Provider Press

Provider information

December 2018 / Vol. 23, No. 4

BlueCross BlueShield Minnesota

DIABETES MANAGEMENT AND PREVENTION – FOCUSING ON DIABETIC EYE CONDITIONS

Blue Cross and Blue Shield of Minnesota (Blue Cross) is committed to improving health for Minnesotans who are living with diabetes (both type I and type II). One strategy for achieving this is to raise awareness about the importance of eye health through the prevention and treatment of diabetic retinopathy.

What do we know?

- Diabetes is complex, common, and costly.
- Diabetes is a growing epidemic with 18,000 additional people diagnosed with diabetes each year in Minnesota.
- Every 21 seconds someone in the U.S. is diagnosed with diabetes and many more do not know they have the condition.
- The total cost of prediabetes and diabetes in the U.S. is $322 billion a year.
- Diabetic retinopathy is the most common diabetic eye condition and a leading cause of blindness in American adults.
- According to the National Eye Institute, between 40 and 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy, although only about half are aware of it.
- In Minnesota, $2.3 billion is spent each year for those diagnosed with diabetes and another $373 million for those who have it but do not know it.

On a national front, November was **Diabetic Eye Disease Awareness Month. As part of its statewide goal,** Blue Cross recently implemented an initiative to remind members about the importance of eye exams through print, text, and email campaigns.

While Blue Cross recognizes its ability to impact subscriber eye health through education and engagement, success requires partnerships with community, business, health care providers and others. How can Blue Cross provider partners help support the Blue Cross mission to make a healthy difference in people's lives?

- Encourage yearly eye exams to assess for and monitor diabetic retinopathy.
- Include yearly eye exams and outcome follow-up in the patient treatment plan.
- Identify and discuss barriers to patient participation in an agreed upon eye care treatment plan.
- Provide and document member education around diet, nutrition, exercise, and medication management in an effort to prevent or slow the progression of diabetic retinopathy.
- Promote collaboration and sharing of patient information between providers including visit summaries between eye care providers and primary care providers to assist in care coordination and achieve positive outcomes.

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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

DIABETES MANAGEMENT AND PREVENTION – FOCUSING ON DIABETIC EYE CONDITIONS (continued)

How will Blue Cross measure success?
The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) includes standard measures that NCQA uses to evaluate health plan performance. *Comprehensive Diabetes Care* (CDC) is one HEDIS® measure; *diabetic retinopathy* is a subset of the measure. Through CDC data collection and outcome measurement, Blue Cross can use HEDIS® data to further develop member and provider outreach strategies and monitor CDC measure compliance rates and improvements.

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from September to November 1, 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
QP60R1-18	Update: Change to Call Center for Transportation for Minnesota Health Care Programs Members
QP75-18	2018 Blue Cross Minnesota Health Care Programs Members Migration and New Initiatives Training
QP76-18	Migration of Minnesota Health Care Programs Subscribers to Amerigroup
QP77-18	Pharmacy Benefit Exclusion for Onpattro (patisiran) Lipid Complex Intravenous (IV) Injection
QP78-18	Pharmacy Update: Change in Coverage for Brand Serevent Diskus 50mcg/dose
QP79-18	Addition of Drug to the Hereditary Angioedema PA with QL Program
QP80-18	Universal Pharmacy Policy for MHCP Subscribers – Immediate Release and Extended Release Opioids Initiate Fill Limit
QP81-18	Change to Cotiviti Mailroom Operations Center Location
QP82-18	Pharmacy Benefit Exclusion for Azedra (iobenguana I 131) IV Injection
QP83-18	Cotiviti Healthcare Creates a New Provider Connection Portal for Providers
QP84-18	New Drug-Related PA with QL Criteria: Topiramate Extended Release (ER)
QP85-18	New Drug-Related PA with QL Criteria: Pseudobulbar Affect (PBA)
BULLETINS	**TITLE**
P28R1-18	Update to Administration of Interpreter Services for MHCP Subscribers
P36-18	Radiology/Cardiology Program Prior Authorization Updates for Fully Insured Commercial Members – eviCore Healthcare Utilization Management (UM) Program

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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
P37-18	Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial Members - eviCore Healthcare Utilization Management (UM) Program
P38-18	Musculoskeletal Clinical Guidelines Update for Fully Insured Commercial Members - eviCore Healthcare Utilization Management (UM) Program
P39-18	Blue Cross Contracts with eviCore to Expand Utilization Management for Post-Acute Care (PAC)
P39R1-18	Update: Blue Cross Contracts with eviCore to Expand Utilization Management for Post-Acute Care (PAC)
P40-18	Blue Cross to Post Provider Quick Points Twice per Month on Standard Schedule
P41-18	Update: Change to TPA Business
P42-18	No-Load Miles (Deadhead) Reimbursement Rate for Minnesota Health Care Programs Subscribers
P43-18	Provider Price Disclosure Requirement
P43R1-18	Revised: Provider Price Disclosure Requirement
P44-18	eviCore Healthcare Specialty Utilization Management – Durable Medical Equipment
P44R1-18	Update: eviCore Healthcare Specialty Utilization Management – Durable Medical Equipment
P45-18	New Payment Policy Auditing System
P46-18	Retirement of Legacy Provider Portal Hub (PWSS)
P47-18	New Medical Drug-Related PA Requirements for Takhzyro (Lanadelumab-flyo)
P48-18	Migration of Minnesota Health Care Programs Subscribers to Amerigroup
P49-18	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business Effective December 3, 2018
P50-18	2019 Renewal Changes Summary for Institutional Providers
P51-18	Lab Management Program CPT Code Update for Fully Insured Commercial Members – eviCore Healthcare Specialty Utilization Management Program
P52-18	Revised: 2019 Minnesota Medicare Network Update
P52R1-18	Update: 2019 Minnesota Medicare Network Update
P53-18	Minnesota Health Care Programs Medical Policies Effective December 1, 2018
P54-18	New Accountable Care Organization Products for 2019
P56-18	New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business – Effective January 7, 2019
P57-18	Blue Cross Contracts with eviCore to Expand Utilization Management for Home Health Services
P58-18	2019 Renewal Changes Summary for Blue Plus Primary Care Clinic Providers
P59-18	New Acupuncture Update for Commercial Lines of Business – Effective January 1, 2019
P60-18	Radiation Therapy Program CPT Code Update for Fully Insured Commercial Subscribers – eviCore Healthcare Specialty Utilization Management Program

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HOLIDAY SCHEDULE

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

Thursday, November 22

Friday, November 23

Monday, December 24

Tuesday, December 25

Provider services will be closed on the following days in 2019:

Tuesday, January 1

Monday, May 27

Thursday, July 4

Monday, September 2

Thursday, November 28

Friday, November 29

Tuesday, December 24

Wednesday, December 25

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

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P61-18	New CMS Regulation for Preclusion List
P62-18	Update: eviCore Healthcare Specialty Utilization Management – Durable Medical Equipment
P63-18	Minnesota Health Care Programs and SecureBlue Authorization Requirement Updates Effective December 1, 2018
P64-18	Prior Authorization Requirements for Blue Cross Medicare Advantage – Effective January 1, 2019
P65-18	Lab Management Clinical Guideline Update for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management Program
P66-18	eviCore Healthcare Specialty Utilization Management for Medicare Advantage Subscribers
P67-18	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Medical Policies

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

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 has completed migration of all lines of business except Minnesota Health Care Programs (MHCP) Subscribers. See Provider Bulletin P48-18 for details on migration of MHCP Subscribers to Amerigroup Health Solutions. Due to moving to a new operating system, Blue Cross has identified several 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.

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

CASE AND CONDITION/DISEASE MANAGEMENT PROGRAMS

Care Management includes a process for Case and Condition/Disease Management (C/DM) utilizing a primary health coach model, with a goal of providing a seamless, integrated member experience. These programs are intended to increase advocacy, care coordination, and support and education for our members. CM and C/DM are multidisciplinary programs offered along a continuum-based approach to health care delivery that proactively identifies populations who have or are at risk for chronic medical and behavioral health conditions. Both CM and C/DM support the practitioner-patient relationship and plan of care, emphasize the prevention of exacerbation and complications using cost-effective, evidenced-based practice guidelines and patient empowerment strategies such as education and self-management.

The health coach process in our CM and C/DM programs are to evaluate clinical, social/humanistic and economic outcomes with the goal of achieving highest level of self-management and improving overall health of the whole person. Members who receive CM and C/DM services receive support from a primary health coach who assists in facilitating the health of the whole person, not just their individual condition.

The health coach may call the provider when the subscriber triggers for CM or C/DM and meets our provider call criteria. Provider call criteria may include:

- Concerns about member's compliance with treatment plan
- Lack of clarity about member's treatment plan
- Lack of valid telephone number for member

Providers may make a referral by contacting the Nurse Guide Team at **1-866-489-6947** for (Commercial Members and Medicare Advantage) or **1-800-711-9862** for Government Programs (PMAP, MNCare, and MSC+) and 1-888-740-6013 for dual eligible members (MSHO). Blue Cross looks forward to working with its member's Health Care Practitioners to make a healthy difference in the health of its members.

In addition to Case and Condition/Disease Management, Wellness Coaching is offered as part of Care Management. Wellness Coaching helps members make lifestyle changes that can enhance their quality of life and reduce the risk of serious health crisis in the future. Wellness topics include weight management, nutrition, stress management, physical activity, tobacco cessation, and sleep. Coaches work with members to set attainable goals and overcome barriers to achieving them. The process of wellness coaching evaluates the individual holistically with the goal of improving overall health and well-being. Members who receive wellness coaching services receive support from a dedicated coach, however may work with a wellness coach while also addressing chronic or acute issues through CM or C/DM. Coaches encourage members to share their health plan goals with providers and seek additional information on resources such as nicotine replacement therapy as needed.

Additional information regarding our Case and Condition/Disease Management programs can be found in Chapter 4 of the Provider Policy and Procedure Manual.
To access the manual, go to providers.bluecrossmn.com and select "Forms and Publications" then Manuals.

For questions about Case and Condition/Disease Management, Wellness Coaching or if you would like to determine program eligibility for one of your patients, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

Please note: services are offered to members; however, participation is optional. Member eligibility for case and condition/disease management is determined by their Benefit Plan.

QUALITY IMPROVEMENT

BLUE PLUS MEDICAL RECORD DOCUMENTATION REVIEW

ADVANCE DIRECTIVES

An advance directive provides an opportunity for adults of any age to make their health care wishes known if or when a potential life-threatening event occurs, and they are unable to verbalize their wishes at the time of the event. A representative sample review of our Blue Plus subscribers' medical records for dates of service in 2017 has been completed and the results are below. Blue Cross encourages providers to discuss the benefits of completing an advance directive with all our adult subscribers.

	Total Members in Sample	Advance Directive Present or Discussed	Change from 2017 Audit
Medicare/Medicaid Eligible (MSHO)	411	378 (92%)	Increase of 2% from 90%
Medicaid	561	15 (3%)	No percentage change
Total	972	393 (40%)	No percentage change

These reviews were completed to encourage providers to open the door to meaningful discussions with their patients on important issues. If you have any questions concerning this article, please send an email to the Quality and Medical Management Department via Marissa.Bocanegra@bluecrossmn.com.

FYI - PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from September to November 1, 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	Price Disclosure Content Updated (Bulletin P43R1-18) and Credentialing Requirements and Processes updated.
Provider Policy and Procedure Manual: Chapter 3, Quality Improvement	Changes to General Overview, Introduction to Quality Improvement, Quality Improvement for Behavioral Health Providers, Provider Specific Health Care Data
Provider Policy and Procedure Manual: Chapter 11, Coding Policies and Guidelines	All Medical Emergency Guidelines have been moved to a Reimbursement Policy on the Blue Cross website
Blue Plus Manual, Chapter 3, Government Programs	Care Coordination for Community Members (SecureBlue MSHO and Blue Advantage MSC+) were combined into one document.
Blue Plus Manual, Chapter 4, Quality Improvement	Various changes in this chapter

UTILIZATION MANAGEMENT CLINICAL CRITERIA

Upon request, any Blue Cross practitioner may review the clinical criteria used to evaluate an individual case. Medical and behavioral health policies are available for your use and review on our website at **providers.bluecrossmn.com**.

UTILIZATION MANAGEMENT STATEMENT

Utilization Management (UM) decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or under-utilization of appropriate care and services.

HEALTH LITERACY

MOVING MINNESOTA FORWARD

The **Minnesota Action Plan to Improve Health Literacy**, released in March 2016 by the Minnesota Health Literacy Partnership outlines six priorities with actionable strategies to improve health literacy across the state.

Strategies range from improving patient-centered resources to enhancing education opportunities at all levels to investing in language and cultural resources. An executive summary of the plan is available here.

As a founding member and chair of the Minnesota Health Literacy Partnership, Blue Cross is committed to promoting the Action Plan as a way to increase awareness and adoption of health literacy best practices across our state. Here are a few ways that you can learn more about the Action Plan and stay up-to-date on what others are doing to improve health literacy across Minnesota.

- Read the Partnership's new blog launched in the Fall of 2018 focusing on key priorities within the Action Plan. Click here to read the latest post.
- Sign up to receive the Partnership's quarterly e-newsletter "In the Know: Health literacy news and best practices."
  Email Alisha.Odhiambo@bluecrossmn.com if you'd like to be on the list.
- Follow the Partnership on social media via LinkedIn, Twitter and Facebook.
- Visit the Partnership's website at https://healthliteracymn.org/ to learn more about other resources available, upcoming events and how to become a member.

We have come a long way in Minnesota since the release of the Action Plan. And still there is much work to do. No single action and no single entity can tackle the issue of health literacy alone. This plan is an important step toward building a healthier Minnesota where people are better able to understand health information and protect and improve their health and wellness.

For more information on health literacy and how you can implement the Action Plan strategies within your practice, please contact Alisha Odhiambo at Alisha.Odhiambo@bluecrossmn.com.

QUALITY IMPROVEMENTS

HEDIS® SEASON IS HERE!

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 6 through May 9, 2019.

What is HEDIS?

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

Why is HEDIS important?

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

Blue Cross and Blue Shield of Minnesota (Blue Cross) manages and staffs the Medical Record Review (MRR) project internally. The MRR project involves reviewing a random sample of our members' medical records. If you have patients selected for the sample, you will receive a letter from us in early February identifying the requested records. Blue Cross will work with you on the process for accessing the records – there are several options. We can review medical records remotely via EMR link access or access them at the clinic site. Providers also can send medical records via secure electronic FTP transfer, fax, or mail. Note that onsite review is only done for sites with more than 20 records to review.

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

If you would like assistance setting up a secure electronic transfer account or EMR link access, please contact **Chris Giddens** by email at Christopher.Giddens@bluecrossmn.com or by phone at **(651) 662-3614**.

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

For questions or concerns please contact Lisa Benrud, PhD, Manager, Quality and Health Measures Program by email at LisaMarie.Benrud@bluecrossmn.com or by phone at **(651) 662-6578**.

THANK YOU

FOR ALL YOU DO TO IMPROVE THE HEALTH OF YOUR PATIENTS AND OUR MEMBERS!

QUALITY IMPROVEMENTS

HELPING ADOLESCENTS TRANSITION TO ADULT HEALTH CARE!

Changing doctors is never easy especially for a teenager new to advocating for their own health care. If there is a chronic illness like diabetes or cystic fibrosis, it can be even more challenging to make the transition. Ideally, children should transition from pediatric to adult-oriented health care between the ages of 18 and 21 years.

For adolescents seeing a pediatrician, the transition will involve choosing a new physician, transferring medical records, and communicating treatment histories and insurance information. Although adolescents seeing a family physician may stay in the same practice, they may still need to transfer some aspects of their care. It's important you have these conversations with your patients.

Blue Cross Customer Service can help find adult primary care practitioners who can best serve their medical needs. Customer Service can also assist pregnant adolescents in their transition from pediatrics to an adult primary care practitioner, OB/GYN, family practitioner or internist.

For assistance in medical care transitions, please direct your patients to contact Blue Cross Customer Service at the phone number on the back of their member ID card. The online "Find a Doctor" tool can also help them easily find a provider. Please direct your patients to visit bluecrossmnonline.com and sign in, then select "Find a Doctor."

QUALITY IMPROVEMENTS

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 4, 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 includes new, changes, and discontinuation to existing Prior Authorizations (PA), Step Therapy (ST), and Quantity Limit (QL) programs. Quantity Limits apply to brand and generic agents.

New Prior Authorization Program Effective 7/15/18

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

New Prior Authorization Program Effective 8/6/18

BRAND NAME (generic name - if available)	UM Program		
BERINERT	PA	QL	
CINRYZE	PA	QL	
FIRAZYR	PA	QL	
HAEGARDA	PA	QL	
KALBITOR	PA	QL	
RUCONEST	PA	QL	

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Prior Authorization Program Effective 10/1/18

BRAND NAME (generic name - if available)	UM Program		
ELMIRON	PA		
JYNARQUE	PA	QL	
NOCTIVA	PA	QL	
RELENZA		QL	
TAMIFLU (**oseltamivir**) caps		QL	
TAMIFLU (**oseltamivir**) caps 6mg/ml suspension		QL	
TAMIFLU (**oseltamivir**) caps 12mg/ml suspension		QL	

Changes to Existing Utilization Management Program, Effective 10/1/18

BRAND NAME (generic name - if available)	UM Program		
aripiprazole solution		QL	
ARNUITY ELLIPTA 50 MCG		QL	
BRAFTOVI	PA	QL	
CIMDUO		QL	
DOPTELET	PA	QL	
ELIQUIS 5 MG		QL	
ELIQUIS STARTER PACK		QL	
EMTRIVA oral solution		QL	
HUMIRA 40 mg/0.8 mL pen, kit	PA	QL	
HUMIRA 10 mg/0.1 mL syringe	PA	QL	
HUMIRA 20 mg/0.2 mL syringe, kit	PA	QL	
HUMIRA 40 mg/0.8 mL syringe, kit	PA	QL	
HUMIRA 80 mg/0.8 mL syringe, Pediatric Crohn's Disease Starter kit	PA	QL	
HUMIRA 40 mg/0.4 mL and 80 mg/0.8 mL syringe, Pediatric Crohn's Disease Starter kit	PA	QL	
KEVZARA 150 mg/1.14 mL pen, 200 mg/1.14 mL pen	PA		
LODINE			ST*
MEKTOVI	PA	QL	
NALOCET		QL	
NORVIR powder packets		QL	
OLUMIANT	PA	QL	
PALYNZIG	PA		
RETACRIT	PA		
ROXYBOND		QL	
SYMFI		QL	
TAVALISSE	PA	QL	
XELJANZ 10 mg	PA	QL	
YONSA	PA	QL	

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Discontinuation of Step Therapy program Effective 9/1/18 quantity limit will remain

BRAND NAME (generic name - if available)	UM Program		
ZETIA (**ezetimibe**)		QL	

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

Effective October 1, 2018

- Morphine Equivalent Dose (MED) Limit will be implemented for Medicaid. The following recommendations from the Universal Pharmacy Policy Workgroup (UPPW) will be implemented.
  - Decrease the morphine equivalent dose (MED) per day limit on the amount of opioids a patient may fill from 120mg to 90mg.
  - Prescription opioid fills (all products) will be further limited to a MED of 90mg per day for 90 consecutive days. If a patient requires a MED greater than 90mg, a prior authorization request that demonstrates medical necessity is required.

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.
- Immediate Release and Extended Release Opioids Initial Fill Limit will be implemented for Medicaid. The following recommendations from UPPW will be implemented.
  - All immediate release opioids and extended release opioids will be limited to a 7-day supply for opioid naive patients. After a fill of a 7-days' supply or less, subsequent opioid prescriptions will process without the restriction. If the patient has a prescription history of an opioid or oncology medication in the past 120 days with the same Blue Cross plan, the opioid prescription will not be subjected to this initial fill limitation
- Sodium-Glucose Linked Transporter (SGLT2) Step Therapy Program will be implemented for Medicaid. Quantity limits to the SGLT2 agents will continue to apply.

Effective January 1, 2019

- Circadian Rhythm Disorder Prior Authorization Program will be implemented for Medicaid.
- Lucemyra Prior Authorization Program will be implemented for Commercial and Medicaid.
- Phenylketonuria Prior Authorization Program will be implemented for Medicaid.

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PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

- Pseudobulbar Affect (PBA) Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Topiramate Extended Release (ER) 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 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
Azedra (iobenguane I 131) IV injection	To be determined	Upon launch	-
Lanoxin (digoxin) injection	To be determined	10/1/2018	-
Onpattro (patisiran) IV injection	To be determined	Upon launch	Upon launch

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:

(continued on next page)

PHARMACY SECTION

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

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.

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 November 5, 2018 Notification Posted: September 4, 2018

Policies developed

- None

Policies revised

- Blepharoplasty and Brow Ptosis Repair, IV-17
- Transcranial Magnetic Stimulation, X-14
- Pneumatic Compression Devices in the Outpatient or Home Setting, II-60
- Axicabtagene Ciloleucel, II-187
- Tisagenlecleucel, II-183
- Reduction Mammoplasty, IV-32
- Hematopoietic Stem-Cell Transplantation in the Treatment of Germ Cell Tumors, II-114
- Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
- Continuous Glucose Monitoring Systems, VII-05

Policies inactivated

- None

Policies Effective December 3, 2018 Notification Posted: October 1, 2018

Policies developed

- Burosumab, II-212
- Intravenous Enzyme Replacement Therapy for Gaucher Disease, II-214
- Percutaneous Ultrasonic Ablation of Soft Tissue, IV-160
- Romiplostim, II-211
- Investigative Indications for Medical Technologies Which Are Not Addressed by a Specific Medical Policy, XI-01
- Medical Necessity Criteria for Medical Technologies Which Are Not Addressed by a Specific Medical Policy, XI-02

Policies revised

- Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies Acupuncture, VI-49
- Cetolizumab Pegol, II-179

Policies inactivated

- None

Policies reviewed with no changes in August or September 2018:

- Abatacept, II-161
- Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas, II-120
- Bronchial Thermoplasty, IV-117

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY (continued)

- Cardiovascular Disease Risk Assessment and Management: Laboratory Evaluation of Non-Traditional Lipid and Nonlipid Biomarkers, VI-24
- Coverage of Routine Care Related to Clinical Trials, II-19
- Cranial Electrotherapy Stimulation, X-32
- Cytochrome P450 Genotyping, VI-07
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis, II-155
- Edaravone, II-178
- Expanded Cardiovascular Risk Panels, VI-51
- Facet Arthroplasty, IV-110
- Genetic Cancer Susceptibility Panels, VI-56
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia, II-118
- Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood, II-131
- Implantable Cardioverter-Defibrillator, IV-84
- Laser and Photodynamic Therapy for Onychomycosis, II-153
- Left Atrial Appendage Occluder Devices, II-73
- Lyme Disease: Diagnostic Testing and Intravenous Antibiotic Therapy, II-165
- Nerve Fiber Density Measurement, II-177
- Ovarian and Internal Iliac Vein Embolization as a Treatment for Pelvic Congestion Syndrome, V-26
- Positron Emission Tomography (PET), V-27
- Sacroiliac Joint Fusion, IV-126
- Ustekinumab, II-168
- Vagus Nerve Blocking Therapy, IV-132
- Vagus Nerve Stimulation, IV-131
- Wheelchairs and Options/Accessories, VII-04
- Wound Healing: Electrostimulation and Electromagnetic Therapy, II-85

To access medical and behavioral health policies:

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."

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- 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.

For local Blue Cross and Blue Shield of Minnesota Plan patients: (continued)

- 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.

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.	

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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