

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 23, 2022

Blue Cross and Blue Shield of Minnesota Collaboration with VillageHealth

As previously communicated in Provider Quick Point QP99-21, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) began a collaboration with VillageHealth DM, LLC starting on March 1, 2021. This program helps deliver integrated kidney care (IKC) to chronic kidney disease (CKD) and end stage kidney disease (ESKD) subscribers.

The program is designed to support providers in identifying gaps in care, help improve clinical outcomes, educating patients to help inform modality choice, and enable timely and clinically appropriate referrals while helping to reduce unnecessary medical costs. The IKC program helps eligible Blue Cross subscribers better manage their kidney disease, empowering them to maintain their health and lifestyle. Program engagement by a subscriber is optional.

Lines of business included in this program: commercial fully insured, individual, Medicare Advantage, and most commercial self-insured groups.

New Information

Attached is a flyer that can be used by a subscriber's primary care provider to help determine when to test and refer a member during the process of kidney care.

Providers may contact the nurse guide team at **1-866-489-6947** to determine if a member can be referred to this program.

VillageHealth is part of DaVita, Inc., an independent company. VillageHealth offers supportive care services for kidney disease.

QP23-22

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Improving the uACR

When to test and refer a member

How to improve urine micro albumin creatinine ratio (uACR), especially as it pertains to comorbid lab and testing for:

Diabetic Patients:

- Need to have HbA1c ≤ 7 within 6 months
- Use of SGLT2 for this population

Cardiovascular Patients:

- Need to have BP $\leq 140/90$
- On ACEI's or ARB's for primary hypertension, especially if diabetic or uACR > 30 mg/g
- LDL < 100 in last 12 months

For both diabetic and cardiovascular patients:

Reducing protein to 15-20% of diet, low fat dairy and whole grains and nuts, and increasing low potassium fresh fruits and vegetables to increase fiber intake, up to 55 grams of fiber/day, reduce salt intake to < 2 gm/day (DASH diet).

GFR	Albuminuria			Clinical Pearls:
	< 30 mg/g	30 - 299 mg/g	≥ 300 mg/g	
GFR ≥ 90	Monitor annual labs with uACR	Treat patient address cardiovascular risk, diabetes, hypertension	Refer to Nephrologist Timely referral saves lives	<ul style="list-style-type: none"> • Ordering an annual GFR and uACR test significantly increases accurate diagnosis and tracking of Kidney Disease¹ • 3.5-13.5% of early stage CKD Blue Cross® Blue Shield® patients receive an uACR • Albuminuria has been identified as a risk factor for both CV disease and CKD
GFR 60 - 89				
GFR 45 - 59				
GFR 30 - 44				
GFR 15 - 29				
GFR < 15				

Visit www.villagehealth.com today!

1. Detection of Chronic Kidney Disease With Creatinine, Cystatin C, and Urine Albumin-to-Creatinine Ratio and Association With Progression to End-Stage Renal Disease and Mortality. Peralta. Shlipak. Judd. JAMA 2011.
2. Albuminuria: Albumin in the Urine
3. Effects of ACEIs Versus ARBs on Proteinuria or Albuminuria in Primary Hypertension: A Meta-Analysis of Randomized Trials

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VillageHealth is an independent company that provides care management services for patients with end stage kidney disease.