

QUALITY IMPROVEMENTS

MULTICULTURAL HEALTH DISTINCTION

Blue Cross has achieved its 2nd NCOA Distinction in Multicultural Health Care. Blue Cross remains the only health insurance company in Minnesota to obtain this award. This distinction identifies organizations that excel in providing culturally and linguistically sensitive services and works to reduce health care disparities. This program helps to identify gaps in Care and could lower out of pocket expenses.

To help assist with this program we need both member and provider multicultural information. Some of the information that would be needed from the providers is pulled from your credentialing applications and other pieces were part of the Provider Data Survey. It is important that you provide this information so Blue Cross can provide the best care possible.

Blue Cross believes that organizations responsible for care must be aware of and be sensitive to their populations' racial, cultural and language differences. The U.S. Department of Health and Human Services notes that "by tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations."

PROVIDERS PERSPECTIVE ON CONTINUITY AND COORDINATION OF CARE

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) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored a telephonic survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

Blue Cross conducted the survey of randomly selected contracted providers between August 31 through October 21, 2021. Qualified respondents included the Quality Director, Medical Director or Clinical Director at a facility, if available. When those individuals were not available someone with a clinical background and knowledge of continuity and coordination of care was interviewed.

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 2022 guides have been placed on the provider landing page (bluecrossmn.com/providers) for easier access and can be found within the 'Tools and Resources' section in the bottom right quadrant of the webpage.

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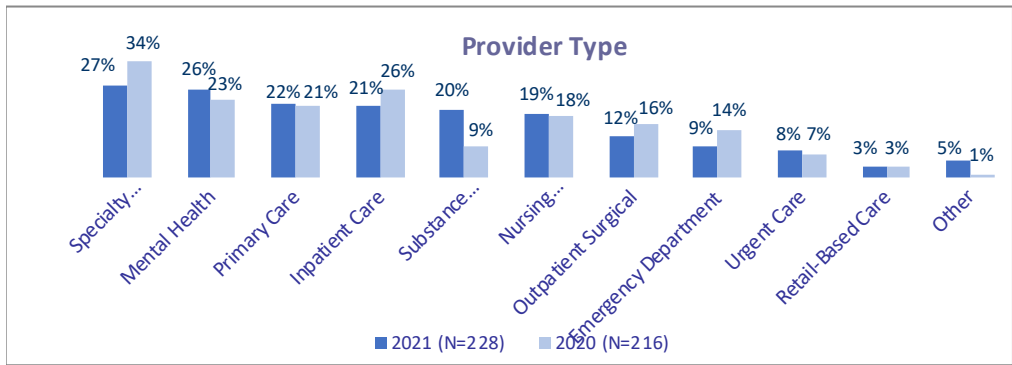
Medical and Behavioral Health Policy Updates / 16-19

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QUALITY IMPROVEMENT (continued)

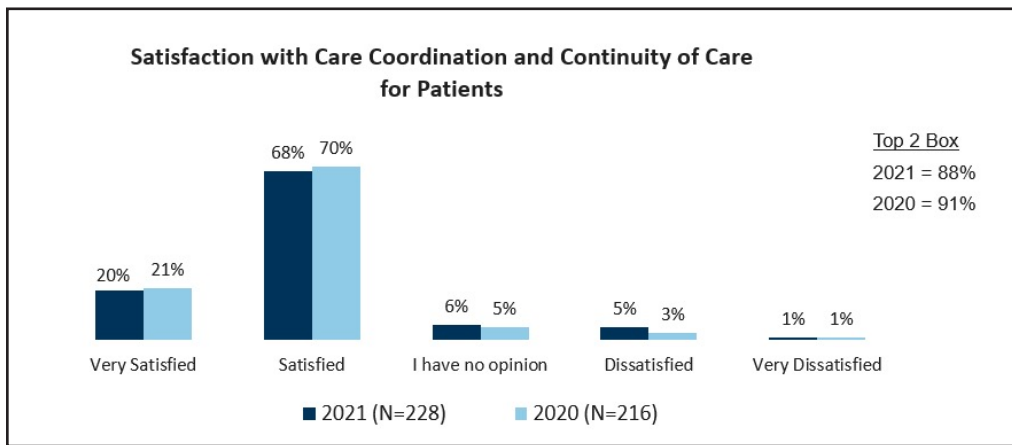
Respondent Representation

Respondents included a mix of practice types. In 2021 more substance use/chemical dependency providers participated. Emergency Department participants declined which is likely an impact of COVID-19 on providers.



Overall Satisfaction

Overall satisfaction with continuity and coordination of care is high with 88% of respondents saying they are “satisfied” or “very satisfied.” This is a decrease from 91% satisfaction last year. Of the provider types who responded, three showed a directional decrease in satisfaction from 2020. Those provider types are Primary Care (-7%), Substance Use/Chemical Dependency (-7%), and Inpatient Care (-8%).



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).

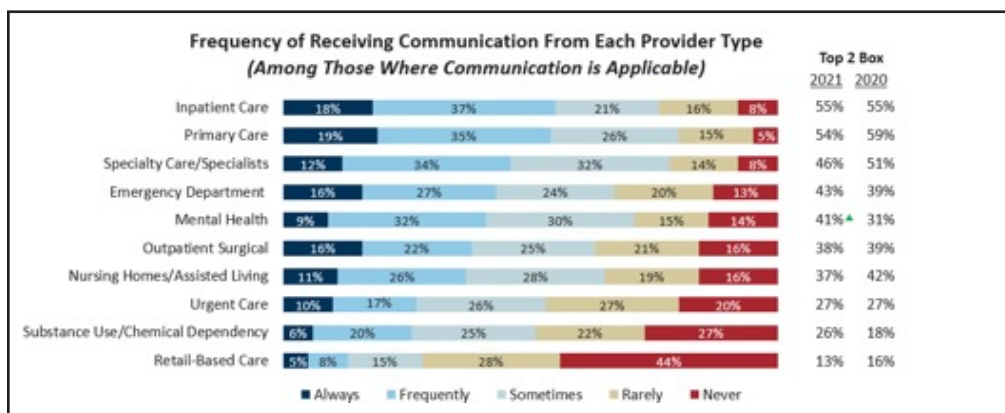
Required data elements for the report are as follows:

- 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

QUALITY IMPROVEMENT (continued)

Frequency of Receiving Communication

Respondents are most likely to receive communication about their patients from Primary Care and Inpatient Care. Communication frequency from mental health providers increased year-over-year, and there is a directional increase from substance use/chemical dependency providers.

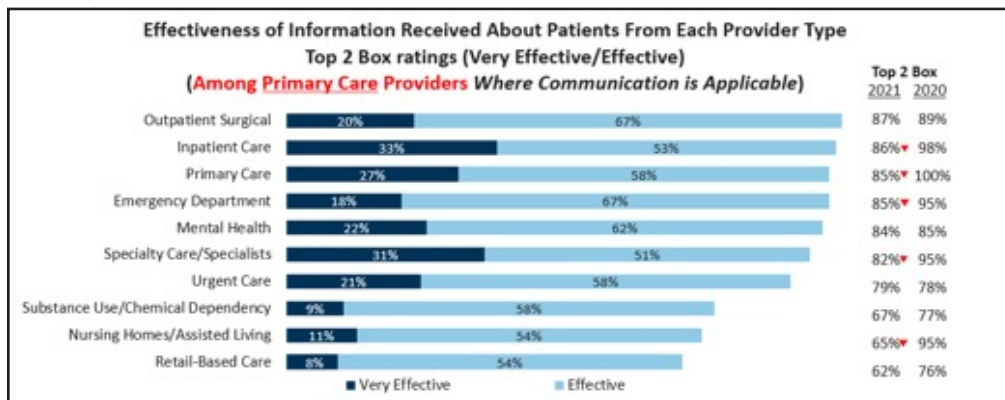


Provider Press

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.

Effectiveness of Information Received

Primary Care respondents report information received from Outpatient Surgical and Inpatient Care providers as most effective. The effectiveness of information Primary Care Providers receive from Inpatient Care, Primary Care, Emergency Department, Specialty Care, and Nursing Homes/Assisted Living decreased significantly compared to last year.



It is no surprise that areas such as inpatient care, primary care and emergency departments, those possibly experiencing the most strain from the ongoing nature of the pandemic, also report decreases in effectiveness of communication.

The top themes around opportunities for Blue Cross to improve continuity and coordination of care were to decrease challenges with prior authorizations, implement for patient transportation and provide better coverage. Blue Cross’ ability to better understand gaps in providers’ coordination of care experiences can ultimately help us address opportunities to improve member experience and health outcomes.

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QUALITY IMPROVEMENT (continued)

Thank you

Thank you for your ongoing efforts to improve continuity and coordination of care for your patients as they navigate the health care system in pursuit of better health.

Throughout 2022, Blue Cross will continue to publish articles with best practices and tips to help you coordinate care more efficiently and effectively for your patients.

ONLINE PROVIDER SURVEY

Blue Cross implemented a new online provider survey in 2021. This new tool combines several provider surveys, reduces calls to busy providers/front desk personnel and is environmentally friendly by reducing use of paper.

The Online Provider Survey centered around two areas of importance. The first focus of this survey was on the Blue Cross Find a Doctor (FAD) data. Provider directories are an important tool used by members and prospective members to select and contact their physicians and other contracted providers who deliver their medical care. Members and their caregivers rely on our online provider directory tool to make informed decisions regarding their health care choices. Inaccurate data in the directory can create a barrier to care as well as negatively impact member experience.

The second focus of this survey centered around appointment access for members. This is especially important in our current environment. The ability for members to obtain services in a timely manner is needed to make sure our members can resolve any health concerns. This part of the survey only focused on selected specialties. The specialties assessed for appointment access in 2021 were broken into four groups: High Volume, High Impact, Behavioral Health, and PCP.

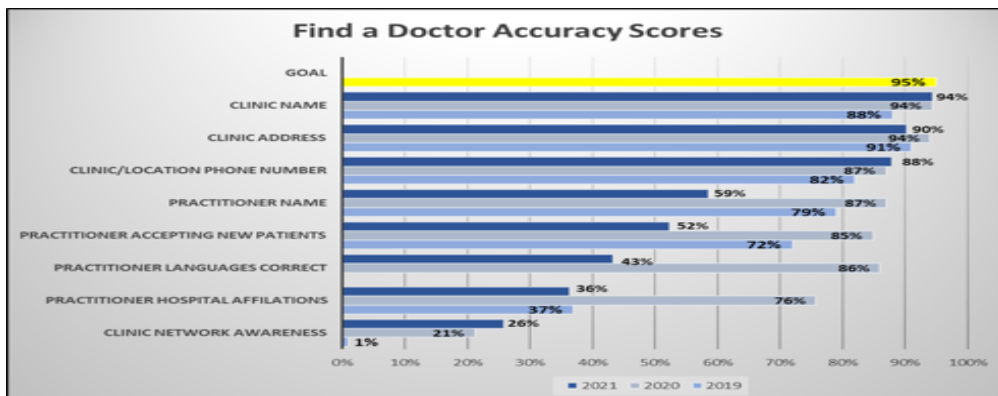
High volume specialty care is defined as types of practitioners most likely to provide services to the largest segment of the membership and included OB/GYN and Dermatology. High impact specialty care is defined as practitioner types that treat conditions that have high mortality and morbidity rates and included Cardiology and Oncology. Behavioral Health services were broken out as either prescriber which included psychiatrists and psychiatric nurse practitioners, and non-prescribers which included psychologists. Lastly, our most utilized practitioner type; Primary Care practitioners.

Letters were sent to all providers active in the Blue Cross Find a Doctor tool between June and July of 2021. These letters provided information on what was being assessed and the web address to complete the survey.

The results of this survey showed a strong overall response rate of 23.7% return. This was greatly appreciated by Blue Cross. The collected data showed that while Blue Cross did not achieve our goal of 95% accuracy of the data, it did show where we could improve. The table below shows the overall results of the FAD components:

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QUALITY IMPROVEMENT (continued)



The biggest area of concern was centered around the question on Network Awareness. This question is required by the National Committee for Quality Assurance (NCQA) for compliance with its standards for quality. However, Blue Cross recognizes that the way the question was phrased may not coincide with your current processes for validating member coverage. Blue Cross is working on another way to obtain this information that will be easier for providers and still meet the NCQA requirements.

This survey will also allow our provider data outreach team to narrow its work to those providers indicating issues with their data, by reaching out to you and helping you update any data that may have been incorrect. Finally, the feedback provided by you either through the survey or through the contact e-mail will help us improve the survey for 2022.

While the overall survey was a success, not all components of the survey were completed, especially those centered around appointment accessibility for the applicable specialties resulting in data that was not significant enough to obtain meaningful data. Reviewing the results of the data showed that those locations where appointment accessibility was needed did not complete the survey or choose not to complete this portion of the survey. As a result, the appointment accessibility information was skewed and performed poorly for 2021.

Blue Cross recognizes that many of you are still heavily impacted by COVID and are working under reduced offices hours which has also negatively impacted the results of this survey and overall, a member’s ability to obtain access to care. Blue Cross appreciates the care and dedication you have given to our members. The next iteration of this survey, if it continues to receive poor responses will have a follow-up call to those locations needed to obtain the required information to assess the Blue Cross network appointment accessibility.

Blue Cross very much appreciates your efforts in helping us provide the best possible FAD tool and appointment accessibility for our members and your patients. If you have further feedback you would like to provide related to the Online Provider Survey,

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QUALITY IMPROVEMENT (continued)

ONLINE PROVIDER SURVEY (continued)

please contact Blue Cross at the Quality.Improvement@bluecrossmn.com mailbox. This mailbox is not monitored daily, and we cannot answer any provider questions not related to the Online Provider Survey.

What does this mean for you? Blue Cross will use these results to identify improvement opportunities to enhance our network capabilities. Normally, Blue Cross would send out letters to those providers who did not meet requirements. However due to the current pandemic, no letters will be sent out this year. Please remember, as a contracted provider you are bound by the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

AFTER-HOURS SURVEY

Blue Cross conducted an After-Hours survey in August of 2021. The survey was a random selection of our primary care physicians (PCP) and Behavioral Health Practitioners utilized by Blue Cross members.

The results showed that 91.4% of the PCP's surveyed met the requirement to have after-hours messaging. While this is a positive result, it fell short of Blue Cross' goal to have 100% of providers conveying after-hours information to members. This is a slight reduction from the previous year and highlights that some PCP locations are still not meeting After-Hours requirements and will require additional assessment and follow up.

The Behavioral Health practitioners also did not meet the goal, with only 66.9% of practitioners meeting this requirement. This was a 7% decline from prior year results. The after-hours messaging is especially important within the behavioral Health arena. If a member cannot obtain the services he/she believes they need due to office hours, then an alternative such as a behavioral health hotline needs to be offered to members in crisis.

Blue Cross encourages all practitioners to review the After-Hour requirements to understand what is expected for each location contracted with Blue Cross.

What does this mean for you? Normally, Blue Cross would send out letters to those providers who did not meet requirements to work on fixing any identified issues. However due to the current pandemic, no letters will be sent out this year. Please remember, as a contracted provider you are bound by the After-Hours requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

FYI

PROCEDURE MODIFIER NR IS REQUIRED FOR DME ON RENTAL TO PURCHASE CHANGES

Durable Medical Equipment (DME) purchases that were originally billed as rentals, require providers to use the NR procedure modifier on the subsequent submitted claim to indicate the DME is now purchased.

This modifier differentiates the change between DME that was previously rented, and now purchased. Providers should bill the purchase price of the equipment and submit the claim with the NR procedure modifier.

Provider remits will reflect the allowed amount of the purchase price, minus the rental allowed amount that was previously processed in the patient’s claims history.

Definitions for procedure modifiers NR and NU are as follows:

- NR - New when rented. Use the NR modifier when the DME which was new at the time of rental is subsequently purchased.
- NU - New equipment. The NU modifier should be used for purchases only with no prior rental history.

PROVIDER MANUAL UPDATES

The following is a list of the Blue Cross provider manuals that have been updated from December 1, 2021 through February 3, 2022. As a reminder, provider manuals are available online at providers.bluecrossmn.com. To view the manuals, select “Forms & publications,” then “manuals.” Updates to the manuals are documented in the “Summary of changes” section of the online manuals.

MANUAL NAME: CHAPTER NUMBER AND TITLE	CHANGE
Provider Policy and Procedure Manual: Chapter 2, Provider Agreements	Content added to the following section: •Responsibilities of Participating Providers

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from November 24, 2021 to February 9, 2022 that are available online at 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
QP92-21	Federal Employee Program Plans Migration of Dental Coverage to United Concordia Dental
QP92R1-21	Update: Federal Employee Program Plans Migration of Dental Coverage to United Concordia Dental
QP93-21	Electronic Data Interchange Process for Availity Transactions for Minnesota Health Care Programs
QP94-21	MHCP Pharmacy Benefit Exclusion for Triesence® and Dexycu™

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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 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

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QUICK POINTS	TITLE
QP95-21	Update for New to Market Medical Drugs: triamcinolone acetonide injectable suspension (Xipere) and vutrisiran
QP96-21	Processing Change for HCPCS Code A9279
QP97-21	MHCP Pharmacy Benefit Exclusion for Asparlas™, Khapzory™, Nulojix®, Oncaspar® and Susvimo™
QP98-21	Commercial Pharmacy Benefit Exclusion for Nulojix® and Susvimo™
QP99-21	Blue Cross and Blue Shield of Minnesota Collaboration with VillageHealth
QP100-21	Checks to be Sent for Unpaid Prompt Pay Penalties
QP101-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective February 1, 2022
QP102-21	Preferred Genetic Laboratory Network
QP103-21	Provider Appeals Delayed
QP104-21	Colorectal Cancer: Screening Age Range Update
QP105-21	No-Cost Community Health Worker Services added to Commercial Plans
QP106-21	Member Identification Cards Delayed
QP1-22	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective March 15, 2022
QP2-22	MHCP Pharmacy Benefit Exclusion for Nexvazyme™
QP3-22	Commercial Pharmacy Benefit Exclusion for Loreev XR and Sertraline Capsules
QP4-22	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective March 1, 2022
QP5-22	New Access Point for Prior Authorization Look Up Tool and Blue Cross Website Updates)
QP6-22	New Telehealth Place of Service Code 10
QP7-22	Providers in Ramsey and Scott Counties Should Continue to Provide Care to Blue Plus Members
QP8-22	Anthem Blue Cross Change to City of New York Retirees
QP9-22	Timely Filing Denials for COVID-19 Testing and Immunizations
QP10-22	Commercial Pharmacy Benefit Exclusion for Basaglar®
QP11-22	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective April 1, 2022
QP12-22	MHCP Pharmacy Benefit Exclusion for Aprelude, Tezspire™, and Vyvgart™
QP13-22	Commercial Pharmacy Benefit Exclusion for Aprelude, Tezspire™, and Vyvgart™
BULLETINS	TITLE
P75-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P76-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective January 31, 2022
P77-21	Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama
P78-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates
P79-21	Notice of Admission (NOA) Claims Required for Home Care Claims Effective January 1, 2022)
P1-22	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements

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FYI

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BULLETINS	TITLE
P2-22	Removal of Prior Authorization Requirement - Effective January 31, 2022
P3-22	Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama
P4-22	Request a Prior Authorization Extension for Delayed Procedure
P5-22	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P6-22	Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans Managed by Blue Cross and Blue Shield of Alabama
P7-22	eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates
P8-22	eviCore Healthcare Specialty Utilization Management (UM) Program – Sleep Management Clinical Guideline Updates
P9-22	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective April 4, 2022

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. Thank you for your attention to this important compliance effort.

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

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FYI

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Forms location

Based on what change has occurred, submit the appropriate form located on our website at [providers.bluecrossmn.com](https://www.bluecrossmn.com/providers). 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>.

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 and 1-888-420-2227 Notes: eviCore provider service: 1-844-224-0494 Minnesota Health Care Programs (MHCP) provider service: 1-866-518-8448
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.	

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**.

PHARMACY UPDATES

PHARMACY UPDATES FOR QUARTER 1, 2022

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 Program Effective 1/1/2022

BRAND NAME (generic name - if available)	UM Program		
BYLVAY CAPSULE 200 mcg	PA		
BYLVAY CAPSULE 400 mcg	PA		
BYLVAY CAPSULE 600 mcg	PA		
BYLVAY CAPSULE 1200 mcg	PA		

New Prior Authorization with Quantity Limit Program Effective 1/1/2022

BRAND NAME (generic name - if available)	UM Program		
ACCRUFER CAPSULE 30 mg	PA	QL	
KERENDIA TABLET 10 mg	PA	QL	
KERENDIA TABLET 20 mg	PA	QL	

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

New Step Therapy Program Effective 1/1/2022

BRAND NAME (generic name - if available)	UM Program	
	QL*	ST
INVOKAMET TABLET 50-500 mg	QL*	ST
INVOKAMET TABLET 50-1000 mg	QL*	ST
INVOKAMET TABLET 150-500 mg	QL*	ST
INVOKAMET TABLET 150-1000 mg	QL*	ST
INVOKAMET XR TABLET 50-500 mg	QL*	ST
INVOKAMET XR TABLET 50-1000 mg	QL*	ST
INVOKAMET XR TABLET 150-500 mg	QL*	ST
INVOKAMET XR TABLET 150-1000 mg	QL*	ST
INVOKANA TABLET 100 mg	QL*	ST
INVOKANA TABLET 300 mg	QL*	ST
QTERN TABLET 5-5 mg	QL*	ST
QTERN TABLET 10-5 mg	QL*	ST
SEGLUROMET TABLET 2.5-500 mg	QL*	ST
SEGLUROMET TABLET 2.5-1000 mg	QL*	ST
SEGLUROMET TABLET 7.5-500 mg	QL*	ST
SEGLUROMET TABLET 7.5-1000 mg	QL*	ST
STEGLATRO TABLET 5 mg	QL*	ST
STEGLATRO TABLET 15 mg	QL*	ST
STEGLUJAN TABLET 5-100 mg	QL*	ST
STEGLUJAN TABLET 15-100 mg	QL*	ST

*Quantity Limit already implemented

New Step Therapy with Quantity Limit Program Effective 1/1/2022

BRAND NAME (generic name - if available)	UM Program	
	QL	ST
RHOPRESSA SOLUTION 0.02%	QL	ST
ROCKLATAN DROPS	QL	ST

Changes to Existing Utilization Management Programs Effective 1/1/2022

BRAND NAME (generic name - if available)	UM Program	
	PA	QL
BREXAFEMME TABLET 150 mg	PA	QL
EXKIVITY CAPSULE 40 mg	PA	QL
INSULIN GLARGINE INJECTOR 100 units/mL vial		QL
INSULIN GLARGINE SOLUTION 100 units/mL vial		QL
LYBALVI TABLET 10-10 mg	PA	QL
LYBALVI TABLET 15-10 mg	PA	QL
LYBALVI TABLET 20-10 mg	PA	QL
LYBALVI TABLET 5-10 mg	PA	QL
MIGRANAL (dihydroergotamine) SPRAY 4 mg/mL	PA	QL

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

BRAND NAME (generic name - if available)	UM Program		
MYRBETRIQ SUSPENSION 8 mg/mL	PA	QL	
TOLVAPTAN TABLET 30 mg	PA	QL	
TRUDHESA AEROSOL 0.725 mg per actuation	PA	QL	
WEGOVY INJ 0.25 mg	PA*	QL	
WEGOVY INJ 0.5 mg	PA*	QL	
WEGOVY INJ 1 mg	PA*	QL	
WELIREG TABLET 40 mg	PA	QL	

*PA already in place QL is changing

Key for all the above tables:

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

Effective January 1, 2022

- Antifungal Agents-Cresemba, Noxafil, Vfend Prior Authorization Program will be renamed to Antifungal Agents-Brexafemme, Cresemba, Noxafil, Vfend Prior Authorization with Quantity Limit Program for Commercial and Medicaid.
- Atopic Dermatitis Step Therapy Program will be renamed to Atopic Dermatitis (Elidel, Eucrisa, Protopic [tacrolimus]) Step Therapy Program for Commercial and Medicaid.

Effective February 1, 2022

- Anti-Covid 19 Agents Quantity Limit Program will be implemented for Medicaid.
- Deferasirox Prior Authorization with Quantity Limit Program will be renamed to Iron Chelation Prior Authorization with Quantity Limit Program for Commercial.

Effective March 1, 2022

- Anti-Covid 19 Agents Quantity Limit Program will be implemented for Commercial.
- Opzelura Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Tavneos Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Tyrvaya Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective April 1, 2022

- Opzelura Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Tavneos Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Tyrvaya Prior Authorization with Quantity Limit Program will be implemented 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.

PHARMACY BENEFIT EXCLUSIONS AND UPDATES

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
Lantus (insulin glargine) Injection 100 unit/ml	January 1, 2022
Lantus Solostar (insulin glargine) Pen Injector 100 unit/ml	January 1, 2022
Loreev XR (lorazepam extended-release) Capsules	January 12, 2022
Sertraline (sertraline hydrochloride) Capsules 150 mg & 200 mg	January 12, 2022

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.

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PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Drug Name	Pharmacy Benefit Inclusion Effective Date for Commercial
Nulojix® (belatacept) for intravenous (IV) infusion	January 1, 2022
Susvimo™ (ranibizumab) intravitreal injection; intravitreal implant kit	January 1, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Asparlas™ (calaspargase pegol-mknl) for intravenous (IV) infusion	January 1, 2022
Dexycu™ (dexamethasone) intraocular suspension	January 1, 2022
Fyarro™ (sirolimus albumin-bound nanoparticles for injectable suspension) for intravenous (IV) infusion	March 1, 2022
Khapzory™ (levoleucovorin) for intravenous (IV) infusion	January 1, 2022
Nexviazyme™ (avalglucosidase alfa-ngpt) for intravenous (IV) infusion	January 12, 2022
Nulojix® (belatacept) for intravenous (IV) infusion	January 1, 2022
Oncaspar® (pegaspargase) for intramuscular or intravenous (IV) infusion	January 1, 2022
Susvimo™ (ranibizumab) intravitreal injection; intravitreal implant kit	January 1, 2022
Tivdak™ (tisotumab vedotin-tftv) for intravenous use	November 10, 2021
Triesence® (triamcinolone acetonide) intraocular suspension	January 1, 2022

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 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: January 31, 2022 Notification Posted: December 1, 2021

Policies developed

- Avalglucosidase Alfa, II-256

Policies revised

- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-133
- Percutaneous Tibial Nerve Stimulation (PTNS), IV-135
- Gender Affirming Procedures for Gender Dysphoria, IV-123
- Immunoglobulin Therapy, II-51
- Vedolizumab, II-182
- Tocilizumab, II-181
- Ravulizumab, II-229

Policies inactivated

None

Policies delegated to eviCore

None

Policies Effective: April 4, 2022 Notification Posted: February 1, 2022

Policies developed

None

Policies revised

- Balloon Dilation of the Eustachian Tube, IV-162
- Genetic Testing for Hereditary Breast and/or Ovarian Cancer, VI-16
- Rhinoplasty, IV-73
- Measurement of Serum Antibodies to Infliximab and Adalimumab, VI-55
- Platelet-Rich Plasma, II-76
- Brexucabtagene Autoleucel, II-245
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions, II-71

Policies inactivated

None

Policies delegated to eviCore

None

Policies reviewed with no changes in November 2021 and January 2022

- Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, IV-165
- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
- Baroreflex Stimulation Devices, IV-139
- Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148
- Breast Implant, Removal or Replacement, IV-14

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Buprenorphine Implant, II-197
- Composite Tissue Allotransplantation of the Hand, IV-151
- Durable Medical Equipment (DME), VII-07
- Dynamic Spine Stabilization, IV-52
- Electroconvulsive Therapy, X-46
- Electromagnetic Navigational Bronchoscopy, II-132
- Expanded Cardiovascular Risk Panels, VI-51
- General Anesthesia Services for Dental Procedures, II-166
- Hematopoietic Stem Cell Transplantation for Autoimmune Disease, II-121
- Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma, II-135
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Intravenous Anesthetics for the Treatment of Chronic Pain, II-141
- Intravenous Ketamine for Treatment of Depression, II-225
- Mechanical Stretching Devices, VII-62
- Medical Marijuana (Cannabis), II-221
- MRI-Guided High-Intensity Focused Ultrasound Ablation and MRI-Guided High-Intensity Directional Ultrasound Ablation, IV-119
- Naltrexone Implants, II-223
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Patisiran, II-220
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, IV-134
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Phototherapy in the Treatment of Psoriasis, II-39
- Secretin Infusion Therapy for Autism, II-23
- Steroid-Eluting Devices for Maintaining Sinus Ostial Patency, IV-140
- Subtalar Arthroereisis, IV-26
- Tidarizumab (Ilumya), II-222
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies, II-190
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, IV-136
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation, IV-118
- Voretigene Neparvovec (Luxturna), II-188
- Wearable Cardioverter Defibrillators, II-91
- Wound Healing: Non-Contact Ultrasound Treatment, II-88

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:

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MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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.
- The “Medical and Behavioral Health Policies” section lists all policies effective at the time of your inquiry.

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

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

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

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

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Information in Provider Press is a general outline. Provider and member contracts determine benefits.

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