

## QUALITY IMPROVEMENT

### UPCOMING SURVEYS – WE NEED YOUR FEEDBACK. YOUR OPINION MATTERS TO US!

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

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

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

Additionally, we ask that you notify your front-line staff about these surveys and support their cooperation. We have built these surveys for efficiency and the best use of your staff's time as to create only minimal interruption to your operations. Currently, we do not have a way to provide these surveys to specific individuals as we do not have a database to store the information or the resources to make sure that information for individual contacts are up to date.

### NEED HELP UNDERSTANDING OUR COMMERCIAL NETWORKS AND MEDICARE PRODUCTS?

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) publishes reference guides for commercial networks and Medicare products annually. The 2021 guides have been placed on the provider landing page ([bluecrossmn.com/providers](https://bluecrossmn.com/providers)) for easier access and can be found within the 'Tools and Resources' section in the bottom right quadrant of the webpage. The previous year's guides are located in the Education Center.

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# QUALITY IMPROVEMENT

## UPCOMING SURVEYS – WE NEED YOUR FEEDBACK. YOUR OPINION MATTERS TO US! (continued)

SURVEY PURPOSE	SURVEY MODE	EXPECTED IN FIELD
<b>Access to Care</b> - This survey studies your ability to provide timely appointment access based on provider specialty and member need (urgent, routine, new patient, or existing patient).	Mailed Letter with address for survey via a digital platform	2nd or 3rd Quarter
<b>After Hours Access</b> - This survey studies your ability to either care for or direct members to appropriate care outside of normal business hours.	Telephone	2nd or 3rd Quarter
<b>Utilization Management</b> - This survey studies practitioners' satisfaction with utilization management policies and procedures, including the appeals process.	Email	3rd or 4th Quarter
<b>Accuracy of Provider Directory</b> - This survey measures the accuracy of practitioner and hospital information available to members on our online or printed provider directories.	Mailed Letter with address for survey via a digital platform	2nd or 3rd Quarter
<b>Coordination of Medical and/or Behavioral Care</b> This survey studies the frequency and effectiveness of continuity and coordination of care across different avenues of care.	Telephone	3rd or 4th Quarter

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

## HEDIS® SEASON IS HERE!

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 8 through May 6, 2022.

### 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 supply 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 accreditation requirement
- Many employer groups consider HEDIS scores when choosing a health plan to offer to their employees

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## 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 4685.1900 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](mailto:Quality.of.Care.Mailbox@bluecrossmn.com)

# QUALITY IMPROVEMENT

## HEDIS® SEASON IS HERE! (continued)

The medical record review 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 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. Providers also can send medical records via secure electronic FTP transfer, fax, or mail.

If you would like assistance setting up a secure electronic transfer account or EMR link access, please contact **Amy Gonzales** by email at [Amy.Gonzales@bluecrossmn.com](mailto:Amy.Gonzales@bluecrossmn.com) or by phone at **(651) 662-1593**.

Thank you for accommodating our team 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 **Crystal Swarbrick, Clinical Program Manager Pr.** by email at [crystal.swarbrick@bluecrossmn.com](mailto:crystal.swarbrick@bluecrossmn.com) or by phone at **(651) 662-3922**.

Thank you for all you do to improve the health of your patients and our members!

## CONTINUITY AND COORDINATION OF CARE IMPROVEMENTS

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathered feedback from patients in the community to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored focus groups to measure member experience with continuity and coordination of care.

One of the key factors for successful collaboration identified during the focus groups was communication. Communication is about sharing information that promotes a seamless experience and motivates patients to get the care they need. When patients feel their provider doesn't have the information they need about services and care received from specialists or other providers it can be very frustrating. In addition, when health information provided is overly complex or unavailable in a patient's preferred language, it becomes challenging for patients to adhere to treatment plans and follow-up care.

## 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](https://www.bluecrossmn.com/Page/mn/en_US/forms-and-publications).

# QUALITY IMPROVEMENT

## CONTINUITY AND COORDINATION OF CARE IMPROVEMENTS

(continued)

Blue Cross supports and promotes health literacy and health equity initiatives aimed at improving communication and ultimately improving health outcomes. Outlined below are a few of the ways we are working towards making improvements that help support clear and effective communication:

- Ongoing support and participation in the [Minnesota Health Literacy Partnership](#).
- Providing access to training on unconscious bias to all associates.
- Supporting members with educational materials and resources on topics such as, answers to common questions, coverage and benefits, and health and wellbeing. Materials and resources are available on our website at [bluecrossmn.com](http://bluecrossmn.com) or by contacting customer service. Resources are also available for eligible members through the BlueCrossMN mobile application.
- Contributing more than \$1 million dollars from the Blue Cross Foundation to support those most impacted by the Coronavirus pandemic (COVID-19) and to fund an anti-racism campaign to confront violence and discrimination toward Asian Americans.
- Partnering with Twin Cities Public Television (TPT) to provide black, indigenous, and people of color (BIPOC) communities with information about the COVID-19 vaccine.

For more information on feedback received from these member focus groups please refer to the Members' Perspective on Continuity and Coordination of Care article in the September 2021 Provider Press. Additional information on actions taken to improve health equity can be found on the [Corporate Social Responsibility](#) page of our website.

# FYI

## PROVIDER MANUAL UPDATES

The following is a list of the Blue Cross provider manuals that have been updated from August 4, 2021 to November 10, 2021. As a reminder, provider manuals are available online at [providers.bluecrossmn.com](https://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 9, Reimbursement/ Reconciliation	Content added to the following section: <ul style="list-style-type: none"> <li>• Payment Dispute to Emergency Services</li> </ul>
Provider Policy and Procedure Manual: Chapter 10, Appeals	Content added to the following section: <ul style="list-style-type: none"> <li>• Emergency Services</li> <li>• Provider Appeals</li> </ul>

## PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from August 4, 2021 to November 10, 2021 that are available online at [providers.bluecrossmn.com](https://providers.bluecrossmn.com). As a reminder, Bulletins are published on the first business day of each month and Quick Points are published on the second and fourth Wednesday of every month.

QUICK POINTS	TITLE
QP62-21	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective October 1, 2021
QP63-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Empaveli™ (pegcetacoplan)
QP64-21	Patient360 Enhancement for Minnesota Health Care Programs Members
QP65-21	Minnesota Health Care Programs Providers use of the Interactive Care Reviewer
QP65R1-21	Update: Minnesota Health Care Programs Providers use of the Interactive Care Reviewer
QP66-21	Behavioral Health Fax Number Updates for Minnesota Health Care Programs
QP67-21	Commercial Pharmacy Benefit Exclusion for Mifeprex™
QP68-21	Referral Codes Required for Complete Child & Teen Checkup Claims for Minnesota Health Care Programs
QP69-21	Update for New to Market Medical Drugs: Ciltacabtagene Autoleucel
QP70-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective November 1, 2021
QP71-21	Provider Sharing of Protected Health Information (PHI) with Care Coordinators for Minnesota Health Care Program Members
QP72-21	Commercial and MHCP Pharmacy Benefit Exclusion for Saphnelo™
QP73-21	Medical Drug Update – RSV Health Alert and Palivizumab (Synagis)
QP74-21	Chantix Recall and Shortage

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## PUBLICATIONS AVAILABLE ONLINE (continued)

QUICK POINTS	TITLE
QP75-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Weight Loss Agents
QP76-21	Commercial and MHCP Pharmacy Benefit Exclusion for Upravi®
QP77-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective December 1, 2021
QP78-21	Commercial Pharmacy Benefit Update – New Drug-Related Quantity Limit (QL) Criteria: Stromectol® (ivermectin)
QP79-21	New Availity Appeal Portal Available to Create, Submit and Inquire on Post Service Claim Appeals
QP80-21	BlueRide <sup>SM</sup> announces No-Load Pilot Program for Non-Emergency Medical Transportation (NEMT) in Greater Minnesota
QP81-21	Save the Date: Best Practices in Value-Based Arrangements
QP82-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Accrufer™ (ferric maltol)
QP83-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Kerendia®
QP84-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Cholestasis Pruritis
QP85-21	Concierge Process for Atypical Providers
QP86-21	Commercial Pharmacy Benefit Exclusion for Mitigare®
QP87-21	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective January 1, 2022
QP88-21	MHCP Pharmacy Benefit Exclusion for Tivdak™
QP89-21	Pharmacy Benefit Exclusion for Lantus and Lantus Solostar
QP90-21	Update for New to Market Medical Drugs: Tezepelumab, Faricimab, and Ranibizumab Injection (Susvimo implant)
QP91-21	Propeller - A Digital Health Resource for Select Blue Cross and Blue Shield of Minnesota Health Plan Members
BULLETINS	TITLE
P49-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P50-21	eviCore Healthcare Specialty Utilization Management (UM) Program Radiation Oncology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P51-21	eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P52-21	Introduction of New Self-Insured Product
P53-21	Update for New-to-Market Medical Drug: aducanumab (Aduhelm)
P54-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P55-21	Early Intensive Developmental and Behavioral Intervention (EIDBI) Service Authorization and Claims Submission for Minnesota Health Care Programs
P55R1-21	Update: Early Intensive Developmental and Behavioral Intervention (EIDBI) Service Authorization and Claims Submission for Minnesota Health Care Programs
P56-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective December 6, 2021
P57-21	2022 Renewal Changes Summary for Primary Care Clinic Providers

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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](https://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

## PUBLICATIONS AVAILABLE ONLINE (continued)

BULLETINS	TITLE
P58-21	2022 Renewal Changes Summary for Institutional Providers
P59-21	New: eviCore Home Health Care (HHC) Supplementary Guidelines for Medicare Advantage Subscribers
P60-21	Sequestration Reinstated January 1, 2022
P61-21	Evaluation and Management Reimbursement Changes
P62-21	eviCore Healthcare Enhanced Utilization Management (UM) now being offered to Self-Insured Groups
P63-21	Member Protections from Conversion Therapy
P64-21	Update to Reimbursement Policy Durable Medical Equipment (DME) - 002 Oxygen Aiding Equipment
P65-21	Change in Claim Submission for Medicare Members for COVID-19 Vaccines and Monoclonal Antibody Treatment
P66-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective January 3, 2022
P67-21	Medical Drug Policy Update – Infliximab Preferred Product Expansion to Include Remicade, Inflectra, and Renflexis
P68-21	eviCore Healthcare Specialty Utilization Management (UM) Program - Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P69-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P70-21	New: eviCore Durable Medical Equipment (DME) Supplementary Guidelines for Medicare Advantage Subscribers
P71-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P72-21	Introducing Coupe Health
P73-21	Update to Reimbursement Policy Lab Path Services - 002 Professional Component for Pathology Test
P74-21	Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama

## DISCLOSURE OF OWNERSHIP FORM

Blue Cross makes every effort to assist providers in complying with the Minnesota Department of Human Services (DHS) Disclosure of Ownership and Business Transactions requirement. It is imperative that every provider complete and submit the DHS required disclosure form annually. Failure to do so may result in material noncompliance with the requirements of participation.

Please take a moment to complete and submit the Disclosure of Ownership form on our website at <https://www.bluecrossmn.com/providers/forms-and-publications>. Select “forms-Clinical Operations” in the drop-down menu, then Search “disclosure” to access the form.

If you have any questions, please email us at [DisclosureStatement@bluecrossmn.com](mailto:DisclosureStatement@bluecrossmn.com). Thank you for your attention to this important compliance effort.

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# FYI

## REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has continually collaborated with providers to ensure accurate information is provided in all provider directories. Accuracy requires both Providers and Blue Cross to make every effort to support current information.

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of Subscribers. Please promptly submit a form to us when changes occur, including any of the following:

- 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](https://www.bluecrossmn.com). Select “Administrative Updates” in the “What’s Inside” section to obtain instructions on completing the various forms or access this link below:

<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**.

## WHOM TO CONTACT?

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	<b>(651) 662-5200 or 1-800-262-0820</b>
BlueCard® member benefits or eligibility	<b>1-800-676-BLUE (2583)</b>
FEP® (voice response unit)	<b>(651) 662-5044 or 1-800-859-2128</b>
Availity	<b>1-800-282-4548</b>
Provider Services	<b>(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227</b> <b>Notes:</b> eviCore provider service: <b>1-844-224-0494</b> Minnesota Health Care Programs (MHCP) provider service: <b>1-866-518-8448</b>
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.	



# PHARMACY UPDATES

## PHARMACY UPDATES FOR QUARTER 4, 2021

### PHARMACY DRUG FORMULARY UPDATE

As part of our continued efforts to evaluate and update our formularies, 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 web address.

Formularies: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on whether 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 Step Therapy, and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized

#### New Prior Authorization with Quantity Limit Program Effective 10/1/2021

BRAND NAME (generic name - if available)	UM Program		
ARCALYST INJ 220 mg	PA	QL	
EMPAVELI INJ 1080 mg/20mL	PA	QL	
EXJADE ( <b>deferasirox</b> ) TABLET FOR ORAL SUSPENSION 125 mg	PA	QL	
EXJADE ( <b>deferasirox</b> ) TABLET FOR ORAL SUSPENSION 250 mg	PA	QL	
EXJADE ( <b>deferasirox</b> ) TABLET FOR ORAL SUSPENSION 500 mg	PA	QL	
ILARIS INJ 150 mg/mL	PA	QL	
JADENU (deferasirox) GRANULES PACKET 180 mg	PA	QL	
JADENU (deferasirox) GRANULES PACKET 360 mg	PA	QL	
JADENU (deferasirox) GRANULES PACKET 90 mg	PA	QL	
JADENU (deferasirox) TABLET 180 mg	PA	QL	
JADENU (deferasirox) TABLET 360 mg	PA	QL	
JADENU (deferasirox) TABLET 90 mg	PA	QL	

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# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

### Changes to Existing Utilization Management Programs Effective 10/1/2021

BRAND NAME (generic name - if available)	UM Program		
ALOCRIIL SOLUTION 2%			ST
AYVAKIT TABLET 25 mg	PA	QL	
AYVAKIT TABLET 50 mg	PA	QL	
AZSTARYS CAPSULE 26.1 mg-5.2 mg	PA	QL	
AZSTARYS CAPSULE 39.2 mg-7.8 mg	PA	QL	
AZSTARYS CAPSULE 52.3 mg-10.4 mg	PA	QL	
COSENTYX PREFILLED SYRINGE 75 mg/0.5 mL	PA	QL	
DUPIXENT INJ 200 mg/1.14 mL	PA	QL	
EXSERVAN MIS 50 mg	PA	QL	
INGREZZA CAPSULE 60 mg	PA	QL	
LUMAKRAS TABLET 120 mg	PA	QL	
REPATHA PUSH INJ 420 mg/3.5 mL		QL	
SOLIQUA INJ 100 unit/33 mcg/mL		QL	ST
TRIKAFTA TABLET 50 mg - 25 mg - 37.5 mg	PA	QL	
TRUSELTIQ CAPSULE 50 mg	PA	QL	
TRUSELTIQ CAPSULE 75 mg	PA	QL	
TRUSELTIQ CAPSULE 100 mg	PA	QL	
TRUSELTIQ CAPSULE 125 mg	PA	QL	
WEGOVY INJ 0.25 mg	PA	QL	
WEGOVY INJ 0.5 mg	PA	QL	
WEGOVY INJ 1 mg	PA	QL	
WEGOVY INJ 1.7 mg	PA	QL	
WEGOVY INJ 2.4 mg	PA	QL	
XELJANZ TABLET 10 mg	PA	QL	
XELJANZ XR TABLET 22 mg	PA	QL	
XOFLUZA TABLET 40 mg		QL	
XOFLUZA TABLET 80 mg		QL	

Key for all the above tables:

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

### Effective October 1, 2021

- Ivermectin Quantity Limit Program was implemented for Commercial and Medicaid.
- Weight Loss Prior Authorization with Quantity Limit Program was implemented for Medicaid.

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# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

### Effective December 1, 2021

- Elagolix Prior Authorization with Quantity Limit Program will be renamed to Elagolix/Relugolix Prior Authorization with Quantity Limit Program for Commercial and Medicaid.

### Effective January 1, 2022

- Accrufer Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Cholestasis Pruritis Prior Authorization Program will be implemented for Commercial and Medicaid.
- Combination Nonsteroidal Anti-Inflammatory Drug (NSAID) Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Kerendia Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Rho Kinase Inhibitor Step Therapy with Quantity Limit Program will be implemented for Commercial.
- Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitors and Combinations Step Therapy Program will be implemented for Commercial. SGLT-2 Inhibitors and Combinations Quantity Limit Program will remain in place for Commercial.

A detailed list of all drugs included in these programs can be found at the following web address:

Utilization Management information: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on whether 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 with "Utilization management" in the title. These will list all applicable drugs currently included in one of the above programs.

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# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

### PHARMACY BENEFIT EXCLUSIONS

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Ivermectin cream 1%	June 22, 2021

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	Pharmacy Benefit Inclusion Effective Date for Commercial
Mifeprex™ (mifepristone) tablet 200 mg	August 25, 2021
Saphnelo™ (anifrolumab-fnia) intravenous solution	September 22, 2021
Uptravi® (selexipag) intravenous solution	October 13, 2021

Drug Name	Pharmacy Benefit Inclusion Effective Date for Medicaid
Saphnelo™ (anifrolumab-fnia) intravenous solution	September 22, 2021
Uptravi® (selexipag) intravenous solution	October 13, 2021

### 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 web address below:

Exception request: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." 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.

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# PHARMACY UPDATES

## PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

### ADDITIONAL RESOURCES

For tools and resources regarding Pharmacy please visit our website at [bluecrossmn.com](https://www.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 to 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 <https://www.bluecrossmn.com/providers> 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 online at <https://www.fepblue.org>. 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 UPDATE

Policies Effective: November 1, 2021      Notification Posted: September 1, 2021

### **Policies developed**

- Vitamin D Screening, VI-60

### **Policies revised**

- Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
- Bariatric Surgery, IV-19
- Risk-Reducing Mastectomy, IV-27
- Microprocessor Controlled Prosthesis for the Lower Limb, VII-16
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### **Policies inactivated**

None

### **Policies delegated to eviCore**

None

Policies Effective: December 6, 2021      Notification Posted: October 1, 2021

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- Aducanumab- Medicare, II-254

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### **Policies delegated to eviCore**

None

Policies Effective: January 3, 2022      Notification Posted: November 1, 2021

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## **Policies inactivated**

None

## **Policies delegated to eviCore**

None

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## **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.



# MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies are effective a minimum of 45 days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.

Click on the "+" (plus) sign next to "Utilization Management."

- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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