PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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PROVIDER PRESS

ADMINISTRATIVE UPDATES

QUALITY IMPROVEMENT

PHARMACY

MEDICAL AND BEHAVIORAL HEALTH

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Distribution: bluecrossmn.com/providers/forms-and-publications

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

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QUALITY IMPROVEMENT

Continuity and Coordination of Care: Upcoming Survey

Patients often face significant challenges during transitions between different care settings. Issues such as poor communication between providers, patients' understanding of complex treatment plans, and the overall sharing of information can impact the quality and effectiveness of care, ultimately affecting health outcomes.

Key challenges to continuity and coordination of care include:

Access to care: Availability of after-hours care, access to medical insurance, transportation to care locations, and the ability to understand and navigate the healthcare system.

Continuity of care: Maintaining a continuous relationship with a single provider over time, fostering ongoing familiarity and trust, and ensuring smooth transitions between care providers.

Shared decision making: Engaging patients in discussions about treatment options.

As a participating provider with Blue Cross and Blue Shield of Minnesota, your role in delivering quality care and service to our members—your patients—is crucial. We also value your feedback on various aspects of the healthcare system.

In October, we will distribute a survey via email focusing on continuity and coordination of care. Blue Cross will gather feedback from network providers like you to understand how well medical care is coordinated. The survey will cover areas such as overall satisfaction with continuity and coordination of care, the frequency of communication, and the effectiveness of the information received. Your feedback is essential as we strive to improve these aspects of care.

Please inform your front-line staff about this survey and encourage their participation. We have designed the survey to be efficient and minimally disruptive to your operations. Currently, we cannot provide the survey to specific individuals due to the lack of a database for storing contact information and resources to keep it updated. By participating in this important survey, you will directly contribute to enhancing the value of care provided to patients through your partnership with Blue Cross. Keep an eye out for the survey coming in October.

Thank you for your ongoing efforts to improve continuity and coordination of care for your patients as they navigate the healthcare system in pursuit of better health.

PHARMACY

Pharmacy Updates for Quarter 3, 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 07/01/2024

Product Name	**UM Program**		
FABHALTA CAPSULE 200mg	PA	QL	
XPHOZAH TABLET 20mg, 30mg	PA	QL	

Changes to Existing Utilization Management Programs Effective 07/01/2024

Product Name	**UM Program**		
AGAMREE SUSPENSION 40mg/mL	PA	QL	
ALVAIZ TABLET 9mg, 18mg, 36mg, 54mg	PA	QL	
gabapentin daily tablet 300mg, 600mg			ST
HEMLIBRA 12mg/0.4mL VIAL	PA	QL	
MOUNJARO PEN-INJECTOR 2.5mg/0.5mL		QL	
OMNIPOD 5 G7 KIT INTRO		QL	
OPSYNVI TABLET 10-20mg, 10-40mg	PA	QL	
POGO AUTOMATIC TEST CARTRIDGE		QL	
SIMLANDI AUTO-INJECTOR 40mg/0.4mL (2 pen kit, 1 pen kit)	PA	QL	
sumatriptan-naproxen sodium tablets 85-500mg			ST
tetracycline tablets 250mg, 500mg	PA		
WINREVAIR INJECTION 45mg, 60mg	PA	QL	
XOLAIR AUTO-INJECTOR 75mg/0.5mL, 150mg/mL, 300mg/2mL	PA		
YUFLYMA PRE-FILLED SYRINGE 20mg/0.2mL	PA	QL	
ZYMFENTRA AUTO-INJECTOR 120mg/mL	PA	QL	
ZYMFENTRA PREFILLED SYRINGE 120mg/mL	PA	QL	

Key for all above tables:

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

Effective July 15, 2024

- Anti-Obesity GLP-1 Agents Formulary Exception with Quantity Limit will be renamed 'Saxenda Wegovy Zepbound Coverage Exception Formulary Exception with Quantity Limit' for Commercial.

Effective August 1, 2024

- IBS-D (Lotronex, Viberzi, Xifaxan) Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Jesduvroq (daprodustat) Prior Authorization with Quantity Limit will be discontinued for Commercial and Medicaid.
- Keveyis Prior Authorization with Quantity Limit will be discontinued for Commercial.
- Keveyis Quantity Limit will be discontinued for Medicaid.

Effective October 1, 2024

- Eohilia Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.

- Eysuvis Prior Authorization with Quantity Limit will be discontinued for Commercial. Eysuvis will be targeted by Dry Eye Disease Prior Authorization with Quantity Limit.
- Filsuvez (birch triterpenes) Prior Authorization will be implemented for Commercial.
- IBS-D (Lotronex, Viberzi, Xifaxan) Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Miebo Prior Authorization with Quantity Limit will be discontinued for Commercial. Miebo will be targeted by Dry Eye Disease Prior Authorization with Quantity Limit.
- Miebo Quantity Limit will be discontinued for Medicaid. Miebo will be targeted by Dry Eye Disease Prior Authorization with Quantity Limit.
- Ophthalmic Immunomodulators Prior Authorization with Quantity Limit will be renamed 'Dry Eye Disease Prior Authorization with Quantity Limit' and 'Verkazia Prior Authorization with Quantity Limit' for Commercial and Medicaid.
- Spevigo (spesolimab-sbzo) Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Tyrvaya Prior Authorization with Quantity Limit will be discontinued for Commercial and Medicaid. Tyrvaya will be targeted by Dry Eye Disease Prior Authorization with Quantity Limit.
- Voydeya (danicopan) Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Zelsuvmi (berdazimer) 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

- 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.

[±]The lock-out applies to both brand and generic drug.

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Bromsite (bromfenac sodium[±]) ophthalmic solution 0.075 %	October 1, 2024
Flagyl (metronidazole[±]) capsule 375 mg	October 1, 2024
Humira (adalimumab) pen-injector kit, 40 mg/0.4mL, 80 mg/0.8mL (NDC beginning with 83457; manufactured by Cordavis)	October 1, 2024
Humira (adalimumab) prefilled syringe kit, 10 mg/0.1mL, 20 mg/0.2mL, 40 mg/0.4mL (NDC beginning with 83457; manufactured by Cordavis)	October 1, 2024
Insulin glargine solostar (1 unit dial) 300 unit/mL	October 1, 2024
Insulin glargine max solostar (2 unit dial) 300 unit/mL	October 1, 2024

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Lotronex (alosetron) tablet 0.5 mg, 1 mg	October 1, 2024
Nitrofurantoin suspension 50 mg/5mL	October 1, 2024
Sovuna (hydroxychloroquine sulfate) tablet 200 mg, 300 mg	October 1, 2024
Tramadol tablet 25 mg	October 1, 2024
Zituvio (sitagliptin) tablet 25 mg, 50 mg, 100 mg	October 1, 2024

The following drugs have been updated to reflect eligibility for coverage under the Commercial pharmacy benefit.

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Humalog (insulin lispro) cartridge, Junior KwikPen, Kwikpen, Tempo Pen, vial; 100 unit/mL	October 1, 2024
Humalog (insulin lispro) KwikPen; 200 unit/mL	October 1, 2024
Humalog Mix 75/25 (insulin lispro protamine & lispro) KwikPen, vial; 100 unit/mL	October 1, 2024
Humalog Mix 50/50 (insulin lispro protamine & lispro) KwikPen, vial; 100 unit/mL	October 1, 2024
Humulin 70/30 (insulin nph isophane & regular human) KwikPen, vial; 100 unit/mL	October 1, 2024
Humulin N U-100 (insulin nph (human) (isophane)) KwikPen, vial; 100 unit/mL	October 1, 2024
Humulin R (insulin regular) vial; 100 unit/mL	October 1, 2024
Lyumjev (insulin lispro-aabc) KwikPen, Tempo Pen, vial; 100 unit/mL	October 1, 2024
Lyumjev (insulin lispro-aabc) KwikPen; 200 unit/mL	October 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.

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Beqvez (fidanacogene elaparvovec-dzkt) suspension for intravenous (IV) infusion	July 10, 2024
Hepzato (melphalan) and Hepzato Kit solution for intra-arterial infusion	July 10, 2024
Jesduvroq (daprodustat) tablet	June 12, 2024
Tofidence (tocilizumab-bavi) solution for intravenous (IV) infusion	June 12, 2024
Tyenne (tocilizumab-aazg) solution for intravenous (IV) infusion	June 12, 2024

Product Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Anktiva (nogapendekin alfa inbakicept-pmln) solution for intravesical administration	May 22, 2024
Beqvez (fidanacogene elaparvovec-dzkt) suspension for intravenous (IV) infusion	July 10, 2024
DefenCath (taurolidine and heparin) catheter lock solution (CLS)	July 1, 2024
Docivyx (docetaxel) solution for intravenous (IV) infusion	May 22, 2024
Hepzato (melphalan) and Hepzato Kit solution for intra-arterial infusion	July 10, 2024
Rytelo (imetelstat) solution for intravenous (IV) infusion	August 14, 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: September 2, 2024 | Notification Posted: July 1, 2024

Policies Developed
None

Policies Revised
- Bioengineered Skin and Soft Tissue Substitutes, IV-137
- Gender Affirming Procedures, IV-123
- Hematopoietic Stem Cell Transplantation for Primary Amyloidosis, II-119
- Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis, IV-149
- Transcatheter Mitral Valve Repair or Replacement, IV-152

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: October 7, 2024 | Notification Posted: August 1, 2024

Policies Developed
None

Policies Revised
- Bariatric Surgery, IV-19
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Bunionectomy, IV-171
- Compression Devices in the Outpatient or Home Setting, II-60
- Cryoablation of Solid Tumors, IV-05
- Gender Affirming Procedures, IV-123
- Gynecomastia Surgery, IV-71
- Hysterectomy Surgery for Non-Malignant Conditions, IV-168
- Left Atrial Appendage Closure Devices, IV-169
- Orthognathic Surgery, IV-16
- Panniculectomy/Excision of Redundant Skin or Tissue, IV-24
- Penile Prosthesis Implantation, IV-166
- Reduction Mammoplasty, IV-32
- Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
- Rhinoplasty, Septorhinoplasty, and Septoplasty, IV-73
- Risk-Reducing Mastectomy, IV-27
- Sacral Nerve Neuromodulation/Stimulation for Selected Conditions, IV-83
- Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: November 4, 2024 | Notification Posted: September 1, 2024

Policies Developed

- Remote Electrical Neuromodulation for Migraines, II-295

Policies Revised

- Implanted Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea, IV-80
- Plasma Exchange, II-192
- Transcranial Magnetic Stimulation, X-14
- Ventricular Assist Devices and Total Artificial Hearts, IV-86

Policies Inactivated

None

Policies Delegated to eviCore

None

Policies reviewed with no changes in June, July and August 2024

- Acupuncture, III-01
- Adjunctive Techniques for Screening and Surveillance of Barrett's Esophagus and Esophageal Dysplasia, VI-61
- Amniotic Membrane and Amniotic Fluid, IV-145
- Autism Spectrum Disorders: Assessment and Early Intensive Behavioral Intervention, X-43
- Bone Growth Stimulators for Non-Spinal Indications, II-110
- Breast Ductal Lavage and Fiberoptic Ductoscopy, IV-108
- Bunionectomy, IV-171
- Chelation Therapy, II-03
- Computerized Dynamic Posturography, II-108
- Coverage of Routine Care Related to Clinical Trials, II-19
- Cranial Electrotherapy Stimulation, X-32
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis, II-155
- Endovascular Stent Grafts for Abdominal Aortic Aneurysms, IV-156
- Endovascular Stent Grafts for Disorders of the Thoracic Aorta, IV-157
- Esophageal pH Monitoring, VII-64
- Expanded Gastrointestinal Biomarker Panels, VI-59
- Genetic Cancer Susceptibility Panels, VI-56
- Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphoma, II-117
- Hematopoietic Stem Cell Transplantation for Solid Tumors of Childhood, II-131
- Hematopoietic Stem Cell Transplantation in the Treatment of Germ Cell Tumors, II-114
- Hypnotherapy, III-02
- Investigative Indications for Medical Technologies which are Not Addressed by a Specific Medical Policy, XI-01
- Laser and Photodynamic Therapy for Onychomycosis, II-153
- Liposuction, IV-82
- Microprocessor-Controlled Prostheses for the Lower Limb, VII-16
- Microwave Ablation of Solid Tumors, IV-04
- Myoelectric Prosthetic and Orthotic Components for the Upper Limb, VII-60
- Nasal Tissue Reduction, IV-172
- Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain, II-149

- Photodynamic Therapy for Ocular Indications, II-205
- Pressure-Reducing Support Surfaces, VII-54
- Spinal Unloading Devices: Patient-Operated, VII-59
- Stem Cell Therapy for Peripheral Arterial Disease, II-151
- Surface Electromyography (SEMG), VII-10
- Surgical Treatments of Lymphedema, IV-158
- Synthetic Cartilage Implants for Metatarsophalangeal Joint Disorders, IV-153
- Transcatheter Pulmonary Valve Implantation, IV-155
- Tumor Treating Fields Therapy, II-164
- Virtual Reality, IX-06
- Vitamin D Screening, VI-60
- Whole Body Dual X-Ray Absorptiometry (DXA) to Determine Body Composition, V-28
- Wireless Capsule Endoscopy, V-12
- Wireless Gastric Motility Monitoring, II-134

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.