

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 13, 2024

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ADMINISTRATIVE UPDATES

Member Rights & 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 the Member Rights and Responsibilities can be found online at bluecrossmn.com by entering “member rights” in the search field or in the Blue Cross Provider Manual found at bluecrossmn.com/providers. 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

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

The Centers for Medicare & Medicaid Services (CMS) requires all Special Needs Plans (SNPs) to have a Model of Care (MOC) for delivering coordinated care. SecureBlue MSHO is a CMS-approved Special Needs Plan requiring a Model of Care. In addition, CMS requires all providers and appropriate staff to complete MOC training upon initial employment and annually thereafter.

The 2024 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 | Blue Cross Blue Shield 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.

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

Provider Perspective on Continuity and Coordination of Care

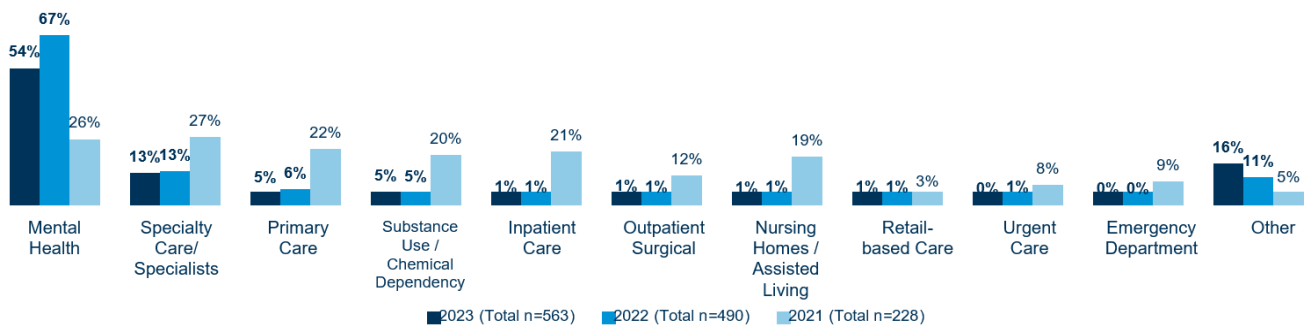
Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored an online 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 October 13 through November 7, 2023. Qualified job titles of respondents included Direct Patient Care (e.g., doctor, nurse, social worker), 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 responded.

Respondent Representation

PROVIDER TYPE

(Among Total Sample)



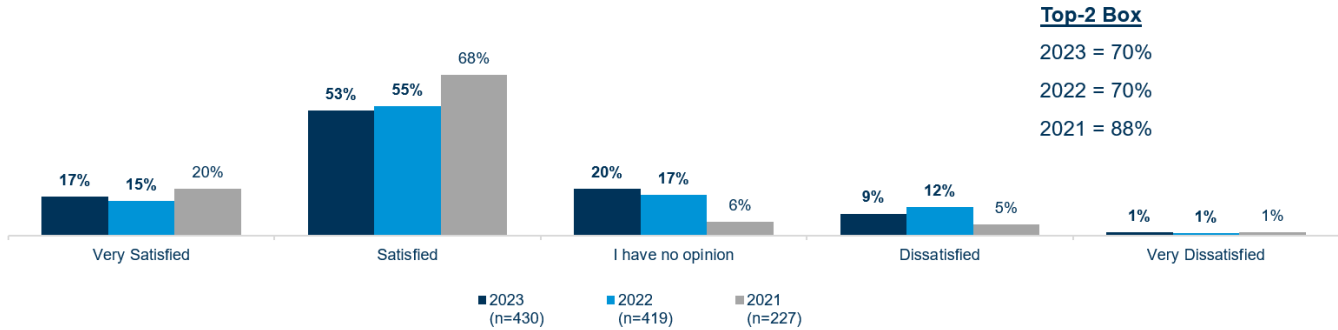
Respondents included a mix of practice types. In 2023, more mental health practice providers participated.

Overall Satisfaction

Overall satisfaction with continuity and coordination of care has remained the same with 70% of respondents saying they are “satisfied” or “very satisfied.” Of the provider types who responded two showed a slight increase in

SATISFACTION WITH CONTINUITY AND COORDINATION OF CARE FOR PATIENTS

(Among Total Sample)



Top-2 Box

2023 = 70%

2022 = 70%

2021 = 88%

satisfaction from 2022. Those provider types are Specialty Care/Specialist (+3%) and Primary Care (+15%).

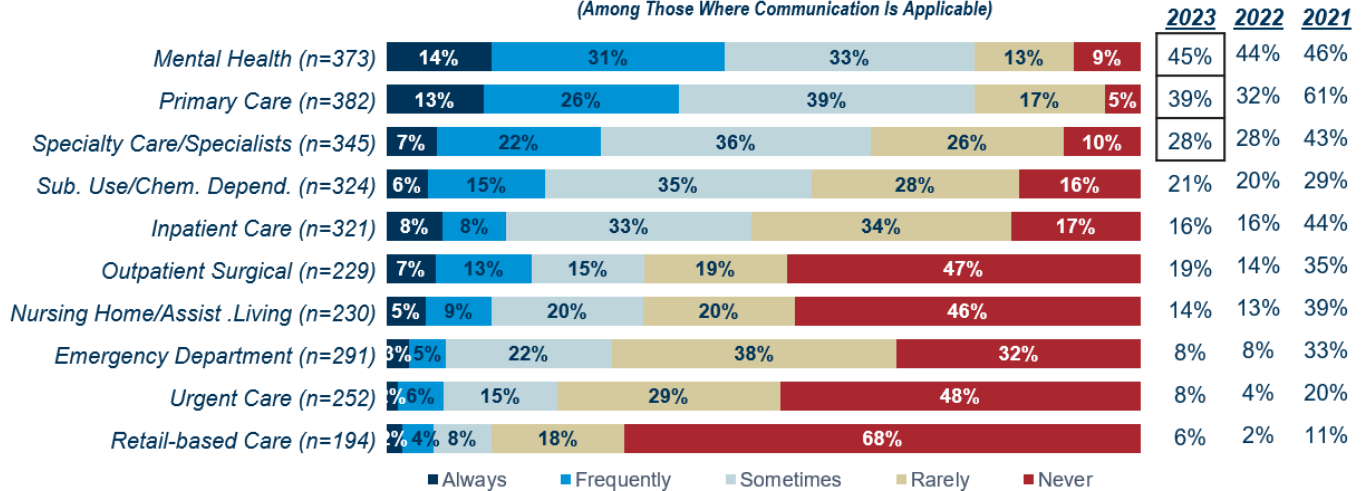
Frequency of Receiving Communication

Respondents are most likely to receive communication about their patients from Primary Care and Mental Health providers. Communication frequency from specialty care/specialist providers remained consistent year-over-year.

FREQUENCY OF SENDING COMMUNICATION TO EACH PROVIDER TYPE

(Among Those Where Communication Is Applicable)

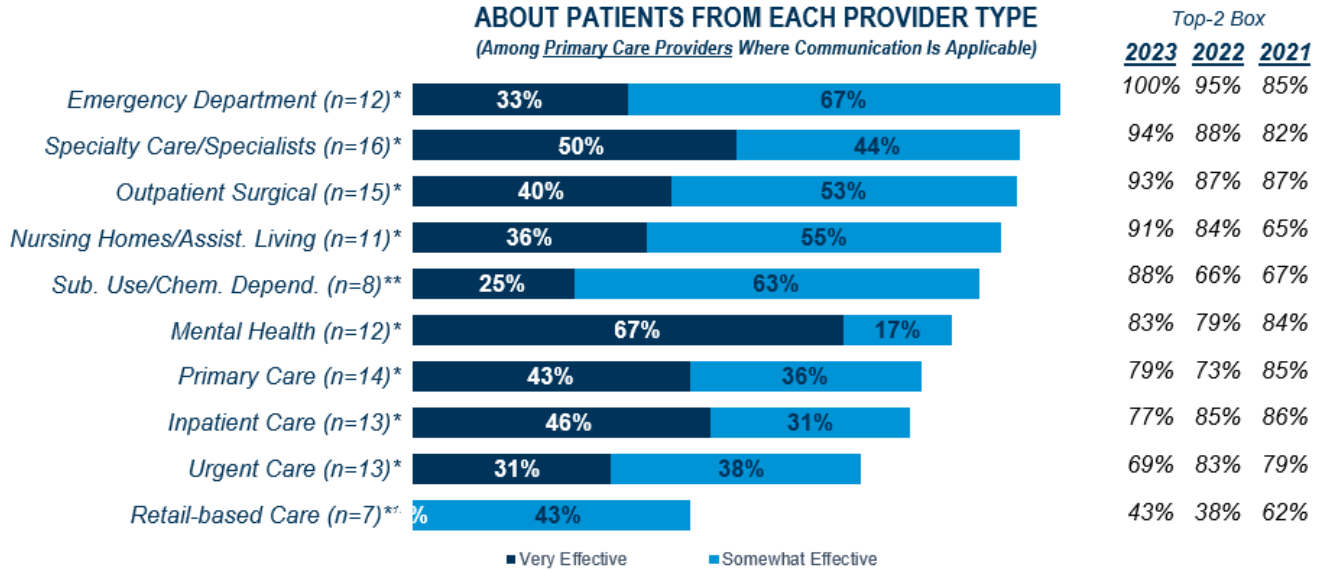
Top-2 Box



Effectiveness of Information Received

Primary Care respondents report information received from Emergency Department, Specialty Care/Specialist and Outpatient Surgical providers as most effective. The effectiveness of information Primary Care Providers receive increased slight among all categories except for Inpatient Care and Urgent Care where there was a decline year over year.

**EFFECTIVENESS OF INFORMATION RECEIVED
ABOUT PATIENTS FROM EACH PROVIDER TYPE**
(Among *Primary Care Providers* Where Communication Is Applicable)



The most mentioned themes around opportunities for Blue Cross to improve continuity and coordination of care were to decrease challenges with prior authorizations, evaluating provider reimbursement rates, encourage communication among providers and provide patient education resources.

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. 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 2024, Blue Cross will continue to publish articles with best practices and tips to help you coordinate care more efficiently and effectively for your patients.

Language Services

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing Language Services to our members and supporting you in delivering culturally and linguistically appropriate care to your patients. Language Services are essential for ensuring effective communication, improving patient outcomes, enhancing patient satisfaction, and meeting legal and ethical obligations.

As a health plan, we offer the following Language Services to our members at no cost:

- Professional medical interpreters available via phone for any language or dialect, including sign language.
- Translated materials for all vital documents, such as consent forms, discharge instructions, health education materials, and member rights and responsibilities, including braille.
- Localization services for our website, patient portal, mobile app, and other digital platforms to ensure accessibility and usability for all languages and cultures.

The following outlines the supports Blue Cross offers to our network providers, free of charge.

Individual Language Needs

Members are encouraged to update their health plan profile with their spoken and written language needs. When available, we share this information in the Availity Portal. To access this information:

- Log in to Availity Essentials

- Use the top menu drop-down list to find Patient Registration
- Choose Eligibility and Benefits Inquiry
- Select Payer BCBSMN BLUE PLUS MEDICAID (00726) and perform a search on an active Blue Plus Medicaid member.

When viewing the response screen in Availity Essentials, an Additional Benefit Notes link/button will display or be shown. Select the Additional Benefit Notes button and a popup will display the Health Equity Accreditation (HEA) info. An example of what this information could look like for a member is included below:

	Member REL¹, SOGI², and Unmet Social Needs Data
Member Race -	Polynesian
Member Ethnicity -	South American
Member Sex Assigned at Birth -	Male
Member Gender Identity -	Male
Member Sexual Orientation -	Heterosexual (Straight)
Member Pronouns -	He/Him
Member Unmet Social Needs -	Food Insecurity
Member Spoken Language -	Portuguese (Portuguese)
Member Written Language -	Portuguese (Portuguese)

¹Race, Ethnicity and Language

²Sexual Orientation and Gender Identity

Service Area Data on Language Needs

At least annually, Blue Cross evaluates the language needs of members in our service area and offers this information to our network providers to aid your ability to serve your patients effectively. Data, by county, offers our analysis of the top two non-English languages spoken by our members at the time of our analysis.

Minnesota County <i>Alphabetical</i>	Non-English Language #1	Non-English Language #2
Aitkin County	Spanish	Korean
Anoka County	Somali	Spanish
Becker County	Vietnamese	Spanish
Beltrami County	Vietnamese	Spanish
Benton County	Spanish	Somali
Big Stone County	--- None Identified ---	--- None Identified ---
Blue Earth County	Somali	Spanish
Brown County	Spanish	--- None Identified ---
Carlton County	Mandarin	--- None Identified ---
Carver County	Spanish	Somali
Cass County	Spanish	--- None Identified ---
Chippewa County	Spanish	--- None Identified ---
Chisago County	Hmong	Spanish
Clay County	Somali	Arabic
Clearwater County	--- None Identified ---	--- None Identified ---
Cook County	--- None Identified ---	--- None Identified ---
Cottonwood County	Spanish	Karen
Crow Wing County	Vietnamese	Spanish
Dakota County	Spanish	Somali
Dodge County	Spanish	Arabic
Douglas County	--- None Identified ---	--- None Identified ---
Faribault County	Spanish	Somali
Fillmore County	Spanish	--- None Identified ---
Freeborn County	Karen	Spanish
Goodhue County	Spanish	--- None Identified ---

Minnesota County <i>Alphabetical</i>	Non-English Language #1	Non-English Language #2
Grant County	--- None Identified ---	--- None Identified ---
Hennepin County	Somali	Spanish
Houston County	--- None Identified ---	--- None Identified ---
Hubbard County	--- None Identified ---	--- None Identified ---
Isanti County	Hmong	Spanish
Itasca County	--- None Identified ---	--- None Identified ---
Jackson County	Spanish	Laotian
Kanabec County	--- None Identified ---	--- None Identified ---
Kandiyohi County	Spanish	Karen
Kittson County	Spanish	--- None Identified ---
Koochiching County	Russian	--- None Identified ---
Lac qui Parle County	Spanish	Norwegian
Lake County	--- None Identified ---	--- None Identified ---
Lake of the Woods County	--- None Identified ---	--- None Identified ---
Le Sueur County	Spanish	Russian
Lincoln County	Spanish	--- None Identified ---
Lyon County	Karen	Spanish
Mahnomen County	Spanish	Russian
Marshall County	Spanish	--- None Identified ---
Martin County	Spanish	Quechua
McLeod	Spanish	--- None Identified ---
Meeker	--- None Identified ---	--- None Identified ---
Mille Lacs	Spanish	Mandarin
Morrison	Spanish	--- None Identified ---
Mower	Spanish	Karen
Murray	Spanish	Karen
Nicollet	Somali	Spanish
Nobles	Spanish	Karen
Norman	Korean	Spanish
Olmsted	Somali	Spanish
Otter Tail	Somali	Spanish
Pennington	Spanish	Vietnamese
Pine	Spanish	Mandarin
Pipestone	Spanish	--- None Identified ---
Polk	Somali	Spanish
Pope	--- None Identified ---	--- None Identified ---
Ramsey	Hmong	Karen
Red Lake	--- None Identified ---	--- None Identified ---
Redwood	Hmong	Spanish
Renville	Spanish	Karen
Rice	Spanish	Somali
Rock	Spanish	Arabic
Roseau	Laotian	--- None Identified ---
Saint Louis	Mandarin	Spanish
Scott	Somali	Khmer
Sherburne	Somali	Spanish
Sibley	--- None Identified ---	--- None Identified ---
Stearns	Somali	Spanish
Steele	Spanish	--- None Identified ---
Stevens	--- None Identified ---	--- None Identified ---
Swift	Spanish	Karen
Todd	Spanish	Mandarin
Traverse	--- None Identified ---	--- None Identified ---

Minnesota County <i>Alphabetical</i>	Non-English Language #1	Non-English Language #2
Wabasha	Spanish	--- None Identified ---
Wadena	Spanish	--- None Identified ---
Waseca	--- None Identified ---	--- None Identified ---
Washington	Spanish	Hmong
Watonwan	Spanish	Hmong
Wilkin	Spanish	--- None Identified ---
Winona	Spanish	Hmong
Wright	Spanish	Russian
Yellow Medicine	Spanish	Karen

We encourage our network providers to proactively review the language needs of individuals in their service area to create plans and have the necessary resources available to deliver healthcare services in a linguistically appropriate manner.

Language Assistance Resources

Blue Cross recognizes that quick access to translated materials is a valuable addition to quality care. Healthcare organizations are required by federal law not to limit patient access to service based on language. Blue Cross offers the following resources to all network providers to assist in providing the most linguistically appropriate care possible for our members.

Multilingual Resource Exchange

The Multilingual Resource Exchange is a partnership of Minnesota-based health organizations that aims to improve health communication and share multilingual health materials. The Exchange offers:

- An online library of translated health documents.
- A forum for members to exchange information and resources.
- Training and testing programs for bilingual staff and interpreters.
- Over 6,000 patient education pieces and videos. Translated materials are focused on languages spoken most often in Minnesota, including Spanish, Hmong, Somali, Amharic, Vietnamese, Russian and more. The Exchange also provides a context for these materials, with information on how language, race, culture, literacy, class, and spirituality all affect a person's health.

As a Blue Cross network provider, you have access to the Exchange materials library through Blue Cross' membership at www.health-exchange.net and sign in using the log-in name *bluecross* and password *blue*.

Interpretation Services Available

Blue Cross offers interpreter agencies to network providers. Information on how to utilize these agencies can be found in the Provider Policy and Procedure Manual (PPPM) in Chapter 13: Minnesota Health Care programs: Interpretive Services and Blue Plus Contracted Interpreter Services.

Trainings Offered

We also support you in developing your own language skills and cultural competence through our training programs.

Availity Trainings

Any network provider can access the following training modules through the Availity Platform. The Availity Learning Center includes five sections:

1. **Dashboard:** Complete your training and access completed courses. Whether you enrolled in free training in the catalog, or purchased training through the store, it's all displayed on your dashboard.
2. **Catalog:** Enroll in free product and healthcare training.
3. **Resources:** Find job aids, handouts and newsletters.
4. **Store:** Purchase fee-based healthcare training on topics from coding and compliance to office management and business skills, all delivered by industry experts.

5. **Forum:** Find posts written by our experts to supplement your knowledge.

To access the Availity Learning Center: Log in to Availity Essentials. Use the top menu drop-down list to find **Help & Training**, then choose **Get Trained**. You will be directed to the catalog of available courses. If you do not have an Availity Essentials user account, [sign up here for access](#).

A list of trainings, courses, and webinars available (as of October 2023) are as follows:

- Am I A Racist Doctor?
 - Session 1: Foundations of Racial Equity in Healthcare
 - Session 2: Context Building - Racial Equity in Healthcare
 - Session 3: What Can We Do - Racial Equity in Healthcare
- CEU Asian Circle - Mental Health - A Mindful Perspective into Asian American Mental Health
- Health Literacy - Back to the Basics
- Implicit Bias Training: Minnesota Dignity in Pregnancy and Childbirth Project
- Maternal Health Equity Panel
- Physician's Cultural Competency
- Trauma Informed Care
 - Session 1 - Poverty and Health-Seeking Behaviors
 - Session 2 - Trauma Informed Care 101
- Working Effectively with Interpreters

Public Website Trainings

Additional training modules are made available to network providers via Blue Cross' public website. The Blue Cross Learning & Development website includes three sections:

1. **Dashboard:** Access courses you have in progress and completed courses.
2. **Catalog:** Register for upcoming live webinars, view recorded webinars or select on-demand training.
3. **Resources:** Find job aids, handouts, and newsletters. Categories include Quality Measurement Specifications, Risk Adjustment Quick Reference Materials and BCBSMN Helpful Hint documents.

To access the Blue Cross and Blue Shield of Minnesota Learning and Development website, log in to Availity Essentials. Use the top menu drop-down list to find **Payer Spaces**. Choose the **BCBS logo**. Go to the **Resources** tab and choose the link labeled **Access BCBSMN Learning and Development**. If you do not have an Availity Essentials user account, [sign up here for access](#).

A list of trainings, courses, and webinars available (as of October 2023) are as follows:

- Am I A Racist Doctor?
 - Session 1: Foundations of Racial Equity in Healthcare
 - Session 2: Context Building - Racial Equity in Healthcare
 - Session 3: What Can We Do - Racial Equity in Healthcare
- Health Equity Animated Series
 - Equity vs Equality
 - Zip Code
 - Race
 - Income
 - Gender
 - The cost of Inequity
 - Behind the Scenes

We also recommend the following resources and link them directly from our Public Website.

- My Diverse Patients
- Working Effectively with Interpreters

- Think Cultural Health
- The AHA / HRET Becoming a Culturally Competent Healthcare Organization Guide
- EthnoMed
- Culturally and Linguistically Appropriate Services in Maternal Healthcare
- Reduce Racial and Ethnic Disparities in Depression Management

How Providers Can Help

We encourage providers to help advance health equity by responding to our requests for race, ethnicity, and language (REL) data about your patient population. Sharing REL data allows us to better understand the needs of our members and tailor our programs and services.

To provide REL data, please respond to our requests sent via mail, email, or through the Availity portal. We securely store this information and use it only to improve care and advance health equity across our membership. Letting us know the REL makeup of your patient population is essential for targeting resources, translating materials, planning culturally competent care, and more.

Partnering with you to understand the diverse needs of our members is vital. We appreciate you taking the time to share REL details that will allow us to serve your patients better.

Thank You.

We value your partnership and appreciate your efforts in serving our members with quality and compassion. We hope that you will take advantage of our Language Services and resources to enhance your practice and improve patient care.

Case and Condition/Disease Management Programs

Care Management integrates **Case Management (CM)** and **Condition/Disease Management (C/DM)** through a primary case manager model. The aim is to create a seamless, integrated experience for members. These multidisciplinary programs operate along a continuum-based approach to healthcare delivery. They proactively identify populations that have or are at risk for chronic medical and behavioral health conditions. Both CM and C/DM emphasize prevention, cost-effective practices, and patient empowerment strategies like education and self-management.

In our CM and C/DM programs, the case manager evaluates clinical, social/humanistic, and economic outcomes. The goal is to achieve the highest level of self-management and improve overall health. Members receiving these services are supported by a primary case manager who fosters the practitioner-patient relationship and plan of care. The case manager also facilitates holistic health for the whole person, beyond their individual condition. When a member triggers for CM or C/DM, the case manager may contact the member's provider based on specific criteria, such as concerns about treatment compliance, unclear treatment plans, or lack of a valid telephone number.

Providers can make referrals by contacting the Health Support Coordinator team at the following numbers:

- For **Commercial and Medicare Advantage**, call **1-855-312-9107**
- For **Government Programs (PMAP, MNCare, and MSC+)**, call **1-800-711-9862**
- For **dual eligible members (MSHO)**, call **1-888-740-6013**

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 www.bluecrossmn.com/providers and select "Forms and Publications" then Manuals.

In addition to Case and Condition/Disease Management, **Wellness Coaching** within Care Management helps members make lifestyle changes that enhance their quality of life and reduce the risk of serious health crises. Coaches address topics like weight management, nutrition, stress, physical activity, tobacco cessation, and sleep.

They collaborate with members to set achievable goals and overcome barriers. The holistic process aims to improve overall health and well-being. While receiving wellness coaching, members can also address chronic or acute issues through CM or C/DM. Coaches encourage members to share health goals with providers and explore additional resources, such as nicotine replacement therapy, as needed.

For questions about Case and Condition/Disease Management or 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**.

Blue Cross looks forward to working with its members' healthcare practitioners to make a healthy difference in the lives of its members.

Please note that our services are offered to members, but participation is optional. Member eligibility for case and condition/disease management is determined by their Benefit Plan.

PHARMACY

Pharmacy Updates for Quarter 1, 2024

Formulary Updates

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>

- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list', select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family:** Choose the applicable formulary from the drop-down menu, select 'Apply.'
 - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare:** Select the health plan type from the drop-down menu.
 - Select 'Yes' to the resulting question 'Are you a Medicare Part D member...?' then select 'Continue.'
 - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive 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, 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 with Quantity Limit Programs Effective 11/01/2023

PRODUCT NAME	UM Program		
	PA	QL	
JOENJA	PA	QL	
REZUROCK	PA	QL	

New Prior Authorization with Quantity Limit Programs Effective 01/01/2024

PRODUCT NAME	UM Program		
MIEBO OPHTHALMIC SOLUTION	PA	QL	
VOWST CAPSULE	PA	QL	

New Step Therapy Programs Effective 01/01/2024

PRODUCT NAME	UM Program		
PANCREAZE CAPSULE			ST
PERTYZE CAPSULE			ST
VIOKACE TABLET			ST

Changes to Existing Utilization Management Programs Effective 01/01/2024

PRODUCT NAME	UM Program		
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER 40 mg/0.8 mL	PA	QL	
ADALIMUMAB-ADB M KIT 40 mg/0.8 mL	PA	QL	
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER 40 mg/0.8 mL	PA	QL	
ADVAIR DISKUS (fluticasone/salmeterol)		QL**	ST*
AIRSUPRA INHALER		QL	
AKEEGA TABLET	PA	QL	
ALVESCO INHALER 80 mcg, 160 mcg		QL**	ST*
amphetamine-dextroamphetamine 3-bead capsule er 24hr		QL	
BRENZAVVY TABLET		QL	ST
BREO ELLIPTA INHALER 50-25 mcg		QL	
clozapine ODT 150 mg, 200 mg		QL	
COSENTYX AUTO-INJECTOR 300 mg/2 mL	PA	QL	
CRESEMBA CAPSULE 74.5 mg	PA		
ENTYVIO INJECTION 108 mg/0.68 mL	PA	QL	
FLOVENT DISKUS 50 mcg/inhalation, 100 mcg/inhalation, 250 mcg/inhalation		QL**	ST*
FLOVENT HFA INHALER 44 mcg, 110 mcg, 220 mcg		QL**	ST*
FLUTICASONE PROPIONATE HFA INHALER 44 mcg, 110 mcg, 220 mcg		QL**	ST*
HYRIMOZ INJECTION 40 mg/0.8 mL	PA	QL	
IYUZEH DROPS		QL	
JESDUVROQ TABLET 1 mg, 2 mg, 4 mg, 6 mg, 8 mg	PA	QL	
KALYDECO GRANULES PACKET	PA	QL	
lisdexamfetamine capsule		QL	
lisdexamfetamine chew tablet		QL	
NGENLA INJECTION	PA		
OJJAARA TABLET	PA	QL	
REXULTI TABLET		QL**	ST
RYKINDO INJECTION		QL	ST
saxagliptin tablet 2.5 mg, 5 mg		QL	

PRODUCT NAME	UM Program		
saxagliptin-metformin tablet 2.5-1000 mg, 5-500 mg, 5-1000 mg		QL	
tiotropium inhalation capsule		QL	
VANFLYTA TABLET 17.7 mg, 26.5 mg	PA	QL	
VEOZAH TABLET 45 mg	PA	QL	
WINLEVI CREAM	PA***		
YUFLYMA 2-SYRINGE KIT 40 mg/0.4 mL	PA	QL	

* ST added to existing QL Program

** QL already in place

*** Transition of ST Program to PA Program

Key for all above tables:

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

Effective April 1, 2024

- Evrysdi Prior Authorization with Quantity Limit program will be renamed 'Risdiplam Prior Authorization with Quantity Limit' for Commercial.
- Rivfloza Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Xdemvy Step Therapy with Quantity Limit program will be implemented for Commercial.
- Xdemvy Quantity Limit program will be implemented for Medicaid.
- Zilbrysq Prior Authorization with 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 <https://www.bluecrossmn.com/providers>

- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list', select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family:** Choose the applicable formulary from the drop-down menu, select 'Apply.'
 - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare:** Select the health plan type from the drop-down menu.
 - Select 'Yes' to the resulting question 'Are you a Medicare Part D member...?' then select 'Continue.'
 - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive Formulary.'

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
Crotan™ (crotamiton) lotion 10%	April 1, 2024
diclofenac potassium (migraine) oral powder pak 50 mg	April 1, 2024
Fiasp® (insulin aspart with niacinamide) Pumpcart® - injection 100 unit/mL	April 1, 2024
flurazepam capsule 15 mg, 30 mg	April 1, 2024
Insulin Aspart (insulin aspart) – injection solution 100 unit/mL	April 1, 2024

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Insulin Aspart (insulin aspart) Flexpen® – solution pen-injector 100 unit/mL	April 1, 2024
Insulin Aspart (insulin aspart) Penfill® – solution cartridge 100 unit/mL	April 1, 2024
Insulin Aspart Protamine/Insulin Aspart ((insulin aspart prot & aspart (human)) injection solution 100 unit/mL (70-30)	April 1, 2024
Insulin Aspart Protamine/Insulin Aspart FlexPen® (insulin aspart prot & aspart) suspension pen-injection 100 unit/mL (70-30)	April 1, 2024
Iyuzeh™ (latanoprost) ophthalmic solution 0.005%	April 1, 2024
Lodoco® (colchicine) tablet 0.5 mg	April 1, 2024
Tramadol (tramadol hcl) tablet 25 mg	February 1, 2024
Trexall® (methotrexate) tablet 5 mg, 7.5 mg, 10 mg, 15 mg	April 1, 2024
Xatmep® (methotrexate) oral solution 2.5 mg/mL	April 1, 2024

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
Adzyna (ADAMTS13, recombinant-krhnt) lyophilized powder for reconstitution and intravenous (IV) infusion	December 27, 2023
Casgevy™ (exagamglogene autotemcel) cell suspension for intravenous (IV) infusion	February 14, 2024
Cosentyx® (secukinumab) – solution for intravenous (IV) infusion	January 1, 2024
iDose® TR (travoprost intracameral implant) ophthalmic intracameral implant	February 14, 2024
Lyfgenia™ (lovotibeglogene autotemcel) cell suspension for intravenous (IV) infusion	February 14, 2024
Omvoh™ (mirikizumab-mrkz) solution for intravenous (IV) infusion	January 1, 2024

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Adzyna (ADAMTS13, recombinant-krhnt) lyophilized powder for reconstitution and intravenous (IV) infusion	December 27, 2023
Casgevy™ (exagamglogene autotemcel) cell suspension for intravenous (IV) infusion	February 14, 2024
Cosentyx® (secukinumab) – solution for intravenous (IV) infusion	January 1, 2024
iDose® TR (travoprost intracameral implant) ophthalmic intracameral implant	February 14, 2024
Loqtorzi™ (toripalimab-tpzi) solution for intravenous (IV) infusion	December 27, 2023
Lyfgenia™ (lovotibeglogene autotemcel) cell suspension for intravenous (IV) infusion	February 14, 2024

Drug Name	Pharmacy Benefit Exclusion Effective Date for
Omvo TM (mirikizumab-mrkz) solution for intravenous (IV) infusion	January 1, 2024
Tofidence TM (tocilizumab-bavi) E235– solution for intravenous (IV) infusion	January 1, 2024

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>

- Scroll to 'Resources,' select 'View all resources.'
- Scroll to 'Formularies and drug programs,' select 'Learn more about prescription drug benefits.'
- Scroll to 'Search a drug list,' select 'Individual and family and employer plans drug lists' or 'Medicare drug lists.'
- **Individual and family:** Choose the applicable formulary from the drop-down menu, select 'Apply.'
 - Scroll down the page to 'Helpful Documents.' Select the Drug List or Formulary Updates document.
- **Medicare:** Select the health plan type from the drop-down menu.
 - Select 'Yes' to the resulting question 'Are you a Medicare Part D member...?' then select 'Continue.'
 - Scroll down the page to 'Helpful Documents.' Select 'Comprehensive Formulary.'

Additional Resources

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select 'Shop Plans' then '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>, under 'Publications and manuals', select 'Manuals'. From the 'Category' drop down menu, select 'Provider Policy and Procedure Manual'. 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' and selecting 'Learn more'.

MEDICAL AND BEHAVIORAL HEALTH

Medical and Behavioral Health Policy Updates

[Policies Effective: February 5, 2024](#) | [Notification Posted: December 1, 2023](#)

Policies Developed

- Digital Therapeutics for Amblyopia, II-288
- Digital Therapeutics for Diagnostic Applications, II-289
- Rozanolixizumab (Rystiggo), II-287

Policies Revised

- Hematopoietic Stem Cell Transplantation for Autoimmune Diseases, II-121
- Hematopoietic Stem Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal & Choroidal Vascular Conditions, II-71
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Posterior Tibial Nerve Stimulation, IV-135
- Tocilizumab (Actemra), II-181

Policies Inactivated

None

Policies Delegated to eviCore

None

[Policies Effective: April 1, 2024](#) | [Notification Posted: February 1, 2024](#)

Policies Developed

- Avacincaptad pegol (Izervay), II-290
- External Upper Limb Tremor Stimulator, II-291

Policies Revised

- Eculizumab (Soliris), II-196
- Efgartigimod alfa (Vyvgart, Vyvgart Hytrulo), II-260
- Medicare Part B Step Therapy, II-247

Policies Inactivated

None

Policies Delegated to eviCore

None

[Policies Effective: May 6, 2024](#) | [Notification Posted: March 1, 2024](#)

Policies Developed

- Implantable Bone Conduction and Bone-Anchored Hearing Aids, IV-178
- Motixafortide (Aphexda), II-292

Policies Revised

- Facet Arthroplasty, IV-110
- Genetic Testing for Hereditary Breast and/or Ovarian Cancer, VI-16
- Intraosseous Basivertebral Nerve Ablation for Chronic Low Back Pain, IV-111
- Luspatercept (Reblozyl), II-237
- Prolotherapy, II-06
- Single-Nucleotide Polymorphism (SNP) Breast Cancer Risk Assessment, VI-32

Policies Inactivated

None

Policies Delegated to eviCore

None

Policies reviewed with no changes in November 2023, January, and February 2024

- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension, II-107
- Afamelanotide (Scenesse), II-238

- Anesthesia Services for Dental Procedures, II-166
- Anifrolumab (Saphnelo), II-255
- Autonomic Nervous System Function Testing, II-86
- Avalglucosidase Alfa (Nexviazyme), II-256
- Balloon Dilation of the Eustachian Tube, IV-162
- Baroreflex Stimulation Devices, IV-139
- Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148
- Breast Implant, Removal or Replacement, IV-14
- Composite Tissue Allotransplantation of the Hand, IV-151
- Confocal Laser Endomicroscopy, II-191
- Dynamic Spine Stabilization, V-17
- Electroconvulsive Therapy (ECT), X-46
- Electromagnetic Navigational Bronchoscopy, II-132
- Elivaldogene Autotemcel, II-268
- Endovascular Therapies for Extracranial Vertebral Artery Disease, IV-141
- Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID), II-227
- Eteplirsen (Exondys 51), II-172
- Evaluation Process for New FDA-Approved Medical Drugs or Medical Drug Indications, II-174
- Expanded Cardiovascular Risk Panels, VI-51
- Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair, II-11
- Functional Neuromuscular Electrical Stimulation Devices in the Home Setting, VII-11
- Givosiran (Givlaari), II-234
- Golodirsen (Vyondys 53), II-232
- Hematopoietic Stem Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors and Ependymoma, II-130
- Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma, II-135
- Immunoglobulin Therapy, II-51
- In Vitro Chemosensitivity and Chemosensitivity Assays, VI-30
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-133
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Intravenous Anesthetics for Treatment of Chronic Pain and Psychiatric Disorders, II-271
- Intravitreal Corticosteroid Implants, II-100
- Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09
- Lumasiran (Oxlumo), II-248
- Measurement of Serum Antibodies to Selected Biologic Agents, VI-55
- Mechanical Stretching Devices, VII-62
- Medical Marijuana (Cannabis), II-221
- Mobile Cardiac Outpatient Telemetry, II-20
- MRI-Guided High-Intensity Focused Ultrasound Ablation and MRI-Guided High-Intensity Directional Ultrasound Ablation, IV-119
- Naltrexone Implants, II-223
- Nerve Graft with Prostatectomy, IV-147
- Neurofeedback, X-29
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Olipudase alfa (Xenpozyme), II-270
- Omalizumab (Xolair), II-34
- Pegloticase (Krystexxa), II-147
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, IV-134
- Photodynamic Therapy for Skin Conditions, II-205

- Phototherapy in the Treatment of Psoriasis, II-39
- Platelet-Rich Plasma, II-76
- Prostatic Urethral Lift, IV-148
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
- Rhinoplasty, Septorhinoplasty, and Septoplasty, IV-73
- Saturation Biopsy of the Prostate, IV-143
- Secretin Infusion Therapy for Autism, II-23
- Site of Service for Selected Outpatient Procedures: Outpatient Hospital and Ambulatory Surgery Center, XI-03
- Speech Generating Devices, VII-52
- Spesolimab (Spevigo), II-269
- Steroid-Eluting Devices for Maintaining Sinus Ostial Patency, IV-140
- Subtalar Arthroereisis, IV-26
- Teplizumab (Tziel), II-272
- 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
- Triamcinolone Acetonide Suprachoroidal Injection (Xipere), II-257
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation, IV-118
- Vedolizumab (Entyvio), II-182
- Viltolarsen (Viltepso), II-246
- Voretigene Neparvovec (Luxturna), II-188
- Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hyperplasia, IV-163
- 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:

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.

SecureBlue Minnesota Senior Health Options (MSHO) 2024 Supplemental Benefits

SecureBlue MSHO provides comprehensive coverage for seniors covered by Medicare and Medicaid (Medical Assistance) including supplemental benefits. Members can contact Member Services with questions about these and other benefits. The Supplemental Benefits for 2024 are listed below.

Health and Wellbeing Benefits

- Blood Pressure Monitoring System*
- Friendly Helper: up to 60 hours per year of services by a trained caregiver to provide socialization and help with everyday tasks
- Health & Wellness Classes on falls prevention, chronic disease, and pain management
- Household Supports: a monthly allowance of \$120 to help pay utility bills and rent*
- Medically Tailored Meals and Food with Nutrition Education for up to 12 weeks*
- Music Therapy: up to 26 sessions per year with a board-certified music therapist*
- Over-the-Counter allowance of \$150 each quarter to purchase select, over-the-counter health and wellbeing items from a CVS catalog

Caregiver Supports

- Caregiver Emergency Care Plan: create an emergency care plan to be activated if the caregiver can no longer care provide care*
- Caregiver Empowerment Program: tablet-based coaching, education, and support for caregivers*

Health Services (Medical/Dental/Vision)

- Additional Dental Services: two dental crowns, one root canal, full mouth x-ray and an electric toothbrush with three replacement brush heads
- Additional Podiatry Services: up to 12 additional podiatry visits per year
- Eyeglass Upgrades: anti-glare lens coating, photochromatic (transition) lens tinting and progressive (no-line) lenses

Fitness

- SilverSneakers® fitness program
- Fitness Tracker: personal wearable activity tracker

Post-Discharge Services

- Home-Delivered Meals: two meals per day for up to four weeks following an inpatient hospital or short-term nursing home stay
- Healthy Transitions Community Health Worker: up to four visits during the first 30 days after a hospital or short-term skilled nursing facility stay

Equipment/Supplies/Safety Items

- \$750 for home safety items*
- Medication Dispenser & Reminders*
- Personal Emergency Response System*
- One box of 50 disposable masks
- Six washable/reusable under pads for beds and furniture
- One wheelchair or walker accessory bag or backpack to safely transport necessary items
- Choice of an animatronic cat or dog or bird for companionship*

Transportation

In additional to medical/dental rides, BlueRide is also available for up to one round-trip ride per day to:

- SilverSneakers participating fitness locations
- Alcoholics Anonymous and Narcotics Anonymous meetings
- Health education classes
- Grocery shopping up to 6 round-trip rides per month*

**Restrictions or conditions apply*