Panels for the Evaluation of Ovarian (Adnexal) Masses, VI-45
- Testing of Circulating Tumor Cells, VI-25
- Surgical Treatment of Femoroacetabular Impingement, IV-112
- Molecular Marker Evaluation of Thyroid Nodules, VI-50
- Gene Expression Testing to Predict Coronary Artery Disease (CAD), VI-40
- Trigger Point Injections, II-175
- Implantable Cardioverter-Defibrillator, IV-84

Policies Effective June 3, 2019 Notification Posted: April 1, 2019

Policies developed

- Intravenous Ketamine for Treatment of Depression, II-225
- Perirectal Spacer for Use During Radiotherapy for Prostate Cancer, IV-164

Policies revised

- Site of Service for Selected Outpatient Procedures, XI-03
- Closure Devices for Atrial Septal Defects and Patent Foramen Ovale, IV-143
- Aqueous Shunts and Stents for Glaucoma, IV-146
- Plasma Exchange, II-192

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY

Policies inactivated

- None

Policies delegated to eviCore

- Gene Expression Profiling and Genetic Testing for Melanoma, VI-26
- Spinal Manipulation Under Anesthesia, II-116
- Single Nucleotide Polymorphism (SNP) Breast Cancer Risk Assessment, VI-32
- Cytochrome P450 Genotyping, VI-07
- Intradiscal Electrothermal Annuloplasty (IDET), Percutaneous Radiofrequency Annuloplasty (PIRFT), and Intradiscal Biacuplasty, IV-10
- Meniscal Allografts and Other Meniscal Implants, IV-114
- Osteochondral Allografts and Autografts in the Treatment of Focal Articular Cartilage Lesions, IV-115
- Autologous Chondrocyte Implantation of Focal Articular Cartilage Lesions, IV-113
- Hip Arthroplasty (Hip Replacement) and Hip Resurfacing, IV-107

Policies Effective July 1, 2019

Notification Posted: May 1, 2019

Policies developed

- Dynamic Spine Visualization and Vertebral Motion Analysis, V-17
- Esketamine, II-226
- Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID), II-227
- Emapalumab, II-204

Policies revised

- Site of Service for Selected Outpatient Procedures, XI-03
- Tumor Treating Fields Therapy, II-164
- Selected Treatments for Varicose Veins of the Lower Extremities, IV-29
- Rituximab, II-47
- Cryoablation of Solid Tumors, IV-05

Policies inactivated

- None

Policies delegated to eviCore

- Laboratory and Genetic Testing for Use of 5-Fluorouracil (5-FU) in Patients with Cancer, VI-41

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in February, March, and April 2019:

- Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy, II-173
- Amniotic Membrane and Amniotic Fluid, IV-145
- Automated Point-of-Care Nerve Conduction Tests, VII-12
- Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis, IV-01
- 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
- Cognitive Rehabilitation, III-03
- Confocal Laser Endomicroscopy, II-191
- Cooling/Heating Devices Used in the Outpatient Setting, VII-14
- Dynamic Spine Stabilization, IV-52
- Endothelial Keratoplasty, IV-150
- 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 Hodgkin Lymphoma, II-135
- 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
- In Vitro Chemoresistance and Chemosensitivity Assays, VI-30
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Insulin Infusion Pumps, VII-61
- Intra-Articular Hyaluronan Injections for Osteoarthritis, II-29
- Islet Transplantation, IV-09
- Laboratory and Genetic Testing for Use of 5-Fluorouracil (5-FU) in Patients with Cancer, VI-41
- 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 GERD, IV-124
- Magnetic Resonance Imaging (MRI) of the Breast, V-07
- Meniscal Allografts and Other Meniscal Implants, IV-114

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Mepolizumab, II-201
- Metallothionein (MT) Protein Assessment and Treatment Protocols, X-03
- Microwave Ablation of Solid Tumors, IV-04
- Nerve Graft with Prostatectomy, IV-147
- Neurofeedback, X-29
- Nusinersen, II-171
- Omalizumab, II-34
- Oscillatory Devices for the Treatment of Cystic Fibrosis and other Respiratory Disorders in the Home, VII-35
- Pegloticase, II-147
- Percutaneous Facet Joint Denervation, IV-95
- Photodynamic Therapy for Skin Conditions, II-46
- Powered Exoskeleton, VII-63
- Prostatic Urethral Lift, IV-148
- 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
- Tocilizumab, II-181
- 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
- Visco canalostomy and Canaloplasty for the Treatment of Glaucoma, IV-144

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.

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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.

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. | |

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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