# PROVIDER QUICK POINTS PROVIDER INFORMATION



October 12, 2016

# **Information Available in Provider Press Publication**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) publishes an online Provider Press every quarter. The online newsletter contains medical and behavioral health policy updates, coding articles, various topics related to Quality Improvement and other helpful provider related topics. Issues are published in March, June, September, and December. Below are summaries of some of the Quality Improvement articles published in September's Provider Press online newsletter.

## **Better Care through Quality Improvement**

Every year, Blue Cross reviews the care delivered to our subscribers. This review determines the goals for the quality program. The program currently has many goals to improve health services. Making sure our subscribers receive preventive services and health screenings; making sure people with health problems, like heart disease, receive treatment; and improving the customer service experience are just a few of the goals in the program. More detailed information is available about Blue Cross' process and outcomes in meeting quality improvement goals related to subscriber care and service. You can see more information about our quality improvement program at **bluecrossmn.com**. Enter "quality improvement program" in the search field. If you are unable to access the website, please contact Lisa K at (651) 662-2775 to request information about the Quality Improvement Program.

### **Utilization Management (UM)**

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.

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, Blue Cross' Clinical Practice Quality Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines are not a substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts. Clinical Practice Guidelines are available in Chapter Three of the Blue Cross Provider Policy and Procedure Manual.

## **Pharmaceutical Management**

As part of our continued efforts to evaluate and update our formularies, Blue Cross works with our PBMs (Prime Therapeutics & Caremark) to evaluate drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Formulary updates are completed quarterly and posted online for review. These updates and additional information regarding pharmacy can be found at **providers.bluecrossmn.com**. Select "Tools and Resources," and then select "Learn more" under "Formularies and drug programs." The Federal Employee Program (FEP) pharmaceutical management information and all updates can be found by going to the **FEPblue.org** website, scrolling down to "Pharmacy Benefits" and selecting "Find Out More."

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Distribution: Mailed to providers and available on providers.bluecrossmn.com. <a href="https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications">https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications</a>

## **Upcoming Surveys - We Need Your Feedback**

As a participating network provider in the Blue Cross network, you provide quality care and service to our subscribers. We want to hear from you, our network, on your experience with different aspects of the health care system. Below is a list of surveys that either have or will be going out over the next few months. The survey participants are randomly selected so please keep an eye out for a mailed, telephone, or email survey. A strong response rate allows us an opportunity to properly analyze results thus identifying opportunities to improve your satisfaction with Blue Cross.

Survey Description	Survey Mode	In the Field
Access to Care - Studies the network's ability to provide timely	Telephone Calls	August - October 2016
appointment access for routine and follow-up care. This helps us		
identify if we have adequate network access to meet the needs of		
our subscribers.		
Utilization Management - Studies practitioners' satisfaction with	Email	August - September 2016
the utilization management policies and procedures, including the		
appeals process.		
Accuracy of Provider Directory - Measures the accuracy of	Fax	October - December 2016
practitioner and hospital information available to subscribers on our		
online provider directory.		
Coordination of Medical and/or Behavioral Care - Studies	Telephone Calls	October - November 2016
continuity and coordination of care between medical and behavioral		
healthcare providers.		

To find more information on these and other topics, access the Provider Press following these steps:

- 1. Go online to **providers.bluecrossmn.com**
- 2. On the right side under "What's Inside" click on Forms & Publications
- 3. In the dropdown box, select Provider Press

To request a mailed copy of the Provider Press Newsletter or for additional information on the article summaries provided above, please contact Lisa K, Accreditation Coordinator, at (651) 662-2775.

#### **Helpful phone numbers:**

- Provider Service, BLUELINE (voice response unit): 651-662-5200 or 1-800-262-0820
- BlueCard® subscriber 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

Please note that not all provider publications are mailed out to providers. The majority of our information is only posted to our website for providers to view.

### **Ouestions?**

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.