

# Rare Disease Benefit Mandate – Out of Network/Non-Participating Provider Notification



Beginning January 1, 2024, eligible services provided by an out-of-network or nonparticipating provider related to the diagnosis, monitoring, and treatment of an eligible rare disease or condition will apply the same benefit level as services provided by an in-network provider, including member cost-share, benefit limitations, or service limitations.

Providers should complete this form to notify Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) when a member is seeking diagnosis, monitoring, and treatment from an out-of-network or nonparticipating provider for an eligible rare disease or condition, as defined in Minnesota Statute § 62Q.451. The information submitted will be reviewed by Blue Cross to determine if the rare disease or condition described meets the eligibility requirements of this statute. Submitters will receive a notification letter of determination once the review has been completed.

Description	Provisions
Benefit applies to:	<ul style="list-style-type: none"> <li>• Fully-Insured Individual &amp; Family and Commercial Group Plans</li> <li>• Minnesota Health Care Programs (MHCP)</li> <li>• Public Employees Insurance Plan/PEIP</li> <li>• State of Minnesota/SEGIP</li> <li>• Certain Self-Insured Groups</li> </ul>
General Eligibility	<p>An eligible rare disease or condition means any disease or condition:</p> <ol style="list-style-type: none"> <li>1. that affects fewer than 200,000 persons in the United States and is chronic, serious, life-altering, or life-threatening;</li> <li>2. that affects more than 200,000 persons in the United States and a drug for treatment has been designated as a drug for a rare disease or condition pursuant to United States Code, title 21, section 360bb;</li> <li>3. that is labeled as a rare disease or condition on the Genetic and Rare Diseases Information Center list created by the National Institutes of Health; or</li> <li>4. for which an enrollee:               <ol style="list-style-type: none"> <li>a. has received two or more clinical consultations from a primary care provider or specialty provider that are specific to the presenting complaint.</li> <li>b. has documentation in the enrollee's medical record of a developmental delay through standardized assessment, developmental regression, failure to thrive, or progressive multisystemic involvement; and</li> <li>c. had laboratory or clinical testing that failed to provide a definitive diagnosis or resulted in conflicting diagnoses.</li> </ol> </li> </ol>
Plan Requirements	<p>Services received by an out-of-network/non-participating provider may be subject to prior authorization, preauthorization, prior approval, and precertification process requirements. These requirements will be handled the same as an in-network provider.</p>
Eligible Drugs	<p>Includes specialty pharmacy drugs used to treat the rare disease or condition. Prescription drugs obtained through retail or online pharmacy locations are not included.</p>
Exclusions	<ul style="list-style-type: none"> <li>• An infectious disease or condition that has widely available and known protocols for diagnosis and treatment and that is commonly treated in a primary care setting is not a rare disease even if it affects fewer than 200,000 people in the U.S.</li> <li>• Health plans are not required to provide coverage for a medication, procedure or treatment, or laboratory or clinical testing, which is not covered under the enrollee's health plan.</li> <li>• If the patient is definitively diagnosed with a disease or condition that does not meet the definition of rare disease or condition as defined in Minnesota Statute § 62Q.451.</li> </ul>
Procedure for Submission	<ul style="list-style-type: none"> <li>• Providers should complete this form and fax the form and clinical records to support the request to:               <ul style="list-style-type: none"> <li>– Commercial Plans: (651) 662-2810</li> <li>– Minnesota Health Care Programs (MHCP): (651) 662 6284</li> </ul> </li> </ul>
Questions	<p>Contact Blue Cross Provider Service</p>

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Patient Information			
Identification Number	Group Number	Patient's Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	
Subscriber's Last Name	Subscriber's First Name	Subscriber's Birthdate (mm/dd/yyyy)	
Subscriber's Street Address	City	State	ZIP Code
Patient's Last Name	Patient's First Name	Patient's Birthdate (mm/dd/yyyy)	
Patient's Street Address	City	State	ZIP Code
Patient's Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Patient's Phone Number		

Servicing Provider Information			
Contact Name	Phone Number		
Provider Name	Servicing Provider ID/NPI Number		
Street Address	City	State	ZIP code
Phone Number	Fax Number		
Facility/Clinic Name	Facility ID		

Rare Disease/Condition Information	
Name of Rare Disease/Condition*	
Description (Please include supporting medical documentation with this form as needed):	

\*If specialty drug applies, provide name of drug(s) and name and phone number of Specialty Pharmacy:

HCPC/CPT Codes	HCPC/CPT Code Description from Address	ICD 10 Diagnosis Code(s)	Start Date mm/dd/yyyy	End Date mm/dd/yyyy

### Servicing Physician Attestation

I hereby certify that the statements provided by me are correct. I understand that if the rare disease or condition diagnosis described on this form no longer meets the criteria as defined on Minnesota Statute § 62Q.451, I must notify Blue Cross of the change in status. Upon notification, Blue Cross will continue to pay eligible services at the in-network rate for 60 days to provide time for care to be transferred to a qualified in-network provider and to schedule needed in-network appointments. After this 60-day period, subsequent services provided by, referred for, or ordered by an out-of-network provider related to the diagnosis are no longer governed by this statute.

**I understand that typing my name in the line below constitutes a legal signature.**

\_\_\_\_\_  
Signature of Servicing Provider Date