

PROVIDER QUICK POINTS

PROVIDER INFORMATION



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PROVIDER PRESS

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ADMINISTRATIVE UPDATES

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.

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

Case and Condition/Disease Management Programs

Care Management includes a process for Case and Condition/Disease Management (C/DM) utilizing a primary case manager 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 healthcare 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 case manager process in our CM and C/DM programs is to evaluate clinical, social/humanistic and economic outcomes with the goal of achieving the 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 case manager who assists in facilitating the health of the whole person, not just their individual condition. The case manager 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, they 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 'Manuals' under 'Publications & 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**.

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

Clinical Practice Guidelines

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) believes that the use of clinical practice guidelines is a key component of Quality Improvement. At least every two years, Blue Cross' Quality Management Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgement; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

For the complete list of Clinical Practice Guidelines with hyperlinks please refer to Chapter Three of the Blue Cross Provider Policy and Procedure Manual. To access the manual, go to providers.bluecrossmn.com and select 'Manuals' under 'Publications & manuals.'

Please note, some treatment and management options recommended in clinical practice guidelines may not be covered benefits under a Blue Cross member's health plan.

Recommended Sources

Blue Cross recognizes several sources for Clinical Practice Guidelines for a variety of areas of clinical practice including but not limited to the sources noted below:

- USPSTF: U.S. Preventive Services Task Force
<http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browserecommendations>
- HRSA: Health Resources and Services Administration
<http://www.hrsa.gov/index.html>
- APA: American Psychiatric Association
<http://psychiatryonline.org/guidelines>

Specific Guidelines

Specific guidelines recommended by Blue Cross include the following:

- Behavioral Health
 - Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (AAP)
 - Treatment of Individuals with Depression (APA)
- Non-Preventive Acute or Chronic Conditions
 - Prevention and Management of Diabetes (ADA)
 - Diagnosis and Management of Asthma (NHLBI)
- Preventive Care Guidelines
 - Preventive Services for Adults (USPSTF)
 - Preventive Services Children and Adolescents (USPSTF)
 - Routine Prenatal Care (USPSTF)

Questions concerning Clinical Practice Guidelines can be directed to the Quality Improvement mailbox at quality.improvement@bluecrossmn.com. A copy of the Clinical Practice Guidelines with hyperlinks is also available.

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) 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.

As part of this survey, we asked “What can Blue Cross do to improve continuity and coordination of care for your practice?” Responses were varied and the top three areas identified were as follows:

- Transportation: Increase coverage and options.
- Prior Authorization: Reduce challenges and provide faster responses.
- Benefits: Increase coverage for home health care, behavioral health care, prescriptions, and preventive care.

Outlined below are a few of the ways we are working towards making improvements that help support continuity and coordination of care:

- Implemented enhanced Social Determinants of Health (SDoH) screening tool for use with members engaged in our care management programs; this supports efforts to reduce member SDoH-related barriers to accessing care.
- Launched prior authorization look-up tool on our website (Prior authorization lookup tool) to reduce complexity around coverage requirements and increase speed and ease of accessing care.
- Educational materials and resources on topics including (but not limited to) answers to common questions, coverage and benefits, and health and wellbeing are available to members on our website at bluecrossmn.com. Resources are also available for eligible members through the BlueCrossMN mobile application or by contacting Customer Service.

PHARMACY

Pharmacy Updates for Quarter 2, 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: bluecrossmn.com/providers

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document titled 'Comprehensive Formulary' 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 and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization 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 4/1/2022

BRAND NAME (generic name - if available)	UM Program		
OPZELURA CREAM 1.5%	PA	QL	
TAVNEOS CAPSULE 10 MG	PA	QL	
TYRVAYA SOLUTION 0.03 MG	PA	QL	

Changes to Existing Utilization Management Programs Effective 4/1/2022

BRAND NAME (generic name - if available)	UM Program		
BESREMI SOLUTION 500 MCG	PA	QL	
BIKTARVY TABLET 30/120/15 MG		QL	
BUPRENORPHINE HCL SUBLINGUAL TABLET 2 MG		QL	
BUPRENORPHINE HCL SUBLINGUAL TABLET 8 MG		QL	
DUPIXENT INJECTION 100 MG/0.67ML	PA	QL	
EPCLUSA PAK 150-37.5 MG	PA	QL	
EPCLUSA PAK 200-50 MG	PA	QL	
LIVMARLI SOLUTION 9.5MG/ML	PA		
MAVYRET PAK 50-20 MG	PA	QL	
OXBRYTA TABLET 300 MG	PA	QL	

BRAND NAME (generic name - if available)	UM Program		
	PA	QL	
RINVOQ TABLET 30 MG	PA	QL	
SCEMBLIX TABLET 20 MG	PA	QL	
SCEMBLIX TABLET 40 MG	PA	QL	
XARELTO SUSPENSION 1 MG/ML		QL	

Key for all above tables:

PA=Prior Authorization; QL=Quantity Limit

Effective April 1, 2022

- Insulin Quantity Limit Program will be reclassified into two insulin groups, Long Acting Insulin Quantity Limit Program and Rapid to Intermediate Acting Insulin Quantity Limit Program for Commercial and Medicaid.

Effective April 21, 2022

- OTC COVID-19 At-Home Quantity Limit Override Program will be implemented for Medicaid.

Effective June 1, 2022

- ATTR Amyloidosis Prior Authorization with Quantity Limit Program will be renamed 'ATTR (transthyretin amyloid) Amyloidosis' to further define 'ATTR' for Commercial and Medicaid.
- Opioid Immediate Release (IR) and Opioid Extended-Release (ER) Quantity Limit Programs will be retired to create a combined Opioid IR ER NTT (Immediate Release, Extended-Release, New To Therapy) Program for Medicaid.
- Inhaled Antibiotics Duplicate Therapy Quantity Limit Program will be implemented for Commercial. Inhaled Antibiotics Duplicate Therapy Prior Authorization Program will remain in place.

Effective July 1, 2022

- Cablivi Prior Authorization Program will be implemented for Commercial. Cablivi Quantity Limit Program will remain in place.
- CMV (cytomegalovirus) Quantity Limit Program will be implemented for Commercial.
- Voxzogo Prior Authorization with Quantity Limit Program will be implemented for Commercial and Medicaid.
- Vuity Quantity Limit Program will be implemented for Commercial and Medicaid.

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

Utilization Management information: bluecrossmn.com/providers

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document with 'Utilization management updates' 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
Basaglar® (insulin glargine) injection	April 1, 2022
Cyclosporine 0.05% ophthalmic emulsion	April 1, 2022
Icosapent ethyl capsule, 1 gm	April 1, 2022

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
Apretude (cabotegravir extended release) injectable suspension for intramuscular use	March 1, 2022
Enjaymo™ (sutimlimab-jome) intravenous infusion	May 1, 2022
Tezspire™ (tezepelumab-ekko) injection for subcutaneous use	March 1, 2022
Vabysmo™ (faricimab-svoa) intravitreal injection for ophthalmic use	April 1, 2022
Vyvgart™ (efgartigimod alfa-fcab) injection for intravenous use	March 1, 2022
Xipere™ (triamcinolone acetonide) suprachoroidal injection for ophthalmic use	April 1, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Apretude (cabotegravir extended release) injectable suspension for intramuscular use	January 28, 2022
Carvykti™ (ciltacabtagene autoleucel) suspension for intravenous use	May 1, 2022
Enjaymo™ (sutimlimab-jome) injection for intravenous use	May 1, 2022
Kimmtrak® (tebentafusp-tebn) injection for intravenous use	February 25, 2022
Lanreotide (lanreotide acetate extended release) injection for subcutaneous use	February 25, 2022
Pemfexy™ (pemetrexed) injection for intravenous use	February 25, 2022
Tezspire™ (tezepelumab-ekko) injection for subcutaneous use	January 28, 2022
Vabysmo® (faricimab-svoa) injection for intravitreal use	February 25, 2022
Vyvgart™ (efgartigimod alfa-fcab) injection for intravenous use	January 28, 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. This form can be found at the following web address:

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

Under 'More resources', select 'Tools & resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. 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 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 bluecrossmn.com/providers and select 'Forms and Publications' then select 'Manuals' from the 'Category' drop-down menu. 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 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'.