Provider Press

Provider information

June 2018 / Vol. 23, No. 2

BlueCross BlueShield Minnesota

UPCOMING SURVEYS - **We Need Your Feedback. Your Opinion Matters to Us!**

As a participating provider in the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) networks, we rely on you to provide quality care and service to our members—your patients. We also need to hear from you, our partners, on your experience with different aspects of the health care system.

Your Provider Service Agreement requires your support and collaboration to maintain the best quality of care for the patients we both serve. NCQA standards are one of many ways that our partnership helps support this delivery of quality care and patient satisfaction. Blue Cross is asking its provider partners to assist in the important requirements of NCQA by cooperating with surveys, if you are randomly selected. By responding to these important surveys, you will directly impact the high value placed in the care you deliver to patients through your partnership with Blue Cross.

Below is a summary of surveys that are conducted annually. These surveys can come in a variety of formats, so please keep an eye out for a mailed, telephone, or email survey. A strong response rate provides us with a clearer picture of our network's experience and expectations, so we can more confidently identify opportunities to improve your satisfaction with Blue Cross.

Additionally, we ask that you notify your front-line staff about these surveys and support their cooperation. We have built these surveys for efficiency and the best use of your staff's time as to create only minimal interruption to your operations.

SURVEY PURPOSE	SURVEY MODE	EXPECTED IN THE FIELD
Access to Care - This survey studies your ability to provide timely appointment access based on provider specialty and member need (urgent, routine, new patient, or existing patient).	Telephone	Mar - May
After Hours Access - This survey studies your ability to either care for or direct members to appropriate care outside of normal business hours.	Telephone	Feb - Mar
Utilization Management - This survey studies practitioners' satisfaction with utilization management policies and procedures, including the appeals process.	Email	Aug - Sept
Accuracy of Provider Directory - This survey measures the accuracy of practitioner and hospital information available to members on our online or printed provider directories.	Fax	Sept - Dec
Coordination of Medical and/or Behavioral Care - This survey studies the frequency and effectiveness of continuity and coordination of care across different avenues of care.	Telephone	Oct - Nov

Questions?

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

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.

Inside preview

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from March to May 2018 that are available online at **providers.bluecrossmn.com**. As a reminder, Bulletins and Quick Points are only available on our website unless noted otherwise in the bottom left corner of the publication.

QUICK POINTS	TITLE
QP15-18	Updated Commercial Prior Authorization Lists
QP16-18	Pharmacy Benefit Update – Endari Exclusion
QP17-18	Pharmacy Benefit Update – Gocorni and Osmolex ER Exclusion
QP18-18	Medical Drug Exclusion Lists Expanded to Include Ixifi, Durolane, Visco 3 and TriVisc
QP19-18	Changes to Blue Cross Provider Website – One Medical Policy Library
QP20-18	Identification Numbers for Zenith American Solutions Funds
QP21-18	Availity Referral Portal Functionality Updates
QP22-18	Updated Government Programs PA List
QP23-18	Pharmacy Benefit Exclusion for Crysvita (burosumab)
QP24-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Multiple Sclerosis Agents
QP25-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Samsca (tolvaptan)
QP26-18	Predetermination Request Form for Commercial Lines of Business
QP27-18	Post Service Claims Appeals
QP28-18	Vision Benefits Available on Availity
QP29-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Keveyis (dichlorphenamide)
QP30-18	Subscriber Identification (ID) Cards
QP31-18	Pharmacy Benefit Update – New Drug-Related ST with QL: Metformin ER
QP32-18	Pharmacy Benefit Update – New Drug-Related PA for Carbaglu
QP33-18	Pharmacy Benefit Update – New Drug-Related PA for Strensiq
QP34-18	Pharmacy Benefit Update – New Drug-Related PA with QL: URAT1 Inhibitor
BULLETINS	**TITLE**
P2R1-18	Updated: New Medical Drug Prior Authorization Requirements for Voretigene Neparvovec (Luxturna)
P10-18	Blue Cross Will Cease Mailing Certain Provider Bulletins
P11-18	Minnesota Health Care Programs (MHCP) Reimbursement Rate for Vaccine Administration
P12-18	New Medical, Medical Drug and Behavioral Health Management updates for Commercial Lines of Business Effective June 4, 2018
P13-18	Commercial and FEP Business New Reimbursement Policy for Facility: Readmission
P14-18	Delay of Second Phase Transition with Magellan

(continued on next page)

FYI

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.

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P15-18	Pre-Admission Notification Requirement for Commercial Admissions
P16-18	New Availity Authorization Portal Available to Create, Submit and Inquire on Utilization Management Authorization Requests
P17-18	New Medical, Medical Drug and Behavioral Health Management Updates for Commercial Lines of Business Effective July 2, 2018
P18-18	2018 Renewal Changes Summary for Aware Professional Providers
P19R2-18	Update: New Remittance Code OA-45/N801 for Purchased Referred Care (PRC) – Eligible Subscribers
P20-18	2018 Renewal Changes Summary for Blue Plus Referral Health Professional Providers
P21-18	eviCore Healthcare Specialty Utilization Management for Fully Insured Commercial Subscribers
P22-18	2018 Renewal Changes Summary for Suppliers of Durable Medical Equipment (DME)

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from March to May 2018. 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 Termination of Provider Service Agreements
Provider Policy and Procedure Manual: Chapter 3, Quality Improvement	Content change to Clinical Practice Guidelines
Blue Plus Manual, Chapter 3, Government Programs	Content change to Interpretation Services
Provider Policy and Procedure Manual: Chapter 11: Coding Policies and Guidelines	Content from all Sub-sections except Medical Services, Pharmacy Services and Public Programs have been moved to a Reimbursement Policy on the Blue Cross Website.

2018 HOLIDAY SCHEDULE

Provider services will be closed on the following days in 2018:

Wednesday, July 4

Monday, September 3

Thursday, November 22

Friday, November 23

Monday, December 24

Tuesday, December 25

Except for the dates stated above, representatives answering the provider services numbers are available to assist you 7 a.m. to 6 p.m. Monday through Friday.

FYI

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota (Blue Cross) has continually collaborated with providers in an effort to ensure accurate information is provided in all provider directories.

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 notifying all providers to submit a form to us when any of the following changes occur:

- 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: 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**.

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**
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

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

IDENTIFIED CLAIMS PROCESSING ISSUES GRID

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) began migrating to a new operating system on November 1, 2015, and continues to migrate lines of business to this new system. As a result of moving to a new operating system, Blue Cross has identified a number of claims processing issues and is working to resolve them.

To alert providers to these identified issues, and to decrease providers' administrative burden of calling Provider Services or submitting appeals for these known issues, Blue Cross has published a grid of high impact identified issues on the Blue Cross provider website at **providers.bluecrossmn.com**. This grid is updated around the first and the fifthteenth day of each month and if there are significant changes, the grid is also updated the middle of the month.

A link to the grid is located on the Operating Model Transition page:

1. Go to **providers.bluecrossmn.com**
2. Under "Tools and Resources", click "Operating System Transition"
3. A link to the grid will be provided under the heading "Identified Claims Processing Issues"

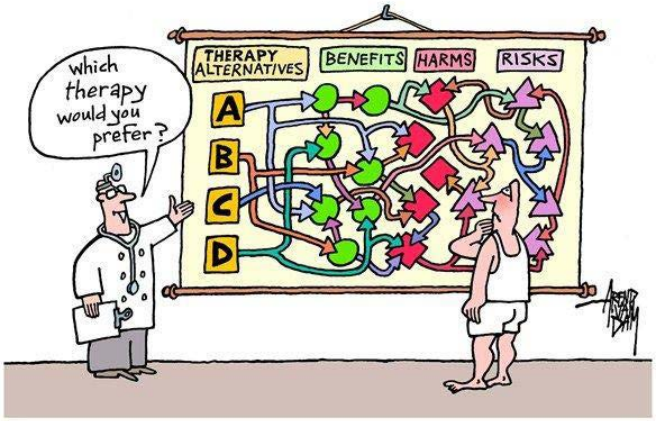
The grid provides:

- An issue ID
- A description of the issue
- A resolution status
- The issue start date
- The date edits were corrected in the system (the process date when claims should be processing correctly)
- Whether Blue Cross will reprocess claims automatically (recovery process)
- The date when reprocessing begins
- The date when reprocessing is complete

If a provider has attributed a claim denial or underpayment to an issue listed in the grid, but the claim isn't reprocessed by Blue Cross via the recovery process, appeals will be accepted for review for 90 days after the "Reprocessing Complete Date." The Issue ID and description must be included on the appeals cover sheet to prevent the appeal from being rejected for untimely submission.

HEALTH LITERACY AND INFORMED CONSENT

As health care providers we need to speak more clearly so we can help our patients understand the nature and seriousness of a certain action (procedure, test, etc.) so they can make an informed decision about how to deal with the risks involved. CMS's Conditions of Participation (tag C-0320) says this about consent: "Informed consent requires that a patient have a full understanding of that to which he or she has consented. An authorization from a patient who does not understand what he/she is consenting to is not informed consent."



informed consent

Health literacy refers to one's ability to find, know, and use health information to make daily choices that impact one's health. In one of the largest studies conducted on health literacy, researchers using patients from two public hospitals found that 60% of the patients did not understand a standard informed consent form.

The typical informed consent document has an average 10th–12th grade reading level. But the average reading level of adults in the U.S. falls between the 6th & 7th grade, depending on the study.

The main purpose of informed consent is to help the doctor give a patient the information they need to make an informed choice about whether to get a medical procedure or take part in a clinical trial.

Ways to Improve Your Informed Consent Process and be More Patient-Centered

Answer patients most pressing questions first, such as:

- How long will the procedure last?
- What will I be expected to do?
- What are the chances this treatment will help me get better?
- What happens if something goes wrong?
- Who do I call if I have more questions?

Replace jargon with words that are more familiar: (see chart on next page)

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[1] Ctr. for Medicare & Medicaid Serv., State Operations Manual, Appendix W, at C-0320 (2015).

[2] Informed Consent comic, www.cagle.com, (2012 Oct 3).

HEALTH LITERACY AND INFORMED CONSENT

Replace jargon with words that are more familiar:

Jargon	Familiar Or Common Word (Plain Language)
Risk	Chances
Complications	Health problems that may happen later
Frequency	How often
Sedated	Given medicine to make you calm or sleepy
Clinical assessment	Physical exam, health exam
Physician	Doctor
Participate	Be part of, take part in, join
Inflammation	Swelling

Define Key Terms:

Key Term	Definition
Colonoscopy	A test where doctors thread a thin tube with a small camera through your rectum to look at your large intestine
Consent	Agree to have, agree to be part of
Polypectomy	A test where doctors remove one or more polyps (pieces of tissue) from your large intestine
Oxygen monitor	A device that measures the level of oxygen in your blood
Biopsy	A test where doctors take a piece of your tissue to look at under a microscope
Benefits	Ways a procedure or medicine might help you

To learn more about ways you can improve your informed consent process please view the webinar, Re-imaging Informed Consent in the Age of Health Literacy presented by Professor Chris Trudeau, JD from the University of Arkansas Center for Health Literacy. Recorded webinar Presentation slides

QUALITY IMPROVEMENT

IMPROVING CONTINUITY AND COORDINATION OF CARE

Serious problems can occur for patients undergoing transitions across sites of care. The problems can affect the quality of care received and the effectiveness of health care services and treatment regimens.

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 health care 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).

We Need New Collaborative Solutions!

Though electronic health records (EHRs) are helping to eliminate disconnects and discrepancies in patient records, 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. Bill Klco in his article *Connecting Clinicians to Patients* originally published on the Jive Software site on May 3, 2017 identified a glaring gap with EHR systems.

"They [EHRs] capture records of clinical decisions that were made, but they're missing a lot of the essential context around those decisions – the conversations and communications that are such an important piece of the process. Decisions made by different care teams can conflict, and without robust information on why decisions were made, physicians can be left guessing. What's really needed is a digital collaboration platform where all stakeholders can come together to share information, make care decisions, track progress and make adjustments as necessary."

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.

QUALITY IMPROVEMENT

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__more/

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 IMPROVEMENT

ANOTHER HEDIS® SEASON WRAP-UP

The Quality Department at Blue Cross and Blue Shield of Minnesota would like to recognize our providers for their partnership as we close out another successful HEDIS season. We would like to give a very big "Thank You" to providers for help with pulling medical records, assistance locating information, accommodating our onsite abstractors, and many other tasks required to make the HEDIS season a success! This year our project kicked off in late January and wrapped up in early May. During this time, we audited over 21,000 records, which were received from nearly 600 different provider groups. Records were received through electronic medical record (EMR) links, secure file transfer process (SFTP), onsite retrieval, fax, and mail.

HEDIS scores provide a consistent way to track health care practices and outcomes, both regionally and nationally, and provide consumers valuable information about provider and health plan practices. Blue Cross and Blue Shield also tracks HEDIS rates to help guide member outreach and quality improvement activities.

We appreciate your continued partnership on this important project. We are continually striving to improve this process, both for our staff and for providers. If you have suggestions for improvement or are interested in talking to us about a different way to coordinate medical record retrieval, please contact our HEDIS project manager, Crystal Swarbrick at **(651) 662-3922**.

QUALITY IMPROVEMENT

QUALITY OF CARE COMPLAINT REPORT

Article Five of the Blue Plus provider contract 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
- 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

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. 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.

PHARMACY SECTION

PHARMACY UPDATES FOR QUARTER 2, 2018

Pharmacy Drug Formulary Update

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.

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE

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 include new and changes to existing Prior Authorizations (PA), Step Therapy (ST), and Quantity Limits (QL).

New Utilization Management Program, Effective 1/15/18

BRAND NAME (generic name - if available)	UM Program		
HEMLIBRA	PA		

New Utilization Management Programs, Effective 2/1/18

BRAND NAME (generic name - if available)	UM Program		
BONJESTA	PA	QL	
DICLEGIS	PA	QL	
MOVANTIK	PA		
RELISTOR	PA		
SYMPROIC	PA		

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Utilization Management Programs, Effective 4/1/18

BRAND NAME (generic name - if available)	UM Program		
BEPREVE			ST
BETHKIS	PA		
CAYSTON	PA		
ELESTAT			ST
EMADINE			ST
INGREZZA 80 mg	PA	QL	
KITABIS PAK	PA		
LASTACAFT			ST
PATADAY (olapatadine)			ST*
PATANOL (olapatadine)			ST*
PAZEO			ST
TOBI (tobramycin inhalation solution)	PA		
TOBI PODHALER	PA		

Changes to Existing Utilization Management Programs, Effective 4/1/18

BRAND NAME (generic name - if available)	UM Program		
ADZENYS ER		QL	
BOSULIF 400 mg	PA	QL	
BYDUREON BCISE			ST
CALQUENCE	PA	QL	
ENBREL MINI	PA	QL	
INGREZZA 60 mg	PA	QL	
JULUCA		QL	
OZEMPIC			ST
QTERN		QL	
QVAR REDIHALER		QL	
SANCUSO		QL	
TRACLEER 32 mg	PA	QL	
VYZULTA		QL	
XHANCE		QL	
XIMINO	PA		
ZUBSOLV 2.9/0.71 mg, 11.4 mg/2.9 mg		QL	

Key for all the above tables:
PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy
**Generic available-the generic is not subject to Step Therapy*

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective May 1, 2018

- Ingrezza (valbenazine) Prior Authorization Program will be retired and Ingrezza will become a target in the VMAT-2 (Vesicular Monoamine Transporter 2) Prior Authorization with Quantity Limit Program.

Effective June 1, 2018

- Multiple Sclerosis Prior Authorization Program will be implemented for Medicaid. Quantity limits to the Multiple Sclerosis agents will continue to apply.

Effective July 1, 2018

- Carbaglu (carglumic acid) Prior Authorization Program will be implemented for Commercial and Medicaid.
- Glucagon-Like Peptide-1 (GLP-1) Agonists Quantity Limit Program will be implemented for Commercial lines of business. Step therapy will continue to apply to the GLP-1 agonist products.
- Keveyis (dichlorphenamide) Prior Authorization with Quantity Limit Program will be implemented for Commercial lines of business.
- Keveyis (dichlorphenamide) Quantity Limit Program will be implemented for Medicaid.
- Lyrica CR (pregabalin extended-release) Prior Authorization with Quantity Limit Program will be implemented for Commercial lines of business.
- Metformin Extended-Release (ER) Step Therapy with Quantity Limit Program will be implemented for Commercial lines of business.
- Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor) Prior Authorization with Quantity Limit Program will be renamed to Cystic Fibrosis Transmembrane Conductance Regular (CFTR) Prior Authorization with Quantity Limit Program and will include the addition of Symdeko as a target in the program.
- Oxycodone Extended-Release (ER) Step Therapy Program will transition to an Opioids ER Prior Authorization Program for Commercial lines of business. Subscribers that are currently on an extended-release opioid as of July 1, 2018 will be allowed continuation of therapy for the same product. Quantity limits will continue to apply for all extended-release opioid products.
- Samsca (tolvaptan) Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Selective Serotonin Inverse Agonist (SSIA) Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Strensiq (asfotase alfa) Prior Authorization Program will be implemented for Commercial lines of business.
- Uric Acid Transporter 1 (URAT 1) Inhibitor Prior Authorization with Quantity Limit Program will be implemented for Commercial lines of business.

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

- Triptan Step Therapy Program will be implemented for Commercial lines of business. Subscribers who are currently on a targeted brand triptan product as of July 1, 2018 will be allowed continuation of therapy for the same agent. Quantity limits will continue to apply.
- Xermelo (telotristat) Prior Authorization with Quantity Limit Program will be implemented for Commercial lines of business.

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/

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 EXCLUSION

Due to their route of administration and/or clinician required administration, the following drugs are no longer 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	Medical Prior Authorization Required	Pharmacy Benefit Exclusion Effective Date
FASENRA (benralizumab) SUBCUTANEOUS INJECTION	To be determined	3/01/2018
PARSABIV (etelcalcetide) INTRAVENOUS SOLUTION	To be determined	3/01/2018
CRYSVITA (burosumab) SOLUTION FOR INJECTION	To be determined	4/17/2018
RYPLAZIM (plasminogen) FOR INTRAVENOUS INFUSION	To be determined	Upon launch; The anticipated launch date is April 18, 2018

OTHER PHARMACY BENEFIT UPDATES

- **Exclusion of Endari (L-glutamine)**
  Effective April 1, 2018,
  Endari will no longer be covered under the pharmacy benefit plan for the

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PHARMACY SECTION

commercial lines of business. L-glutamine is available as an over-the-counter (OTC) nutritional supplement. Subscribers that choose continued use of Endari will pay the full cost of the prescription.

- **Exclusion of Gocovri (amantadine extended-release) and Osmolex ER (amantadine extended-release)**

  Effective April 1, 2018, Gocovri and Osmolex ER will no longer be covered under the pharmacy benefit for the commercial lines of business. Subscribers must use a medication alternative, such as amantadine immediate-release that is covered under the pharmacy benefit plan or pay full price for continue use of their current medication.

- **Gaps in Care: Medication Therapy and Driving to Adherence**
  Blue Cross is focused on improving its subscribers' health and medication adherence is an important determent in driving positive health outcomes. To achieve this, Blue Cross is promoting subscriber engagement programs that seek to identify gaps in care and provide opportunities for improvement with medication adherence. Specifically, Blue Cross is addressing gaps in care with medication therapy for the drug categories of cholesterol, high blood pressure, and diabetes. As an example of new programing, Blue Cross is working with Prime Therapeutics to implement programs that include telephone, mail, and pharmacist outreach to encourage medication adherence and discuss and address any barriers that result in subscribers not taking their medication as prescribed. Blue Cross is also partnering with retail pharmacies to conduct medication adherence educational campaigns and promote pharmacist engagement with subscribers with gaps in medication therapy. Blue Cross encourages all providers to discuss the importance and benefit of medication adherence with their patients and to help their patients make informed decisions and encourage action to improve medication adherence.

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.

(continued on next page)

PHARMACY SECTION

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.

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 April 16, 2018 Notification Posted: March 2, 2018

Policies developed

- Amniotic Membrane and Amniotic Fluid, IV-145
- Aqueous Shunts and Stents for Glaucoma, IV-146

Policies revised

- Whole Exome and Whole Genome Sequencing for Diagnosis of Patients with Suspected Genetic Disorders, VI-54
- Gene Expression Profiling for the Management of Breast Cancer Treatment, VI-10
- Hematopoietic Stem-Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors and Ependymoma, II-130

Policies inactivated

- None

Policies Effective June 4, 2018 Notification Posted: April 2, 2018

Policies developed

- Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis, IV-01
- Catheter Ablation as Treatment for Atrial Fibrillation, II-95
- Catheter Ablation for Cardiac Arrhythmias Other than Atrial Fibrillation, II-193
- Closure Devices for Patent Foramen Ovale and Atrial Septal Defects, IV-143
- Cognitive Rehabilitation, III-03
- Endothelial Keratoplasty, IV-150
- Extracorporeal Photopheresis, II-194
- Gastric Electrical Stimulation, IV-28
- Nerve Graft with Prostatectomy, IV-147
- Plasma Exchange, II-192
- Prostatic Urethral Lift, IV-148
- Sphenopalatine Ganglion Nerve Block, II-195
- Synthetic Cartilage Implants, IV-153
- Transcatheter Aortic Valve Implantation/Replacement (TAVR/TAVR) for Aortic Stenosis, IV-149
- Viscocanalostomy and Canaloplasty for the Treatment of Glaucoma, IV-144

Policies revised

- None

Policies inactivated

- None

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies reviewed with no changes in February or March 2018:

- Autism Spectrum Disorders: Assessment, X-43
- Automated Point-of-Care Nerve Conduction Tests, VII-12
- Bone Growth Stimulators, II-104
- Continuous Glucose Monitoring Systems, VII-05
- Cooling/Heating Devices Used in the Outpatient Setting, VII-14
- Cryoablation of Solid Tumors, IV-05
- Dynamic Spine Stabilization, IV-52
- Eteplirsen, II-172
- Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair, II-11
- Gene Expression Testing for Cancers of Unknown Primary, VI-38
- Genetic Testing for FMR1 Mutations (Including Fragile X Syndrome), VI-44
- Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults, II-123
- Hematopoietic Stem-Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
- In Vitro Chemoresistance and Chemosensitivity Assays, VI-30
- Intra-Articular Hyaluronan Injections for Osteoarthritis, II-29
- Knee Arthroplasty (Knee Replacement), IV-122
- Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids, II-98
- Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09
- Lysis of Epidural Adhesions, IV-47
- Magnetic Resonance Imaging (MRI) of the Breast, V-07
- Microwave Ablation of Solid Tumors, IV-04
- Neurofeedback, X-29
- Occipital Nerve Stimulation, II-140
- Photodynamic Therapy for Skin Conditions, II-46
- Rhinoplasty, IV-73
- Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging, V-06
- Sleep Disorder Testing in Adults, II-106
- Transcatheter Uterine Artery Embolization, V-10
- Ventricular Assist Devices and Total Artificial Hearts, IV-86
- Vestibular Evoked Myogenic Potential (VEMP) Testing, II-167

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.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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.

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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