

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 7, 2017

Better Care Through Quality Improvement

Every year, Blue Cross and Blue Shield of Minnesota (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. Providers 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.

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.

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' Quality Management 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. The manual can be found online at providers.bluecrossmn.com, select "Forms & publications," then "manuals."

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.

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 Blue Cross Provider Policy and Procedure Manual which can be found online at providers.bluecrossmn.com, select "Forms & publications," then "manuals."

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Access & Availability

Blue Cross conducted an Access & Availability survey between April and May of 2017. The survey was a random selection of our top 6 medical specialties utilized by members and behavioral health care services. These top 6 specialties were broken into three groups High Volume (HV), High Impact (HI), and Behavioral Health (BH). High volume specialty care is defined as types of practitioners most likely to provide services to the largest segment of the membership and included OB/GYN and Orthopedics. High impact specialty care was defined as practitioner types that treat conditions that have high mortality and morbidity rates and included Cardiology and Oncology. Behavioral Health services were broken out as either prescribers which included psychiatrists and psychiatric nurse practitioners and non-prescribers, which included psychologists.

2017 was our second year conducting this survey. The results showed that many of the specialties met Blue Cross' goals and/or showed improvement from 2016 to 2017. However, it also showed that some specialties are still not meeting accessibility requirements and will require additional assessment and follow up. If you would like a copy of the summary of results, please contact Jamie Packard at Jamie.packard@bluecrossmn.com.

What does this mean for you? Blue Cross will use these results to identify improvement opportunities to enhance our network capabilities, such as continuing to provide and educate members about online appointment options and continue to improve and optimize internal processes. Blue Cross would however, like to remind you that as a contracted provider you are bound by the appointment accessibility requirements listed in the Blue Cross Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

Pharmacy Management

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. Product formulary and utilization management updates are completed quarterly and posted online for review. These updates can be found at providers.bluecrossmn.com, under "Tools and Resources". Choose the Prescription drug option. On the next page choose "Search a drug list" for formularies. You will then be given an opportunity to review the appropriate formularies for your members.

In 2018, additional information regarding Pharmacy is also located in the Blue Cross 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

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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 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 9 through May 9, 2018.

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.

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For questions or concerns please contact Heidi Nielsen, RN, BSN, MBA, Manager HEDIS & Health Measures Program by email at Heidi.Nielsen@bluecrossmn.com or by phone at **(651) 662-8909**.

Additional Information

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 a 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**
- Availability: **1-800-282-4548**

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

Questions?

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