

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



October 26, 2022

## 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](http://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.

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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)

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### Minnesota Senior Health Options (MSHO) Model of Care: Annual Training Requirement Reminder

SecureBlue<sup>SM</sup> is Blue Plus' Minnesota Senior Health Options (MSHO) plan, a Fully Integrated Dual Eligible Special Needs Plan (SNP) in which Medicare and Medicaid benefits and services are integrated into one benefit package. The Centers for Medicare & Medicaid Services (CMS) requires all SNPs to have a Model of Care (MOC) for delivering coordinated care to our SecureBlue members.

In addition, CMS recommends all providers and appropriate staff complete MOC training upon initial employment and annually thereafter. Providers and appropriate staff recommended to complete the training include anyone who may participate in a SecureBlue member's Interdisciplinary Care Team, be responsible for implementation of the member's Collaborative Care Plan or manage planned or unplanned transitions of care. Providers should request all practitioners and staff who are delivering care that is part of the patient's treatment plan complete this training.

Blue Plus has made this training available in an easy-to-understand presentation that should take approximately 10-15 minutes to complete in order to help providers meet this requirement in the most efficient manner possible. The SecureBlue SNP-MOC training is available online through the BCBSMN Learning and Development website supported by Availity.

- Providers using Availity, log in to the Availity portal. Click Payer Spaces | BlueCrossBlueShield of Minnesota. Click Resources | Access BCBSMN Learning and Development. Providers will be directed to the Catalog. Search Blue Plus SecureBlue Special Needs Plan Model of Care – On-Demand, then click Enroll OR select “Minnesota Health Care Programs” under the Category dropdown to find the training.
- Providers not using Availity, use the link <https://bcbsmn.availitylearningcenter.com> to create your account. To create a new account, select Sign Up Now and follow the prompts. Use your email address as the username. Providers will be directed to the Dashboard. Click “Get Started” on the rotating banner titled Learn with Blue Cross and Blue Shield of Minnesota | then click on Access the Training Catalog | select Blue Plus SecureBlue Special Needs Plan Model of Care– On-Demand, then click Enroll.

A certificate may be printed after completion of the training. The Availity website will also track completion of your training. We are here to assist you in overcoming any barriers to training completion. If you have questions or require assistance, please send an email to [medicare.compliance.training@bluecrossmn.com](mailto:medicare.compliance.training@bluecrossmn.com).

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## HEDIS Season is Here!

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 13 through May 5, 2023.

### 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

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, 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!

## QUALITY IMPROVEMENT

### Improving Continuity and Coordination of Care

Serious problems can occur for patients undergoing transitions across sites of care. Problems with communication between providers, patient's understanding of complex treatment regimens and follow-up plans, and overall sharing of information can affect the quality and effectiveness of care received and ultimately health outcomes for patients.

Particularly challenging to continuity and coordination are concepts such as:

- Access to care (availability of after-hours care, access to medical insurance, transportation to locations of care, ability to understand and navigate the healthcare system)
- Continuity of care (a continuous relationship with a single provider over time, ongoing familiarity and trust, smooth and coordinated transitions between care providers)
- Shared decision making (engaging patients in discussions of treatment options)

In the article [Healthcare Coordination: Connecting Clinicians to Patients](#) originally published on the Jive Software site on May 3, 2017, several factors were identified that contribute to care coordination failure:

- Current healthcare systems are often disjointed and processes vary among and between primary care practices (PCPs) and specialty sites.
- There is often no central point of responsibility for the entire cycle of care.
- Many organizations don't have sufficient people or systems dedicated to care coordination.
- Much of the time and labor that goes into care coordination is not reimbursed.

The article goes on to mention that electronic health records (EHRs) are helping to eliminate disconnects and discrepancies in patient records, but they don't provide the dynamic collaboration and communication capabilities needed to make collective decisions, fully orchestrate care and make sure all participants are informed and on the same page. In addition, while individual physicians do an admirable job attending to their areas of responsibility, there are gaps related to cross-functional connections and teamwork that the system cannot compensate for.

Consider reviewing the EHR used by your system for opportunities to maximize its use for improving communication during hand-offs and transitions between care providers and settings. Also, are there other opportunities to improve understanding for patients by improving health literacy and utilizing patient decision tools in your practice. Watch for more articles related to best practices and Blue Cross' efforts to help improve continuity and coordination of care for our members.

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### 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 healthcare, behavioral healthcare, 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 3, 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>

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 Program Effective 7/1/2022

BRAND NAME (generic name - if available)	UM Program		
CABLIVI (caplacizumab) INJECTION KIT 11 mg	PA		QL*

\* QL already in place

#### New Prior Authorization with Quantity Limit Program Effective 7/1/2022

BRAND NAME (generic name - if available)	UM Program		
VOXZOGO (vosoritide) INJECTION 0.4 mg/ml	PA		QL
VOXZOGO (vosoritide) INJECTION 0.56 mg/ml	PA		QL
VOXZOGO (vosoritide) INJECTION 1.2 mg/ml	PA		QL

**New Quantity Limit Program Effective 7/1/2022**

<b>BRAND NAME (generic name - if available)</b>	<b>UM Program</b>		
LIVTENCITY (maribavir) TABLET 200 mg			QL
PREVMIS (letermovir) TABLET 240 mg			QL
PREVMIS (letermovir) TABLET 480 mg			QL
VUITY (pilocarpine hcl) OPHTHALMIC SOLUTION 1.25%			QL

**Changes to Existing Utilization Management Programs Effective 7/1/2022**

<b>BRAND NAME (generic name - if available)</b>	<b>UM Program</b>		
FLEQSUVY (baclofen) SUSPENSION 25 mg/5 mL	PA		QL
IBSRELA (tenapanor) TABLET 50 mg	PA		QL
MAYZENT (siponimod) TABLET 1 mg		ST	QL
MAYZENT (siponimod) STARTER PAK		ST	QL
OMNIPOD 5 G6 KIT INTRO			QL
OZEMPIC (semaglutide) INJECTION 8 mg/3mL		ST	QL
OXBRYTA (voxelotor) TABLET 300 mg	PA		QL
QUVIVIQ (daridorexant) TABLET 25 mg		ST	QL
QUVIVIQ (daridorexant) TABLET 50 mg		ST	QL
SEGLENTIS (celecoxib and tramadol hcl) TABLET 56-44 MG			QL
TAKHZYRO (lanadelumab-flyo) PREFILLED SYRINGE 300 mg/2 mL	PA		QL
TRIUMEQ (abacavir, dolutegravir, lamivudine) PD TABLET FOR ORAL SUSPENSION 60-5-30 mg			QL
VALSARTAN (valsartan) ORAL SOLUTION 20 mg/5 mL		ST	QL
VERKAZIA (cyclosporine) OPHTHALMIC EMULSION 0.1%	PA		QL
VONJO (pacritinib) CAPSULE 100 MG	PA		QL
XOLAIR (omalizumab) SOLUTION 150 mg	PA		

Key for all above tables:

PA=Prior Authorization; QL=Quantity Limit

**Effective August 1, 2022**

- Hemophilia Factor VIII Prior Authorization with Quantity Limit Program will be updated to include von Willebrand Factor. As a result, the name of this program will be changed to Factor VIII and von Willebrand Factor Prior Authorization with Quantity Limit for Commercial.

**Effective September 1, 2022**

- Cibinqo Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Interleukin-13 (IL-13) Antagonist Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Pyrukynd Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Recorlev Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Ryplazim Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Tarpeyo Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.

## Effective October 1, 2022

- Ryplazim 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>

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
Adapalene/Benzoyl Peroxide gel 0.3-2.5%	October 1, 2022
Citalopram (citalopram hydrobomide) capsule 30 mg	October 1, 2022
Dartisla™ (glycopyrrolate) oral disintegrating tablet 1.7 mg	October 1, 2022
Metronidazole (metronidazole) topical lotion 0.75%	October 1, 2022
Seglentis® (celecoxib and tramadol hcl) tablet 56-44 mg	October 1, 2022
Soanz® (torsemide) tablets 20 mg, 40 mg, 60 mg	October 1, 2022
Tretinoin gel 0.025%	October 1, 2022
Twyneo® (tretinoin and benzoyl peroxide) cream 0.1-3%	October 1, 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.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Carvykti™ (ciltacabtagene autoleucel) injection suspension for intravenous use	July 1, 2022
Korsuva™ (difelikefalin) injection solution for intravenous use	July 1, 2022
Leqvio® (inclisiran) injection solution for intravenous use	July 1, 2022
Propel® / Propel® Mini (mometasone furoate) sinus implant 370 mcg	August 1, 2022
Sinuva® (mometasone furoate) sinus implant 1350 mcg	August 1, 2022
Xolair® (omalizumab) for injection (vial)* <i>*Pharmacy benefit exclusion does not apply to Xolair® (omalizumab) for injection (prefilled syringe).</i>	July 1, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Camcevi™ (leuprolide) injectable emulsion for subcutaneous use	July 13, 2022
Korsuva™ (difelikefalin) injection solution for intravenous use	June 8, 2022
Leqvio® (inclisiran) injection solution for intravenous use	June 8, 2022
Opdualag™ (nivolumab and relatlimab-rmbw) injection for intravenous use	June 1, 2022
paclitaxel protein-bound particles, injection for intravenous use	June 1, 2022

The following drug has been updated to reflect eligibility for coverage under the Commercial pharmacy benefit. This update applies to the brand and generic agent.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Mifeprex™ (mifepristone) tablet 200 mg	August 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. 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](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 [bluecrossmn.com/providers](https://www.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'.