

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 15, 2016

Quality Improvement 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 (QI) and other helpful provider related topics. Issues are published in March, June, September, and December. Below are summaries of some of the QI articles published in the December Provider Press online newsletter.

Member Rights and Responsibilities

As a member, your patient is entitled to certain rights and services, but they also have a responsibility to participate in their health care. Blue Cross' Member Rights & Responsibilities can be found online at bluecrossmn.com by entering "member rights" in the search field.

Access & Availability

Blue Cross conducted an Access & Availability survey between August and November of 2016. The survey was a random selection of our top 20 medical specialties utilized by members and behavioral health care services. Blue Cross collected important information during this survey which will be used to identify improvement opportunities. As a contracted provider, Blue Cross would like to remind you that you are bound by the appointment accessibility requirements listed in the Provider Policy and Procedure Manual. This information is outlined below for you. You can access the full manual on our website.

Primary Care Providers:

- Provide preventive care appointments within 30 business days of the request.
- Provide routine primary care appointments within 7 business days of the request.
- Provide urgent appointments same day as the request.
- Provide or facilitate life-threatening-emergency care immediately.

Behavior Health Care Providers:

- Provide routine initial appointments within 10 business days of the request.
- Provide routine follow-up appointments within 10 business days of the initial appointment.
- Provide urgent appointments within 24 hours of the request.
- Provide non-life-threatening-emergency appointments within 6 hours of the request or refer the member to the ER.
- Provide or facilitate life-threatening-emergency care immediately.

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.

Condition/Disease Management Programs

Medical Management includes a process for Condition/Disease Management (C/DM). This program is intended to increase advocacy, support and education for our subscribers. C/DM is a multidisciplinary, continuum-based approach to health care delivery that proactively identifies populations who have or are at risk for chronic medical and behavioral health conditions. C/DM supports the practitioner-patient relationship and plan of care, emphasizes the prevention of exacerbation and complications using cost effective, evidence-based practice guidelines and patient empowerment strategies such as education and self-management.

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Distribution: Mailed to all par providers and also available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

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If you would like to determine program eligibility for one of your patients, please contact Provider Services at **(651) 662-5200 or 1-800-262-0820**. For instructions on how to use disease management services and how Blue Cross works with a practitioner's patients in the program, please refer to the Provider Policy and Procedure Manual which can be found online at **providers.bluecrossmn.com**, select "Forms & publications," then "manuals."

Pharmacy Management

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. For tools and resources regarding Pharmacy please visit our website at **bluecrossmn.com** and select "Shop Plans" and "Prescription Drugs." Tools include our formulary updates (by formulary list) and frequently asked questions.

Formulary updates are completed quarterly and posted online for review. These updates can be found at:

- **FlexRx** - https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNFLEXRX/MN_FlexRx_Formulary_Update.pdf
- **GenRx** - https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNGENRX/MNSM_Formulary_Update.pdf

A complete listing of all utilization management updates can be found at:

- **FlexRx** - https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNFLEXRX/MN_FlexRx_UM_Updates.pdf
- **GenRx** - https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSMN/COMMERCIAL/MNGENRX/MNSM_GenRx_UM_Updates.pdf

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual online go to **providers.bluecrossmn.com**, select "Forms & publications" then "manuals." Topics in the manual include, but are not limited to, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management information for the Federal Employee Program (FEP) members can be found on the **Fepblue.org** website. FEP members have Caremark as their Pharmacy Benefit Manager (PBM) and will have different formulary lists 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."

Some employer-based plans choose to carve out pharmacy benefits to another PBM. Practitioners should review the back of the member's identification (ID) card for information about the specific PBM for the patient.

Transitions of Adolescent Care to Adult Primary Care

If you know of members reaching adulthood or young adults looking to transition from a pediatrician to an adult primary care practitioner, we can help. Blue Cross Customer Service can help find adult primary care practitioners who can best serve the patient's medical needs. Customer Service can also assist pregnant adolescents in their transition from pediatrics to an adult primary care practitioner, OB/GYN, family practitioner or internist. For assistance in medical care transitions, please direct your patients to contact Blue Cross Customer Service at the phone number on the back of their member ID card.

Performance Improvement Project: Improve Antidepressant Medication Adherence by Indicating

Language Preference on Prescriptions

Depression is the most common mental health diagnosis in the United States. By 2020 depression is predicted to be the second leading cause of disability worldwide (Chong, Aslani & Chen, 2011). The use of antidepressant medication to treat depression is common, however, medication adherence remains a significant problem and is particularly low among certain ethnic and racial minority groups (Hallerman Price, 2013; Lanouette, Folsom, Sciolla & Jeste, 2009; Olfson et al., 2006). Limited English proficiency also contributes to lower medication adherence. Research at one clinic in Minneapolis, MN shows 54% of non-English speaking patients had medication adherence issues related to not understanding medication directions (Westberg SM, and Sorensen TD, 2003). Currently, pharmacies are required to provide consultative services in languages other than English but are not required to provide medication label information in other languages. Actions you can take to improve medication adherence among patients who prefer non-English languages include:

- Stating on prescriptions the preferred non-English language,
- Documenting a patient's preferred non-English language in the medical record,
- Offering translated versions of frequently used patient materials, and
- Advertising language accommodations in patient waiting areas and other locations frequented by patients.

Obtain your free copy of the **Provider Toolkit** (a resource of best practices for depression care, mental health resources for providers and patients, cultural competency, and shared decision making) at providers.bluecrossmn.com, select “Tools & resources” and click on “Learn More” under Reducing Racial & Ethnic Disparities in Depression Management. Information is also available on the Stratis Health web page at stratishealth.org/pip/antidepressant.html.

HEDIS Season Is Here

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 10 through May 10, 2017.

What is HEDIS: Healthcare Effectiveness Data and Information Set?

HEDIS is a government mandated set of measurements used to evaluate the health, and quality of service provided to our members.

Why is HEDIS important?

- Results provide comparative data that consumers can use to make choices as to what health plan and which provider(s) they will access to meet their healthcare needs.
- Reporting HEDIS results annually is a federal and state contractual requirement as well as a National Committee for Quality Assurance (NCQA) accreditation requirement.
- Many employer groups consider HEDIS scores when choosing a Health Plan to offer to their employees.

Blue Cross manages and staffs the Medical Record Review (MRR) project on an internal basis. The MRR project involves reviewing our member’s medical records either at the clinic site or remotely from our office. If a site has less than 20 records that need to be reviewed, or if the site prefers, the requested medical records can be sent by secure electronic FTP transfer, faxed, or mailed to the plan.

During on-site visits, the abstractor is required to attach relevant copies of the medical record to the review software to validate their findings. In lieu of making paper copies, we encourage you to allow the abstractor to upload electronic copies to their encrypted USB device.

Thank you for accommodating our abstractors as we complete the review of over 20,000 medical records throughout the state of Minnesota. Blue Cross is committed to providing accurate HEDIS results with the least amount of disruption to your clinic staff as possible.

For questions or concerns please contact Katie Sender, RN, Manager Healthcare Quality Improvement by email at katie.sender@bluecrossmn.com or by phone at **(651) 662-8111**.

Additional Information

To find more information on these QI articles 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

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
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.	

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