

Provider Press

Provider information

September, 2018 / Vol. 23, No. 3



MEDICARE STARS GAPS IN CARE INITIATIVE

Blue Cross and Blue Shield of Minnesota (Blue Cross) is committed to offering choice, access and convenience to members who have an open gap in care for preventive screenings. Beginning in September, we'll be offering the following members the opportunity to do a colorectal cancer screening and/or diabetes kidney screening in the comfort of their own home:

- Platinum Blue Cost Plan members
- SecureBlue (MSHO) members
- Medicare Advantage members (MADP)

Our independent partner, Home Access, will be sending the test kits to the identified members. Members will have the opportunity to opt-out of the program if they are not interested or feel that they are not medically appropriate for the screenings.

We know members are more likely to complete preventive screenings when their primary care provider asks them to, either under a doctor's care or through other opportunities such as getting an immunization from a local pharmacist or following through with an offer for such care from their health plan. We appreciate the encouragement you provide to your patients/our members to actively participate in staying healthy and completing preventive screens. Thank you for your support.

If you have questions, comments or feedback email ProviderStars@bluecrossmn.com.

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 <https://www.bluecrossmn.com/>. Enter "[quality improvement program](#)" in the search field.

If you are unable to access the website, please contact Lisa K., Accreditation Coordinator, at (651) 662-2775. Please note: The Accreditation Coordinator does not have access to member records. She is only able to assist with sending requested copies. For any specific questions, please contact Customer Service at the number on the back of your patient's Member ID card.

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.

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FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from June to August 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
QP39-18	Provider Cost Data Update
QP40-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization with Quantity Limit Criteria: Selective Serotonin Inverse Agonist
QP41-18	Addition of Drugs to the Self-Administered Oncology Prior Authorization with Quantity Limit Program
QP42-18	Addition of Drug to the Cystic Fibrosis Transmembrane Conductance Regulator Prior Authorization with Quantity Limit Program
QP43-18	Addition of Drugs to the Oral Immunotherapy Prior Authorization with Quantity Limit Program
QP44-18	Pharmacy Benefit Update - New Drug-Related Prior Authorization with Quantity Limit Criteria: Lyrica CR
QP45-18	Pharmacy Benefit Update - New Drug-Related Prior Authorization with Quantity Limit Criteria: Xermelo
QP46-18	Change to Call Center for Transportation for MHCP Members
QP47-18	Pharmacy Benefit Update - New Drug-Related Prior Authorization with Quantity Limit Criteria: Opioids Extended Release
QP48-18	Referral Create, Inquiry and Update Functions Available on Availity
QP49-18	Pharmacy Benefit Update - New Drug-Related Prior Authorization with Quantity Limit Criteria: Triptans
QP50-18	New Behavioral Health Request Forms Posted Online
QP51-18	Addition of Drugs to the Metformin Extended Release Step Therapy with Quantity Limit Program
QP52-18	EviCore Webinar Orientation Sessions
QP53-18	Medical Drug Policy Criteria Expanded for Stelara and Simponi
QP54-18	Medical Drug Exclusion Lists Expanded to Include Synjoynt
QP55-18	New Drug – Epidiolex (cannabidiol) will Require Prior Authorizations
QP56-18	Availity Authorization Portal Update
QP57-18	New Drug-Related PA with QL Criteria: Hereditary Angioedema
QP58-18	Pharmacy Benefit Exclusion for Cytovene, Foscavir, Prevymis, Trogarzo, Vistide, Zovirax
QP59-18	eviCore Prior Authorization Reminder
QP60-18	Update; Change to Call Center for Transportation for MHCP Members
QP61-18	Availity Authorization Training with live Demo
QP62-18	2018 Fall Blue Cross Basic Seminars to Include Availity Portal Training
QP63-18	Action Required: Apply for Designation as a Blue Distinction Center for Knee and Hip Replacement
QP64-18	Action Required: Apply for Designation as a Blue Distinction Center for Spine Surgery

(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)

QUICK POINTS	TITLE
QP65-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization with Quantity Limit Criteria: Jynarque (tolvaptan)
QP66-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization with Quantity Limit Criteria: Noctiva (desmopressin acetate)
QP67-18	Pharmacy Benefit Exclusion for Alferon N, Cytovene, Foscovir, Prevymis, Trogarzo, Vistide and Zovirax
QP68-18	Site of Care Drug Infusion/Injection Program
QP69-18	Universal Pharmacy Policy for MHCP Subscribers – Morphine Equivalent Dose Limit Update
QP70-18	Pharmacy Benefit Exclusion for Alferon N (interferon alpha-n3) and Lanoxin (digoxin) Injection for MHCP Subscribers
QP71-18	Pharmacy Benefit Update – New Drug-Related Step Therapy Program with Quantity Limit Criteria: Sodium-Glucose CO-Transporter 2 (SGLT-2) Inhibitors
QP72-18	Pharmacy Benefit Update – New Drug-Related Step Therapy Program with Quantity Limit Criteria: Dipeptidyl Peptidase -4 (DDP-4) Inhibitors
QP73-18	Taft Hartley Third Party Administrators and remote Processing Claims Delays
QP74-18	Pharmacy Benefit Update – New Drug-Related Prior Authorization Criteria: Elmiron (pentosane polysulfate sodium)

BULLETINS	TITLE
P23-18	Clinical Reviews for Court-Ordered Substance Use Disorder Treatment
P24-18	New Medical, Medical Drug and Behavioral Health Policy Updates for Commercial Lines of Business Effective August 6, 2018
P25-18	EviCore Healthcare Specialty Utilization Management
P26-18	New Commercial Pre-Authorization Requirements for Partial Hospitalization
P27-18	New Site of Care Drug Management Program for Infused and Injectable Drugs Administered by a Health Care Provider
P28-18	Change to Administration of Interpreter Services for MHCP Subscribers
P29-18	Minnesota Senior Health Options (MSHO) Model of Care Training Requirements
P30-18	New Fully Insured Commercial Medication Therapy Management Program
P31-18	New Medical, Medical Drug and Behavioral Health Policy Updates for Commercial Lines of Business Effective September 3, 2018
P32-18	New Requirements for Medicare and Medicaid Providers
P33-18	Blue Cross Contracts with SecureCare to Manage the Physical Therapy Network
P34-18	Clarification to MAPD PA Requirements for Hereditary Angioedema (HAE) Medical Drugs
P35-18	Update: Change to TPA Business

2018 HOLIDAY SCHEDULE

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

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**.

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from June to August 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	Requirements for Minnesota Law/Price Disclosure was updated.
Blue Plus Manual, Chapter 3, Government Programs	Care Coordination for Community Members SecureBlue (MSHO) AND Blue Advantage MSC+ were combined into one document.

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 fifteenth 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

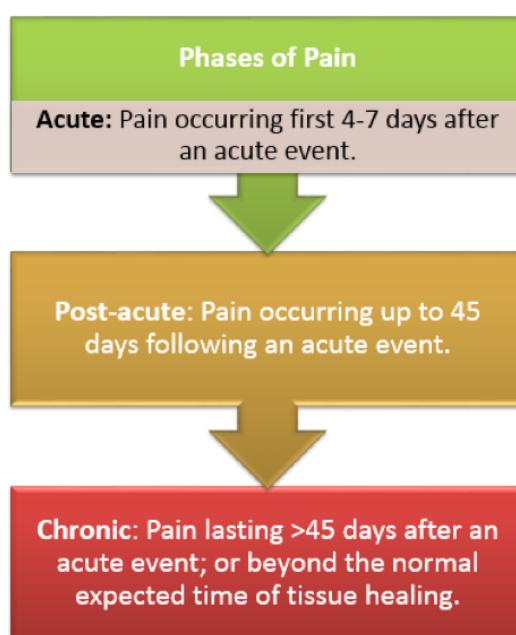
If a provider has attributed a claim denial or underpayment to an issue listed in the grid, but the claim isn't reprocessed by Blue Cross via the recovery process, appeals will be accepted for review for 90 days after the "Reprocessing Complete Date." The Issue ID and description must be included on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

QUALITY IMPROVEMENT

REDUCING CHRONIC OPIOID USE – A QUALITY IMPROVEMENT PROJECT

Blue Cross is a proud member of the MN Health Collaborative working to reduce the rate of chronic opioid use among the State Public Programs population in Minnesota. The health plans participating in this project are Blue Cross, HealthPartners, Hennepin Health, Medica, PrimeWest Health System, South Country Health Alliance, and UCare.

Minnesota Department of Human Services has identified 45 days of opioid use as a critical timeline for patients prescribed opioids, as continued use beyond 45 days can result in long-term/chronic use or addiction. This project, begun in 2018, will work to decrease the number of PMAP, MNCare, SNBC, MSHO, and MSC+ members who reach that 45-day threshold by providing clinician, member, and community education and resources to understand best practice in opioid prescribing, potential alternative therapies, and safe disposal options.



Visit stratishealth.org/pip/opioids to access resources such as:

- **Provider Toolkit:** Resources include MME calculators, BH assessments, patient education on pain and opioid prescriptions, clinical guidance on opioid prescription practices and nonpharmacologic and non-opioid pharmacotherapy alternatives.
- **Alternative Pain Management Therapies – Minnesota Medicaid Benefit Coverage:** This grid may assist clinicians in determining therapy options that may be covered, and therapy options not covered by Medicaid in Minnesota.
- **Webinars:** Invitations for upcoming webinars and videos of past presentations covering the various principles of opioid prescribing and alternative pain management therapies.

Blue Cross is working to ensure that our members are not inadvertently put at risk of misuse by closely monitoring prescription opioid trends, strengthening controls at the time of opioid prescriptions, and encouraging healthcare providers to promote a range of safe and effective pain treatments, including alternatives to opioids. We are also working on communications with members to explain the risks of prescription opioids and how to safely dispose of them, so they are not misused by others. **These are just some of the ways we are looking to protect and care for people in Minnesota.**

QUALITY IMPROVEMENT

COORDINATION OF CARE – A PATIENT’S JOURNEY

Keeping care coordinated across multiple care providers can be challenging for all parties involved. To patients, coordinated care seems more an exception than a rule. Patients who have experienced coordination of care elicited greater trust in their providers and supported increased patient engagement in the care process.

Patient experience measures provide some insight into how our members feel their care is coordinated across specialties and care settings.

The Annals of Family Medicine published a study on Patient-Reported Care Coordination: Associations with Primary Care Continuity and Specialty Care Use¹. The study used a patient questionnaire sent to 4,658 elderly patients with qualifying chronic conditions, 3,224 (69%) of whom returned questionnaires. *A positive association was observed between primary care continuity and patient-reported care coordination among study respondents with 3 or more primary visits and low levels of outpatient specialty care use*, but not among respondents defined as high users of specialty care. The researchers acknowledged that though high specialist care use may be a proxy for clinical complexity—which inherently presents challenges to effective primary care delivery—visits to specialists add further complexity to care delivery processes, creating additional opportunities for gaps in coordinated care.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to report on and evaluate their experiences with health care. Each year Blue Cross members are asked a series of questions including, “*In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?*” The intent of this question is to measure members’ experience with coordination of care. Our CAHPS 2018 results indicate an average performance in the 50th percentile using the NCQA quality compass benchmark.

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), and
- Shared decision making (engaging patients in discussions of treatment options).

As the study and evolution of care coordination progresses, Blue Cross encourages our provider network to collaborate with us to develop best practices in transitions of care to help keep Minnesotans healthy.

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QUALITY IMPROVEMENT

COORDINATION OF CARE – A PATIENT’S JOURNEY (continued)



We know technology can help patients and providers stay connected with each other, allowing providers to continue exchanging information across the care continuum while keeping the patient at the center of care, but not responsible for all aspects of continuity and coordination of their care. *How is your organization leveraging different technologies to improve the patient experience and promote coordination of care? What solutions have you found to be most effective?*

The Center for Healthcare Research & Transformation (CHRT) found six program elements described as best practices in the academic literature reviewed. CHRT reports these best practices create a strong foundation for high-quality, cost-saving care transitions and have potential for the greatest impact on high-risk patients, especially those with modifiable risks like diabetes and obesity.

The program elements are:

- Comprehensive discharge planning
- Complete and timely communication of information
- Medication reconciliation
- Patient/Caregiver education using the “teach back” method
- Open communication between providers
- Prompt follow-up visit with an outpatient provider after discharge

To learn more about the individual components included in each of the best practice elements listed above and successful programs, check out CHRTS’s full report titled:

[Care Transitions: Best Practices and Evidence-based Programs.](#)

¹David T. Liss, MA; Jessica Chubak, PhD; Melissa L. Anderson, MS; Kathleen W. Saunders, JD; Leah Tuzzio, MPH; and Robert J. Reid, MD, PhD July/August 2011. *A study of patient reported care coordination: associations with primary care continuity and specialty care use.* Annals of Family Medicine, annfamned.org, Vol 9, No 4.

FYI

MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE TRAINING REQUIREMENTS

Note: Also published on July 2, 2018, Provider Bulletin P29-18

What is the Special Needs Plan-Model of Care (SNP-MOC)?

SecureBluesm is Blue Plus' Minnesota Senior Health Options (MSHO) plan, a Fully Integrated Dual Eligible Special Needs Plan (SNP) in which Medicare and Medicaid benefits and services are integrated into one benefit package. The SecureBlue Model of Care (SNP-MOC) is the Blue Plus plan for delivering coordinated care to SecureBlue members. The Centers for Medicare & Medicaid Services (CMS) requires all Special Needs Plans to have a MOC. The SNP-MOC documents the staff, systems, procedures, and improvement activities Blue Plus utilizes to simplify access to healthcare and reduce fragmentation of care delivery for SecureBlue members. The SNP-MOC ensures that Blue Plus, in partnership with its contracted providers and care coordination delegates, meets the unique needs of the frail and vulnerable SecureBlue population.

Who is required to complete SNP-MOC training?

CMS requires all providers and appropriate staff to complete Model of Care training upon initial employment and annually thereafter. Providers and appropriate staff required to complete the training include anyone who may participate in a SecureBlue member's Interdisciplinary Care Team, be responsible for implementation of the member's Collaborative Care Plan or manage planned or unplanned transitions of care.

At a minimum, the Interdisciplinary Care Team includes the member and/or their authorized caregiver, the Care Coordinator, and the Primary Care Physician. Based on the member's clinical and social needs, the Interdisciplinary Care Team may also include specialists, physician assistants, a psychiatrist or other behavioral health specialists, physical therapists, community health workers, nurses, local or social service case managers, and Blue Plus Health Coaches. CMS does not provide a definition for "routine basis." You should ensure that all providers and staff who are delivering care that is part of the patient's treatment plan are completing this training. The Collaborative Care Plan addresses the member's medical, functional, cognitive, psychosocial, and mental health needs identified in the Minnesota Long Term Care Consultation health risk assessment tool.

How to Complete SNP-MOC Training

Blue Plus has made this training available in a brief and easy to understand presentation in order to help providers meet this requirement in the most efficient manner possible. The SecureBlue SNP-MOC training is available online as a PowerPoint presentation at: <https://carecoordination.bluecrossmn.com/training/>.

As described in the Blue Plus Manual, providers must document and maintain MOC training completion records and provide such records to Blue Plus upon request to validate that the training has been completed. At a minimum, your training completion record must include the provider's or staff person's name, their department or title, and the date the training was completed. (continued on next page)

FYI

MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE TRAINING REQUIREMENTS (continued)

Compliance with SNP-MOC Training Requirements

Blue Plus is committed to maintaining strong, collaborative partnerships with our providers to ensure they have easy access to the information and tools necessary to provide the highest quality, evidence-based care. We therefore work with our provider partners to validate that mandated and regulated activities such as Model of Care Training occur and assist providers in identifying and overcoming any barriers to training completion. Your Blue Plus Provider Service Agreement reflects these commitments. Because compliance is critical, if a provider fails to complete the CMS required training and remains noncompliant, they may be required to develop a Corrective Action Plan or be subject to other remediation activities.

Questions?

We are here to assist you in overcoming any barriers to training completion. If you have questions or require assistance, please send an email to medicare.compliance.training@bluecrossmn.com.

FYI

LEARNING ENVIRONMENT FOR RISK ADJUSTMENT AND VALUE BASED TOPICS

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) developed a new learning environment for trending topics such as:

- Risk Adjustment
- Medicare Access and Chip Reauthorization Act (MACRA)
- Medicare Star Ratings

The Blue Cross Learning Center is an engaging and learning-rich environment that can be accessed at your convenience through a secure website.

- Our learning center currently offers education and resources in the areas of Risk Adjustment Coding and MACRA - with free CEU opportunities for coders.
- Future educational offerings will include content on Medicare Star Ratings.

Check out these free on-demand courses available to you now:

- **Introduction to Risk Adjustment** - Gain knowledge in Risk Adjustment principles and guidelines including coding and documentation requirements.
- **Value-Based World – MACRA 2018 Update** – Learn about the 2018 updates for moving from fee-for-service to value-based reimbursement.

Log in Now! <https://bcbsmn.availabilitylearningcenter.com>

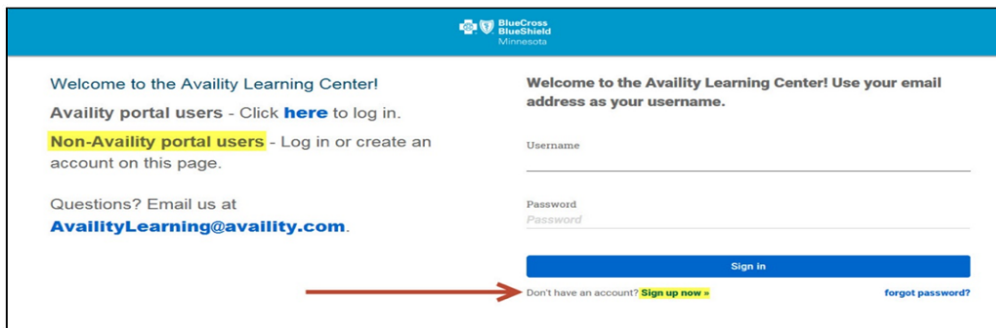
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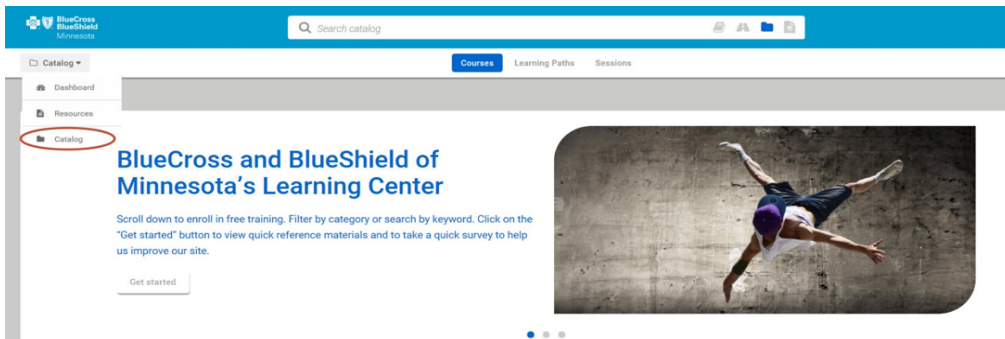
LEARNING ENVIRONMENT FOR RISK ADJUSTMENT AND VALUE BASED TOPICS (continued)

Non-Availity portal users: Click **“Sign up now”**

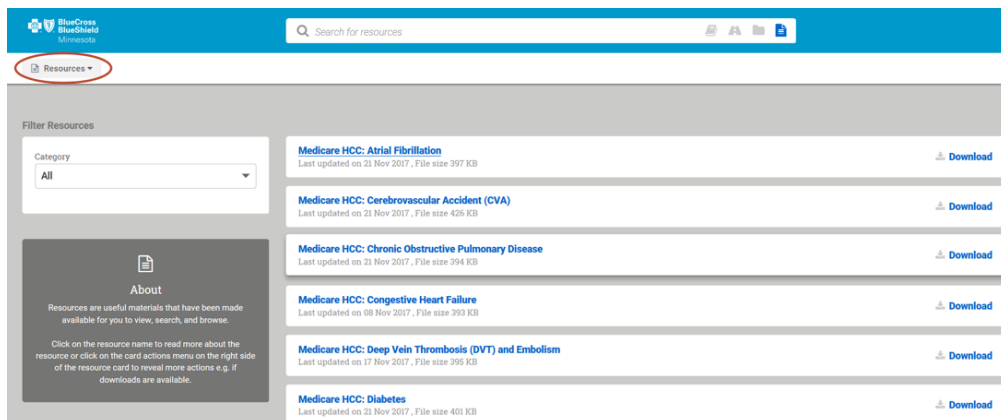
Current Availity portal users: Go to Payer Spaces, then “Access BCBSMN Learning and Development”



Upon log-in, select **“Catalog”** from the menu in the upper left corner of the page to view and enroll in free training offerings:



Download useful resource materials that have been made available to you by Blue Cross:



HEALTH LITERACY

OCTOBER IS HEALTH LITERACY MONTH

Try both Aleve 2 pills bid with flexeril at hs.

As a health care professional, you probably understand exactly what the doctor who sent this message was saying: *Take 2 Aleve pills 2 times a day and take 1 Flexeril pill at bedtime.* But the patient who received it had no idea what the doctor was saying. Most people don't. Clear communication increases patient safety and adherence to treatment plans.

October is health literacy month. Here are some activities that your practice/clinic can incorporate to help make a healthy difference in your patient's lives:



Cut the Jargon. Use Plain Language. Plain language is a health literacy tool that allows people to find what they need, understand what they find, and act appropriately on that understanding after the first time they hear or read it. Using plain language means health care systems and staff eliminate jargon words and replace them with common words, speak in an active voice, use short sentences, and organize points logically to ensure better understanding.

The Minnesota Health Literacy Partnership has developed a new campaign to help you and your organization promote plain language. Consider implementing the campaign in 2018. Plain language [campaign materials](https://healthliteracymn.org/) are available on the Partnership's website <https://healthliteracymn.org/>.



Promote the **Ask Me 3** program from the National Patient Safety Foundation which focuses on patient understanding of 3 simple questions:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

You can use these questions to help guide the information you provide during visits with your patients. Make sure they know the answer to these questions before they leave your office. Consider displaying posters and brochures throughout your office during October to remind staff about the 3 questions. For more information on Ask Me 3, [click here](#).

The Joint Commission stresses the importance of health literacy, health communication, and cultural competencies as an element of quality health care. In their report, [What Did the Doctor Say? Improving Health Literacy to Protect Patient Safety](#), the Commission states:

"If a patient does not understand the implications of her or his diagnosis and the importance of prevention and treatment plans, or cannot access health care services because of communication problems, an untoward event may occur. The same is true if the treating physician does not understand the patient or the cultural context within which the patient receives critical information."

To learn more about building a culture of health literacy and using plain language at your practice, please send an email to Alisha.Odhiambo@bluecrossmn.com.

Additional information can also be found online at <https://healthliteracymn.org/>.

(continued in right sidebar)

QUALITY IMPROVEMENT

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

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.

PHARMACY SECTION

PHARMACY UPDATES FOR QUARTER 3, 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) 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 include new and changes to existing Prior Authorizations (PA), Step Therapy (ST), and Quantity Limits (QL). Quantity Limits apply to brand and generic agents.

New Prior Authorization Program Effective 7/1/18

BRAND NAME (generic name - if available)	UM Program		
AMERGE (naratriptan)		QL	ST*
ARYMO ER	PA	QL	
AXERT (almotriptan)		QL	ST*
BELBUCA	PA	QL	
BUPRENORPHINE (transdermal patch weekly)	PA	QL	
BUTRANS	PA	QL	
CARBAGLU	PA		
CONZIP	PA	QL	
DURAGESIC (fentanyl transdermal patch) 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	PA	QL	
DUZALLO	PA	QL	
EMBEDA	PA	QL	
EXALGO (hydromorphone ext-release 24 hr) 8 mg, 12 mg, 16 mg, 32 mg	PA	QL	

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Prior Authorization Program Effective 7/1/18

BRAND NAME (generic name - if available)	UM Program		
fentanyl transdermal patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	PA	QL	ST
FORTAMET (metformin ext-release) 1000 mg		QL	ST**
FORTAMET (metformin ext-release) 500 mg		QL	ST
FROVA (froatriptan)		QL	ST
GLUCOPHAGE XR (metformin ext-release) 500 mg		QL	ST**
GLUCOPHAGE XR (metformin ext-release) 750 mg		QL	ST**
GLUMETZA (metformin ext-release) 1000 mg		QL	ST**
GLUMETZA (metformin ext-release) 500 mg		QL	ST**
HYSINGLA ER	PA	QL	
IMITREX (sumatriptan) single dose vial, 6 mg/0.5 mL		QL	ST*
IMITREX (sumatriptan) tabs		QL	ST*
IMITREX NASAL SPRAY (sumatriptan)		QL	ST*
IMITREX STATdose (sumatriptan)		QL	ST*
KADIAN (morphine sulfate ext-release) 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	PA	QL	
KADIAN 40 mg, 200 mg	PA	QL	
KEVEYIS	PA	QL	
LYRICA CR 330 mg	PA	QL	
LYRICA CR 82.5 mg, 165 mg	PA	QL	
MAXALT, MAXALT MLT (rizatriptan)		QL	ST*
MORPHABOND ER	PA	QL	
MORPHINE SULFATE BEADS EXT-RELEASE	PA	QL	
MS CONTIN (morphine sulfate ext-release)	PA	QL	
NUCYNTA ER	PA	QL	
NUPLAZID	PA	QL	
ONZETRA XSAIL		QL	ST
OPANA ER	PA	QL	
OPANA ER (CRUSH RESISTANT)	PA	QL	
OXYCODONE ER 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	PA	QL	
OXYCODONE ER 60 mg, 80 mg	PA	QL	
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	PA	QL	
OXYCONTIN 60 mg, 80 mg	PA	QL	
OXYMORPHONE ER	PA	QL	
RELPAK (eletriptan)		QL	ST*
SAMSCA 15 mg	PA	QL	
SAMSCA 30 mg	PA	QL	

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Prior Authorization Program Effective 7/1/18

BRAND NAME (generic name - if available)	UM Program		
STRENSIQ	PA		
SUMATRIPTAN PREFILLED SYRINGE, 6 mg/0.5 mL		QL	ST
SUMAVEL DOSEPRO		QL	ST
TRAMADOL BIPHASIC RELEASE caps	PA	QL	
TREXIMET (sumatriptan/naproxen) 85-500 mg		QL	ST*
TREXIMET 10-60 mg		QL	ST
ULTRAM ER (tramadol ext-release)	PA	QL	
XARTEMIS XR	PA	QL	
XERMELO	PA	QL	
XTAMPZA ER	PA	QL	
ZECUITY		QL	ST
ZEMBRACE SYMTOUCH		QL	ST
ZOXYDRO ER	PA	QL	
ZOMIG nasal spray		QL	ST
ZOMIG, ZOMIG ZMT (zolmitriptan)		QL	ST*
ZURAMPIC	PA	QL	

Changes to Existing Utilization Management Program, Effective 7/1/18

BRAND NAME (generic name - if available)	UM Program		
ADMELOG		QL	
ADMELOG SOLOSTAR		QL	
ADZENYS ER 1.25 mg/mL		QL	
ALUNBRIG PACK	PA	QL	
ALUNBRIG tabs	PA	QL	
BIKTARVY		QL	
ERLEADA	PA	QL	
IMBRUVICA 140 mg, 280 mg, 420 mg, 560 mg	PA	QL	
IMBRUVICA 70 mg	PA	QL	
KETOPROFEN 50 mg, 75 mg			ST
METHYLPHENIDATE ER 72 MG		QL	
pentazocine/naltrexone		QL	
SEGLUROMET 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg		QL	
SEGLUROMET 2.5-500 mg		QL	
SEGLUROMET 7.5-1000 mg		QL	
STEGLATRO 10 mg		QL	
STEGLATRO 5 mg		QL	
STEGLUJAN		QL	

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Changes to Existing Utilization Management Program, Effective 7/1/18

BRAND NAME (generic name - if available)	UM Program		
	PA	QL	ST
SYMDEKO	PA	QL	
SYMFI LO		QL	
TASIGNA 50 mg	PA	QL	
XIGDUO XR		QL	
ZYPITAMAG		QL	ST

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

**Generic available - the generic is not subject to Prior Authorization or Step Therapy

Effective August 6, 2018

- Pharmacologic Therapies for Hereditary Angioedema Prior Authorization with Quantity Limit Program will be implemented for Commercial lines of business.

Effective October 1, 2018

- Anti-Influenza Quantity Limit Program will be implemented for Commercial lines of business.
- Jynarque (tolvaptan) Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Noctiva (desmopressin acetate nasal spray) Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.

Effective November 1, 2018

- Dipeptidyl Peptidase 4 (DPP-4) Inhibitors Step Therapy Program will be implemented for Medicaid. Quantity limits to the DPP-4 Inhibitor agents will continue to apply.
- Sodium-Glucose Linked Transporter (SGLT2) Step Therapy Program will be implemented for Medicaid. Quantity limits to the SGLT2 agents will continue to apply.

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/>

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PHARMACY SECTION

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 EXCLUSION

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	Medical Prior Authorization Required	Pharmacy Benefit Exclusion Effective Date for Medicaid	Pharmacy Benefit Exclusion Effective Date for Commercial
Cytovene (ganciclovir) injection	To be determined	7/20/2018	10/1/2018
Foscavir (foscarnet) injection	To be determined	7/20/2018	10/1/2018
Prevmis (letermovir) IV solution	To be determined	7/20/2018	10/1/2018
Trogarzo (ibalizumab-uiyk) IV solution	To be determined	7/20/2018	10/1/2018
Vistide (cidofovir) IV injection	To be determined	7/20/2018	10/1/2018
Zovirax (acyclovir) IV solution	To be determined	7/20/2018	10/1/2018
Alferon N (interferon alpha-n3) injection	To be determined	10/1/2018	10/1/2018

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/>

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PHARMACY SECTION

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 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.

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 July 2, 2018 **Notification Posted: May 1, 2018**

Policies developed

- Agalsidase Beta, II-26
- Alglucosidase Alfa, II-186
- Benralizumab, II-203
- Bezlotoxumab, II-199
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Breast Ductal Lavage and Fiberoptic Ductoscopy, IV-108
- Esophageal pH Monitoring, VII-64
- Fecal Microbiota Transplantation, II-198
- Gynecomastia Surgery, IV-71
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Interferential Current Stimulation, VII-66
- Mepolizumab, II-201
- Pegloticase, II-147
- Reslizumab, II-202
- Sacral Nerve Neuromodulation/Stimulation for Selected Conditions, IV-83
- Sebelipase Alfa, II-200
- Transcatheter Mitral Valve Repair (TMVR), IV-152
- Transcatheter Pulmonary Valve Implantation, IV-155

Policies revised

- Acupuncture, III-01
- Nusinersen, II-171
- Selected Treatments for Varicose Veins of the Lower Extremities, IV-129
- Tumor Treating Fields Therapy, II-164

Policies inactivated

- None

Policies Effective August 6, 2018 **Notification Posted: June 1, 2018**

Policies developed

- Alpha-1 Proteinase Inhibitors, II-206
- Catheter Ablation as Treatment for Atrial Fibrillation, II-95
- Buprenorphine Implant, II-197
- Corneal Collagen Cross-Linking, II-207
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms, IV-156
- Endovascular Stent Grafts for Disorders of the Thoracic Aorta, IV-157
- Eculizumab, II-196

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Omalizumab, II-34
- Pharmacologic therapies for Hereditary Angioedema, II-102
- Photodynamic Therapy for Ocular Indications, II-205
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, II-204

Policies revised

- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions, II-71
- Circulating Tumor Cells, VI-25
- Knee Arthroplasty (Knee Replacement), IV-122
- Hip Arthroplasty (Hip Replacement) and Hip Resurfacing, IV-107
- Genetic Testing, VI-09

Policies inactivated

- None

Policies Effective June 29, 2018 Notification Posted: June 29, 2018

Policies developed

- None

Policies revised

- Golimumab (Simoni Aria), II-180
- Ustekinumab, II-168

Policies Effective September 3, 2018 Notification Posted: June 29, 2018

Policies developed

- Prophylactic Mastectomy, IV-27
- Artificial Retinal Devices, IV-154
- Powered Exoskeleton for Ambulation in Patients with Lower-Limb Disabilities, VII-63

Policies revised

- Site of Care Criteria for Selected Medical Specialty Drugs (multiple policies)
The site of care criteria described below have been added to the following 16 medical specialty drug policies:
 - o Abatacept, II-161
 - o Agalsidase Beta, II-26
 - o Alemtuzumab, II-184 (non-oncologic indications only)
 - o Alglucosidase Alfa, II-186
 - o Certolizumab Pegol, II-179

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- o Edaravone, II-178
- o Golimumab (Simponi Aria), II-180
- o Immunoglobulin Therapy, II-51
- o Infliximab, II-97
- o Natalizumab, II-49
- o Ocrelizumab, II-185
- o Rituximab, II-47 (non-oncologic indications only)
- o Sebelipase Alfa, II-200
- o Tocilizumab, II-181 (non-oncologic indications only)
- o Ustekinumab, II-168
- o Vedolizumab, II-182
- Artificial Intervertebral Discs, IV-46
- Organ Transplantation, IV-28
- Mastopexy, IV-33

Policies inactivated

- None

Policies Effective October 1, 2018 Notification Posted: August 1, 2018

Policies developed

- Gene Expression Profiling or Genetic Testing for Melanoma, VI-26

Policies revised

- Genetic Testing, VI-09
- Rituximab, II-47
- Acupuncture, III-01
- Intravenous Human Epidermal Growth Factor Receptor 2 (HER2) Targeted Agents, II-158
- Bariatric Surgery, IV-19
- Genetic Testing to Evaluate Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies, VI-48
- Microprocessor-Controlled Prostheses for the Lower Limb, VII-16
- Myoelectric Prostheses for the Upper Limb, VII-60

Policies inactivated

- None

Policies reviewed with no changes in April, May, June, or July 2018:

- Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy
- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension
- Amino Acid-Based Elemental Formulas (continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis
- Belimumab
- Cellular Immunotherapy for Prostate Cancer
- Cerliponase Alfa
- Chelation Therapy
- Computerized Dynamic Posturography
- Drug Testing for Substance Abuse Treatment and Chronic Pain Management
- Electrical/Electromagnetic Stimulation for Treatment of Arthritis
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
- Evaluation Process for New FDA-Approved Medical Drugs or Medical Drug Indications
- Gene Expression Testing to Predict Coronary Artery Disease (CAD)
- Genetic Testing for Hereditary Breast and/or Ovarian Cancer
- Genetic Testing for Warfarin Dose
- Growth Factors for Treatment of Wounds and Other Conditions
- Hair Analysis
- Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma
- Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphoma
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis
- Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia
- Hippotherapy
- Hypnotherapy
- Islet Transplantation
- Immunoglobulin Therapy
- Image-Guided Minimally Invasive Decompression for Spinal Stenosis
- Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss
- Liposuction
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Metallothionein (MT) Protein Assessment and Treatment Protocols
- Mobile Cardiac Outpatient Telemetry
- Molecular Marker Evaluation of Thyroid Nodules
- Multigene Expression Assays for Predicting Risk of Recurrence in Colon Cancer
- Oscillatory Devices for the Treatment of Cystic Fibrosis and other Respiratory Disorders in the Home
- Panniculectomy/Excision of Redundant Skin or Tissue
- Percutaneous and Endoscopic Techniques for Disc Decompression
- Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain
- Positron Emission Mammography
- Pressure-Reducing Support Surfaces
- Progesterone Therapy to Reduce Preterm Birth in High-Risk Pregnancies
- Prolotherapy
- Proteomics-Based Testing Panels for the Evaluation of Ovarian (Adnexal) Masses
- Proton Beam Radiation Therapy
- Psychoanalysis
- Quantitative Electroencephalogram (QEEG) or Brain Mapping for Mental Health or Substance-Related Disorders

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Quantitative Sensory Testing
- Radiofrequency Ablation of Peripheral Nerves to Treat Pain
- Reduction Mammoplasty
- Respiratory Syncytial Virus (RSV) Prophylaxis
- Saliva Hormone Tests
- Selected Treatments for Tinnitus
- Sleep Studies/Polysomnograms in Children and Adolescents
- Spinal Fusion: Lumbar
- Spinal Manipulation Under Anesthesia
- Spinal Unloading Devices: Patient-Operated
- Stem-Cell Therapy for Orthopedic Applications
- Stem-Cell Therapy for Peripheral Arterial Disease
- Surface Electromyography (SEMG)
- Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain (Primary and Secondary Dysmenorrhea)
- Surgical Treatment of Femoroacetabular Impingement
- Traction Decompression of the Spine
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflex Disease (GERD)
- Treatment of Obstructive Sleep Apnea and Snoring in Adults
- Trigger Point Injections
- Whole Body Dual X-Ray Absorptiometry (DXA) to Determine Body Composition
- Wireless Capsule Endoscopy
- Wireless Gastric Motility Monitoring

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.

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- 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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