

BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND QUARTER 2019



INSIDE THIS ISSUE

BCBSMT Now Offers a Choice in Pharmacies for Specialty Medications	2	Check Your Patients' Behavioral Health Preauthorization Requirements	5	Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective April 1, 2019	12
Centers for Medicare & Medicaid Services Required Initial Validation Audit (IVA) Begins in June	3	Making an Impact in Our Community	5	Montana's PrEP Assistance Program Reducing Risk for HIV	18
2019 Fee Schedule and Compensation Policy Update	3	ParentingMontana.org to Provide Comprehensive, Evidence-Based Resources to Support the Success of Montana's Children	6	Addressing Hunger as Part of Health	19
Change in Reject Notification for Invalid National Drug Codes (NDCS) Used on Electronic Medicare Advantage Claims	4	In-Home Colorectal Cancer Screening Test Provided to Select Members	8	Caring for the Whole Person to Prevent Heart Attacks and Strokes	22
Effective 7/1/2019 Change to Blue Cross and Blue Shield of Montana Clinical Laboratory Fee	4	State Health Assessment and Improvement Plan	8	The New Great Depression	23
		Montana on Measles Watch	9	Save Time by Using eviCore Web Portal for Preauthorization Requests	24
		Montana Tobacco Quit Line Cessation Medication Benefit Change	10		



Contact Us

Confused about where to go for answers? Use our online Provider contact reference guide to help guide you to the best point of contact for your answer.

<https://www.bcbsmt.com/provider/network-participation/contact-us>

Our *Blue Review* provider newsletter is produced quarterly for participating professional and institutional providers across all lines of business (commercial and government programs). The newsletter serves as a vehicle to communicate **timely, consistent and relevant messaging** related to:

- New products, programs and services available at BCBSMT
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

BCBSMT Now Offers a Choice in Pharmacies for Specialty Medications

We are happy to let you know that both Accredo and AllianceRx Walgreens Prime are now in-network pharmacies for specialty medications covered under the medical benefit for the 2019 calendar year. Please note: This only applies to specialty medications that are covered under a medical benefit plan and are administered by a provider and does not apply to self-administered drugs covered under a pharmacy benefit. Additionally, certain new-to-market or limited distribution drugs may require an alternative specialty pharmacy. Please call the number on the members' ID card to verify coverage, or for questions about their benefits.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

Specialty medication coverage is based on the member's benefit plan. This network update does not impact specialty medications that are covered under the pharmacy benefit plan. Members may need to meet select prior authorization criteria before coverage consideration is approved. Providers can find referral forms and additional information at [bcbsmt.com/provider](https://www.bcbsmt.com/provider).

The relationship between BCBSMT and specialty pharmacies is that of independent contractors. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy. BCBSMT contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Centers for Medicare & Medicaid Services Required Initial Validation Audit (IVA) Begins in June

As an insurer participating in the Affordable Care Act's (ACA) Risk Adjustment (RA) program, Blue Cross and Blue Shield of Montana (BCBSMT) needs your participation in the Centers for Medicare & Medicaid Services (CMS) required Initial Validation Audit (IVA). The IVA will be performed on a random sample of members enrolled in ACA-compliant individual and small group plans, including plans that are available on and off the Exchange. CMS mandates that BCBSMT provide the full 2018 medical records from the physician office and hospital records for those members selected to be audited.

A key component of the RA program is a calculation based on enrollee risk. As a reminder, enrollee risk is calculated based on the diagnosis codes submitted on a claim, as well as through supplemental codes captured through medical record review. As a BCBSMT independently contracted provider, you may be asked to provide medical records for a member to validate all the diagnosis codes submitted on claims, which are then used in the RA calculation.

MEDICAL RECORD SUBMISSION STANDARDS FOR THE IVA

You may include the following documents for the IVA audit:

- Progress notes, history and physical, discharge summary, consultation reports and operative/procedure notes
- Pathology reports, physician orders, medical list and radiology may substantiate a diagnosis and be submitted, but only in conjunction with other medical documentation
- Records must be signed and credentialed within 180 days of the date of service. (If the credentialed signature is missing, BCBSMT will contact you for a Signature Statement Attestation.)

To comply with the precise timeline requirements of the CMS IVA, we appreciate your support in submitting the requested medical records as you receive notification letters listing the enrollees selected for the audit. BCBSMT will begin mailing the IVA letters in June 2019.

If you have questions, please contact:

Adria Jellum, BCBSMT Unit Manager Quality Improvement
406-437-6521

2019 Fee Schedule and Compensation Policy Update

The BCBSMT Medical Service Fee Schedules will be on a biennial update. The next full Medical Service Fee Schedules' update will occur in 2020. This change from annual to biennial update is to improve predictability and streamline administrative processes for our provider network. Any interim compensation updates will be published on the BCBSMT Secure Provider Portal with a 60-day advance notification to providers.

BCBSMT Compensation Policies and Fee Schedules are published on the BCBSMT Secure Provider Portal. For detailed information on the Biennial Update change, please review the following compensation policies published on March 1, 2019, including:

- Codes with No Other Standard BCBSMT Compensation Methodology Policy
- Hospital Outpatient Diagnostic Lab, Machine Test, and Radiology Compensation Policy
- Professional Provider and Hospital Outpatient DX&L Compensation Update Policy
- RBRVS Compensation Policy
- Website Publication Policy

Please check [News & Updates](#) and [subscribe](#) to the bi-weekly Provider enews for important policy and pricing updates.

Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

The notice applies to providers submitting electronic claims for the following Blue Cross and Blue Shield of Montana (BCBSMT) members:

- Blue Cross Medicare Advantage (HMO)SM
- Blue Cross Medicare Advantage (PPO)SM

Effective April 11, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes (NDCs) that are causing the claim to reject. Submitters will continue to receive:

- Health Care Claim Status Category Status Code A8: Acknowledgement/Rejected for relational field in error; and
- Health Care Claim Status Code 218: NDC number.

The 277CA – Health Care Claim Acknowledgement will include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject. All NDCs present are compared against the Medi-Span[®] NDC list and must be active relative to the Date of Service (DOS) on the service line. If they are not, the claim will reject. If the claim was a paper submission, you will receive a letter from BCBSMT notifying you of the claim rejection. After making the appropriate correction, you may immediately resubmit the claim electronically to help avoid processing/payment delays.

Please share this notice with your practice management/hospital information system software vendor, billing service or clearinghouse, if applicable, to help ensure they will be able to process/display the additional data element (2200D, STC12). Providers who utilize Availity[®] services for electronic claim submission do not need to confirm this process with them, as Availity will display this additional data element in their payer response reports.

If you have any questions, please contact your assigned [Provider Network Consultant](#).

Effective 7/1/2019 Change to Blue Cross and Blue Shield of Montana Clinical Laboratory Fee

Effective 7/1/2019 BCBSMT Clinical Lab fee schedule will change to 135% of the published 2018 CMS Clinical Lab fee schedule. Previously, laboratory codes were priced at 145% beginning 5/1/2018. This change aligns BCBSMT with standard national laboratory code pricing rates and improves the quality and cost-effective care for our members. The official notice for this change was published in the Clinical Laboratory Compensation Policy on 5/1/2019.

BCBSMT Fee Schedules are available on the [Secure Provider Portal](#).



Check Your Patients' Behavioral Health Preauthorization Requirements

Beginning July 15, 2019, we are improving our claims review process for behavioral health services that require preauthorization. This will result in more consistent and accurate claims payment.

As a reminder, the following behavioral health services typically need preauthorization:

- Services provided in the following settings:
 - Inpatient acute facilities
 - Residential treatment facilities
 - Partial hospitalization
 - Intensive outpatient therapy
 - Focused outpatient management
- Psychological or neuropsychological testing
- Applied behavior analysis

Services performed without preauthorization, if required, may be denied for payment and providers may not seek reimbursement from Blue Cross and Blue Shield of Montana (BCBSMT) members. The plan will conduct a retrospective review for medical necessity after the claim has been submitted.

For more information on behavioral health preauthorization requirements, visit the [Behavioral Health Program](#) section of our website. You may submit benefit preauthorization requests online for Intensive Outpatient Program and Electroconvulsive Therapy using our online tool, [iExchange](#)[®]. Refer to our [Forms page](#) for behavioral health preauthorization requests and other forms.

You should always check eligibility and benefits for each member before treatment. This step will help you confirm applicable preauthorization requirements. You may check eligibility and benefits online for BCBSMT, out-of-area Blue Plan and Federal Employee Program[®] (FEP[®]) members via the Availity[®] Provider Portal or your preferred vendor portal.

Making an Impact in Our Community

BCBSMT has a long history of protecting members and helping them be at their best. And we're not done.

As a company, we're focused on making deeper connections with our members and providers in the communities where they live, work and play. Why? Because we're part of these communities, too.

Here are a few examples where we are [Making an Impact](#) by strengthening our communities:

- Launched a statewide educational campaign called The Big Blue Sky InitiativeSM to help fight opioid abuse, suicide, and rising meth and heroin addiction; and
- Helping families eat, breathe and live better;
- Bridging gaps in preventive care through the Caring Foundation of Montana Care Van mobile health program; and
- Creating safe places for kids to play.

[Making an Impact](#) tells the stories about how we're working to improve health and wellness in our communities. Check out the report to see how we're going deeper into our communities to improve the lives of others.



“In Montana, motor vehicle crashes, overdoses, and suicide account for six out of every 10 deaths of children and young adults between the ages of 5 and 25. The misuse of alcohol is a contributing factor to these deaths. Alcohol is the most commonly used and abused substance among youth. Research shows that parents and caregivers can reduce underage drinking.”

ParentingMontana.org to Provide Comprehensive, Evidence-Based Resources to Support the Success of Montana’s Children

In January 2019 Governor Bullock announced a new comprehensive set of resources to better equip anyone in a parenting role, youth, prevention specialists, counselors, and others with easy-to-use tools to support the success of Montana’s children from kindergarten through the teen years.

ParentingMontana.org is a universal prevention effort that braids together supportive tools grounded in evidence-based practices to help Montana families thrive. The specific goal is to cultivate a positive, healthy culture among Montana parents with an emphasis on curbing underage drinking, and to provide tools and resources to address every day parenting challenges.

The new resources were created through a partnership with the DPHHS Addictive and Mental Disorders Division, The Prevention Resource Center and Montana State University’s Center for Health and Safety Culture.

In Montana, motor vehicle crashes, overdoses, and suicide account for six out of every 10 deaths of children and young adults between the ages of 5 and 25. The misuse of alcohol is a contributing factor to these deaths. Alcohol is the most commonly used and abused substance among youth. Research shows that parents and caregivers can reduce underage drinking.

“A recent 2017 survey conducted by the Center revealed that most Montana parents (91%) disapprove of high school students drinking. Parents in Montana clearly indicated that we all want what’s best for our Montana kids.”

— CONTINUED ON PAGE NEXT PAGE

A recent 2017 survey conducted by the Center revealed that most Montana parents (91%) disapprove of high school students drinking. Parents in Montana clearly indicated that we all want what's best for our Montana kids. Survey results further showed that many parents struggle with having the kind of social and emotional engagement with their child that contributes to dealing effectively with underage drinking and other risky behaviors.

Research shows that growing social and emotional skills of youth reduces underage drinking, substance use, other risky behaviors, and suicide. Strong social and emotional skills lead to better academic and workplace outcomes. Parents can develop the social and emotional skills of their children at any age while addressing common parenting challenges like establishing routines and making sure homework is completed.

ParentingMontana.org website includes a new media campaign and website with detailed information about the many challenges youth face as they mature. The new resources include evidence-based information to many every day challenges that come with parenting children of all ages. The tools and resources can be reviewed online from a cell phone, and radio and TV PSAs have started to run statewide and will run throughout 2019.

The website features practical tools for parents who want to know more about issues such as anger, bullying, chores, confidence, conflict, discipline, friends, homework, listening, lying, peer pressure, reading, routines and stress, and underage drinking. The tools use a socially- and emotionally-informed process that is developmentally appropriate.

The website is organized by age-appropriate topics for age five all the way up to 19-year-olds.

Each tool uses a five-step process for dealing with simple and challenging parenting issues. This provides parents with a way to create intentional opportunities to build their child's social and emotional skills and avoids leaving these important skills to chance. And, the process can be implemented at any age and at any time.

When both youth and parents have strong social and emotional skills, better academic and workplace outcomes can be achieved. Parents can develop the social and emotional skills of their children at any age while addressing common parenting challenges like establishing routines and making sure homework is completed.

The website also includes a vast amount of information broken out under four major categories such as Media, Resources, the Montana Parent Survey Results and I Want to Know More.

The Media section can be used to help share these resources with others, including video, radio, and print materials. These can be shared on social media, in newsletters, or through traditional channels such as television, radio, and direct mail. All the tools and information on the website can be easily viewed, downloaded, or shared electronically. The website also has a link of how Montanans can connect with a Prevention Coordinator in their area.

The Center for Health and Safety Culture will continue to develop additional tools and resources over the next several years.

For more information:

Please contact Vicki Turner, MT DPHHS, vturner@mt.gov 406-444-3484.

“Research shows that growing social and emotional skills of youth reduces underage drinking, substance use, other risky behaviors, and suicide. Strong social and emotional skills lead to better academic and workplace outcomes. Parents can develop the social and emotional skills of their children at any age while addressing common parenting challenges like establishing routines and making sure homework is completed.”



State Health Assessment and Improvement Plan

The [2017 State Health Assessment \(SHA\)](#) and 2019-2023 [State Health Improvement Plan \(SHIP\)](#) are available online at the "[A Healthier Montana](#)" website. We want to thank everyone who contributed to this process by providing feedback and guidance to the [State Health Improvement Coalition](#). This was a collaborative project to align efforts to improve the health of Montanans over the next five years, and we look forward to your continued input.

Please feel free to contact Anna Bradley at abradley@mt.gov for more information.

In-Home Colorectal Cancer Screening Test Provided to Select Members

The Centers for Disease Control and Prevention says one-third of adults age 50 or older have not been screened for colorectal cancer as recommended. 'Together, we can help our members at the greatest risk of developing colorectal cancer get the screening they need by making it easier. Some of your patients in Montana who are 51 to 75 years old and have not had a screening, may receive a Fecal Immunochemical Test (FIT) Kit. The FIT Kit is a convenient option for our members to be screened in the comfort and privacy of their homes at no additional charge.

Members send their completed test kits to Home Access Health Corporation, an independent company specializing in in-home diagnostic testing. Home Access Health Corporation will process the tests and send results to the member and their Primary Care Provider.

We let our members know they will receive the test and that taking the test is voluntary. Members have until Nov. 15, 2019, to complete and submit their test for processing.

How You Can Help:

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices that promote wellness with your patients.
- If your patients receive a FIT Kit and call your office with questions, please encourage them to participate and complete the kit as soon as possible.
- You may receive a test result from Home Access Health Corporation. Please include it in your patient's medical record, then discuss the results with your patient.

If you have any questions, please contact your Blue Cross and Blue Shield of Montana [Provider Network Consultant](#).

*CDC, Screen for Life: National Colorectal Cancer Action Campaign, October 29, 2018, <https://www.cdc.gov/cancer/colorectal/sfl/index.htm>
Home Access Health Corporation is an independent company that provides laboratory testing services for Blue Cross and Blue Shield of Montana.



Montana on Measles Watch

As of April 24, 2019, CDC reports has received reports of 695 cases of measles from 22 states. This is the greatest number of cases reported in the United States since measles was eliminated from this country in 2000. The increase in reported cases in 2019 is due to three large outbreaks – one in Washington State and two large outbreaks in New York that started in late 2018. The outbreaks in New York City and New York State are among the largest and longest lasting since measles elimination in 2000. While there have been no reported measles cases in Montana since 1990, the longer these outbreaks continue, the greater the potential for endemic spread in the U.S.

The World Health Organization reported this month that there has been a 300% increase in the number of measles cases worldwide compared with the first 3 months of 2018. The increase is part of a global trend seen over the past few years as other countries struggle with declining vaccination rates. Vaccination is the best way to protect against measles, and stable immunization rates have continued in the U.S. for several years. A recent review of Montana pediatric immunization data echoes this; MMR vaccination rates remains above levels necessary to confer herd immunity. However, there remains the concern for localized areas of unvaccinated communities in the state who are at risk for contracting measles.

A significant factor contributing to the outbreaks in the U.S. is misinformation about the safety of the MMR vaccine. Some organizations are deliberately targeting communities with inaccurate and misleading information about vaccines. CDC continues to encourage parents to speak to their family's healthcare provider about the importance of vaccination. CDC also encourages healthcare providers to provide accurate, scientific-based information to counter misinformation. CDC immunization resources are available on their website: <https://www.cdc.gov/vaccines/index.html>

Surveillance partners in Montana are encouraged to remain vigilant for individuals presenting with symptoms consistent with measles, and to immediately report any suspect cases of measles to their local public health office so that local investigation, including consultation for appropriate testing, can begin. If you have any questions, please call your local public health department, or contact Communicable Disease Epidemiology at **406-444-0273** or the Immunization section at **406-444-5580**. Up to date information on this topic can also be found at our web site: <https://dphhs.mt.gov/publichealth/cdepi/diseases/measles>

Measles, Mumps, and The MMR Vaccine

Many public health organizations are warning about the likely chance measles could end up in Montana following outbreaks in other states. BCBSMT has encouraged our members to contact their primary care provider if this is something they are concerned about for the health of their children and family. **The MMR vaccine is a covered preventive benefit for BCBSMT members.**

“The recent outbreaks have certainly put a spotlight on the importance and continued debate about vaccinations, not just for our state, but also for our nation.” said Dr. JP Maganito, BCBSMT’s Chief Medical Officer. “We understand the uniqueness of every member and patient and that is why we encourage everyone to speak to their healthcare provider about what best fits their needs and the importance of vaccinations to the health of our community.”

For more information on measles and mumps and the importance of vaccination see the links below provided by the CDC and GCCHD:

[Top 4 Things Parents Need to Know About Measles](#)

[Measles, Mumps and Rubella \(MMR\) Vaccination: Information for Healthcare Providers](#)

[Mumps FAQ](#)



Montana Tobacco Quit Line Cessation Medication Benefit Change

Starting July 1, 2019, CHANTIX® (varenicline) will no longer be available as a benefit through the Montana Tobacco Quit Line. Montana has been one of only a handful of state Quit Lines offering CHANTIX at no cost for participants. Due to semi-annual cost increases and the lack of a generic, the Montana Tobacco Quit Line is unable to sustain the cost of CHANTIX. Providers are encouraged to call the Quit Line (**1-800-QUIT-NOW**) if they have any questions about available cessation medications for their patients.

Other effective medications will remain available at no-charge or reduced cost through the Quit Line. These effective medications include eight weeks of free Nicotine Replacement Therapy (NRT), which includes the gum, patch and lozenges, as well as three months of ZYBAN® (bupropion) at a \$5 copay. CHANTIX is covered partially or fully by most health plans. Encourage your patients who use tobacco and are trying to quit to contact their health plan for additional cessation medications they may be eligible to receive. Medicaid covers CHANTIX, bupropion, nicotine patch and nicotine gum in full.

A person who uses tobacco is four to five times more likely to successfully quit when they couple counseling with quit medications. Referring patients to the Montana Tobacco Quit Line gives them access to free counseling and free or reduced cost cessation medications. Refer patients by fax or web referral. Referral fax forms and the web portal are located at quitnowmontana.com and can be accessed by clicking on the Health Care Provider tab.

Requirements for Sleep Studies Effective 1/1/2019

The BCBSMT medical policy, "Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome" effective 1/1/2019 contains the BCBSMT criteria for coverage of sleep studies. BCBSMT requires preauthorization for in-lab sleep studies. If the clinical criteria for coverage for an in-lab sleep study is not met, an unattended home sleep study may be an option.

While unattended home sleep studies do not require a preauthorization, there are guidelines in the medical policy that describe the appropriate types of unattended home sleep studies. Unattended home sleep studies may be considered medically necessary in adult patients who have symptoms suggestive of obstructive sleep apnea and must have a minimum of 4 recording channels including:

- oxygen saturation
- respiratory movement
- airflow
- electrocardiogram (EKG) or heart rate

This type of unattended home sleep study is only represented by CPT® code 95806, Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement). If other types of unattended home sleep studies are submitted for predetermination or reported on a claim, these services may not meet the BCBSMT medical policy coverage guidelines and may not be covered.

Please review the BCBSMT medical policy "Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome" for complete criteria for coverage of both unattended and attended sleep studies.



THE BIG BLUE SKY INITIATIVE SM

The blue sky is the limit to what we can do together to make everyone happy and healthy. So Blue Cross and Blue Shield of Montana is launching a statewide Big Blue Sky Initiative to help fight opioid abuse, rising suicide rates and meth and heroin epidemics that can get in our way of living healthier, fuller lives. The Big Blue Sky Initiative is ready to put resources in the hands of the communities we serve, so we all get through this together.

By bringing health care providers, community groups and state government together to fight this fight, we can set a positive example for years to come. Because with everyone's help, there's hope.

Together the blue sky is the limit to what we can do to make everyone happy and healthy. SM



BlueCross BlueShield
of Montana

Learn more at:
bigblueskyinitiativemt.com

Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective April 1, 2019

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Montana (BCBSMT) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes that were effective April 1, 2019 are outlined below.

DRUG LIST UPDATES (COVERAGE ADDITIONS) – AS OF JAN. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 70 mg/mL)	Migraine
DELSTRIGO (doravirine-lamivudine-tenofovir df tab 100-300-300 mg)	HIV
DIVIGEL (estradiol td gel 0.75 mg/0.75 gm (0.1%))	Hormone Replacement
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/mL)	Migraine
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/mL)	Migraine
EPIDIOLEX (cannabidiol soln 100 mg/mL)	Seizures
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/mL)	Neutropenia
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 mL (300 mcg/mL))	Neutropenia
MITIGARE (colchicine cap 0.6 mg)	Gout
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5 mL, 480 mcg/0.8 mL)	Neutropenia
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
ORLISSA (elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv))	Endometriosis
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Cystic Fibrosis
XARELTO (rivaroxaban tab 2.5 mg)	Thrombotic Event Prophylaxis
Basic, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists	
CELLCEPT (mycophenolate mofetil cap 250 mg, tab 500 mg)	Antirejection Agent
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Antirejection Agent
ZORTRESS (everolimus tab 1 mg)	Antirejection Agent
Balanced, Performance and Performance Select Drug Lists	
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 70 mg/mL)	Migraine
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10000 unit)	Infertility*
CORZIDE (nadolol & bendroflumethiazide tab 80-5 mg)	Hypertension
ENDOMETRIN (progesterone vaginal insert 100 mg)	Infertility*
NOVAREL (chorionic gonadotropin for im inj 5000 unit, 10000 unit)	Infertility*
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (chorionic gonadotropin for im inj 10000 unit)	Infertility*

– CONTINUED ON PAGE NEXT PAGE

Preferred Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists (Cont)	
TRANSDERM-SCOP (scopolamine td patch 72hr 1 mg/3 days)	Motion Sickness
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)	Depression
abiraterone acetate tab 250 mg	Cancer
albendazole tab 200 mg	Antiparasitic
aminocaproic acid tab 500 mg, 1000 mg	Excessive Bleeding
azelaic acid gel 15%	Acne/Rosacea
BREATHE EASE/LARGE MASK, MEDIUM MASK, SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for inhaler device
clobazam suspension 2.5 mg/mL	Seizures
clobazam tab 10 mg, 20 mg	Seizures
COPIKTRA (duvelisib cap 15 mg, 25 mg)	Cancer
DELSTRIGO (doravirine-lamivudine-tenofovir df tab 100-300-300 mg)	HIV
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/mL)	Migraine
EPIDIOLEX (cannabidiol soln 100 mg/mL)	Seizures
epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)	Anaphylaxis
FIBRYGA (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Hemophilia
GALAFOLD (migalastat hcl cap 123 mg (base equivalent))	Fabry Disease
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/mL)	Neutropenia
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 mL (300 mcg/mL))	Neutropenia
itraconazole oral soln 10 mg/mL	Antifungal
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Hyperkalemia
MULPLETA (lusutrombopag tab 3 mg)	Liver Disease
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5 mL, 480 mcg/0.8 mL)	Neutropenia
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
NOVOLIN 70/30 FLEXPEN REL ION (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
ORILISSA (elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv))	Endometriosis
PRO COMFORT INHALER SPACER CHAMBER ADULT, CHILD (spacer/aerosol-holding chambers - device)	Spacer for inhaler device
SIKLOS (hydroxyurea tab 1000 mg)	Sickle Cell Anemia
tadalafil tab 2.5 mg, 5 mg	BPH
tadalafil tab 10 mg, 20 mg	Erectile Dysfunction**
TALZENNA (talazoparib tosylate cap 0.25 mg (base equivalent), 1 mg (base equivalent))	Cancer
testosterone td gel 20.25 mg/1.25 gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5 gm (1.62%)	Hormone Replacement Therapy
varденаfil tab 2.5 mg, 5 mg, 10 mg, 20 mg	Erectile Dysfunction**
varденаfil orally disintegrating tab 10 mg	Erectile Dysfunction**
VIZIMPRO (dacomitinib tab 15 mg, 30 mg, 45 mg)	Cancer

Preferred Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists (Cont)	
XARELTO (rivaroxaban tab 2.5 mg)	Thrombotic Event Prophylaxis
XOFLUZA (baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose), 40 (2) mg (80 mg dose))	Influenza
ZORTRESS (everolimus tab 1 mg)	Antirejection agent
Balanced and Performance Select Drug Lists	
MINOCYCLINE HYDROCHLORIDE ER (minocycline hcl tab er 24hr 55 mg)	Acne
Performance Drug List	
LEDIPASVIR/SOFOSBUVIR (ledipasvir-sofosbuvir tab 90-400 mg)	Hepatitis C
SOFOSBUVIR/VELPATASVIR (sofosbuvir-velpatasvir tab 400-100 mg)	Hepatitis C

¹Third-party brand names are the property of their respective owner.

^{*}Optional fertility component coverage for select health plans.

^{**}Optional sexual dysfunction component coverage for select health plans.

DRUG LIST UPDATES (COVERAGE TIER CHANGES) – AS OF APRIL 1, 2019

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
GANIRELIX (ganirelix acetate inj 250 mcg/0.5 mL)	Preferred Brand (Optional Fertility Component)	Infertility
MENOPUR (menotropins for subcutaneous inj 75 unit)	Preferred Brand (Optional Fertility Component)	Infertility
phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg	Non-Preferred Generic	Epilepsy
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Preferred Brand	Cystic Fibrosis

¹Third-party brand names are the property of their respective owner.

Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	Ulcerative Proctitis	hydrocortisone enema	N/A
NUEDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	Pseudobulbar Affect	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VIRAMUNE (nevirapine susp 50 mg/5 mL)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Basic and Multi-Tier Basic Drug Lists Revisions			
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug ¹	Drug Class/Condition Used For	Preferred Alternative(s) ^{1,2}	
Balanced, Performance and Performance Select Drug Lists Revisions			
NORTRIPTYLINE HCL (nortriptyline hcl soln 10 mg/ 5 mL)	Depression	amitriptyline tablet, desipramine tablet, nortriptyline capsule	

Drug ¹	Drug Class/Condition Used For	Preferred Alternative(s) ^{1,2}
Performance Drug List Revisions		
NUEDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	HIV	BIKTARVY, ODEFSEY, TRIUMEQ
Balanced, Performance and Performance Select Drug Lists Exclusions		
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
CETROTIDE (cetorelix acetate for inj kit 0.25 mg)	Infertility	Ganirelix
CRINONE (progesterone vaginal gel 4%, 8%)	Infertility	progesterone capsules, Endometrin vaginal insert
EURAX (crotamiton lotion 10%)	Scabies	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 mL)	Infertility	Novarel, Pregnyl
VIRAMUNE (nevirapine susp 50 mg/5 mL)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Balanced and Performance Select Drug Lists Exclusions		
DIHYDROERGOTAMINE MESYLATE (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraine	sumatriptan nasal, sumatriptan tablet, Migranal nasal spray
Performance and Performance Select Drug Lists Exclusions		
mupirocin calcium cream 2%	Topical Antibiotic	mupirocin ointment 2%
prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	Inflammatory conditions	prednisone tablet, prednisolone oral solution
Balanced Drug List Exclusions		
COSOPT PF (dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/mL pf)	Glaucoma	dorzolamide solution, dorzolamide-timolol solution, timolol solution
DEXPAK 6 DAY (dexamethasone tab therapy pack 1.5 mg (21))	Inflammatory conditions	dexamethasone tablet
DEXPAK 10 DAY (dexamethasone tab therapy pack 1.5 mg (35))	Inflammatory conditions	dexamethasone tablet
DEXPAK 13 DAY (dexamethasone tab therapy pack 1.5 mg (51))	Inflammatory conditions	dexamethasone tablet
TOPICORT (desoximetasone spray 0.25%)	Topical Inflammatory Conditions	desoximetasone cream, desoximetasone gel
prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	Inflammatory conditions	prednisone tablet, prednisolone oral solution
Performance Drug List Exclusions		
DIHYDROERGOTAMINE MESYLATE (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraines	dihydroergotamine injection, sumatriptan nasal, sumatriptan tablet
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraines	dihydroergotamine injection, sumatriptan nasal, sumatriptan tablet
Performance Drug List Exclusions		
sumatriptan-naproxen sodium tab 85-500 mg	Migraine	naproxen tablet, sumatriptan tablet

¹Third party brand names are the property of their respective owner.

²These lists are not all-inclusive. Other medications may be available in this drug class.

DISPENSING LIMIT CHANGES

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic and Enhanced Drug List Changes	
Nuvigil/Provigil	
Nuvigil 50 mg tablet	30 tablets per 30 days
Nuvigil 150 mg tablet	30 tablets per 30 days
Nuvigil 200 mg tablet	30 tablets per 30 days
Nuvigil 250 mg tablet	30 tablets per 30 days
Provigil 100 mg tablet	30 tablets per 30 days
Provigil 200 mg tablet	60 tablets per 30 days

¹Third party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective Jan. 15, 2019, the Orlistat Prior Authorization (PA) program was added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Orlistat.

Effective Feb. 15, 2019, the Cannabidiol PA program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Epidiolex.

Effective April 1, 2019, the following changes were applied:

- The Injectable Atopic Dermatitis Agents Specialty PA program will change its name to: Interleukin-4 (IL-4) Inhibitors. The targeted medications and program criteria remains the same.
- The Xyrem Specialty PA program will change its name to: Sodium Oxybate. The targeted medication and program criteria remains the same.
- The Fabry Disease Specialty PA program will be added to the Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists. This program includes the newly FDA-approved target drug Galafold.
- The Hyperhidrosis PA program will be added to the Balanced, Performance Select and Performance Select Annual Drug Lists. This program includes the newly FDA-approved target drug Qbrexza.
- The Antidepressants Step Therapy (ST) program will be added to the Balanced, Performance Select and Performance Select Annual Drug Lists. The program criteria remains the same and includes the same target drugs:
 - Celexa, Cymbalta, Desvenlafaxine ER tabs, Desvenlafaxine fumarate, Duloxetine, Effexor, Effexor XR, Fetzima, Forfivo XL, Fluoxetine 60 mg tabs, Fluvoxamine ER, Irenka, Khedezia, Lexapro, Oleptro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Prozac Weekly, Remeron, Remeron SolTab, Trintellix, Venlafaxine ER tabs, Viibryd, Viibryd Starter Kit, Wellbutrin, Wellbutrin SR, Zoloft

As a reminder, please review your patient’s drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and dispensing limit changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Appropriate Use of Opioids Program – Final Implementation

The Appropriate Use of Opioids Program was implemented on Aug. 1, 2018, to promote the safe and effective use of prescription opioids. Elements in the program follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines (e.g., American Pain Society/American Academy of Pain and Centers for Medicare and Medicaid Services, CMS).

To help reduce disruption in current approved drug therapy, the Appropriate Use of Opioids Program has been rolled out through a phased approach between Aug. 1, 2018 and April 1, 2019. Each phase of the program gradually expanded the point-of-sale safety checks placed on prescription opioid quantities, medication dosages, and the number of dispensing pharmacies and/or prescribing physicians.

Full implementation of the program will be completed on April 1, 2019, for most BCBSMT members who have prescription drug benefits administered by Prime Therapeutics. Patients and their prescribing physician may be sent program awareness letters prior to this final phase implementation.

Please note: The Appropriate Use of Opioids Program applies to most members with BCBSMT prescription drug coverage. Members may be subject to the program's criteria threshold limits, regardless of their plan renewal date. BCBSMT has implemented similar point-of-sale safety alerts and opioid drug management programs for members with Medicare Part D or Medicaid coverage that are not affiliated with the Appropriate Use of Opioids Program. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Select Prescription Drug Lists' Update Frequency to Change – Effective April 1, 2019

Today, some members' health insurance plan prescription drug lists are updated quarterly and others are updated annually. These updates, such as drugs moving to non-preferred tiers or being excluded from coverage, are based on clinical guidelines, safety, cost effectiveness and continuous changes in the pharmaceutical market.

With the increasing costs of pharmaceuticals, being able to respond quicker to market changes and offering cost-effective drug treatments sooner is of great importance to our members. Additionally, the numbers of members who may be impacted by drug list changes will not change, just the timing of when members may experience the changes.

Most of the prescription drug lists that were updated annually on Jan. 1, or at members' health insurance plan renewal date, will be moved to a quarterly update starting on or after April 1, 2019. This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Please note:** For those drug lists that remain on an annual update, or until the plan has moved to a quarterly update (where applicable), the drug list name will change to include "Annual" in the title. Both the quarterly updated and annually updated drug lists will be posted on the Pharmacy Program section of our Provider website.

New Member Notification Program for Prior Authorization (PA) Approval Expirations

As of Nov. 8, 2018, select members with BCBSMT prescription drug coverage began receiving notifications that their prior authorization (PA) approval will expire soon. This member outreach program is being sent by our pharmacy benefit manager, Prime Therapeutics, and in the member's established preferred communication format (letter, email or text message).

The notification message includes the member's medication they are taking and PA approval expiration date. It encourages them to discuss their therapy with their health care provider and to have the provider re-submit the form before the expiration date if continuing therapy.

These messages are sent each week to members whose original PA was approved for a period of six months or more and whose PA approval will expire within 45 days from when the notification is sent. Members who may have more than one medication PA approval will receive a message for each PA expiration that meets this criteria.

Members and providers can call the number on the ID card if they have any questions about these notifications. For a list of PA programs, program criteria summaries and request forms, please visit the Pharmacy Program Prior Authorization/Step Therapy section of our Provider website.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.



Montana's PrEP Assistance Program Reducing Risk for HIV

The Montana Department of Public Health and Human Services (DPHHS) is working closely with local public health programs and contractors to expand the availability of PrEP, or pre-exposure prophylaxis to prevent HIV-infection. PrEP is intended for individuals at high risk of HIV-infection who can dramatically lower their risk by taking a daily pill. Studies conducted indicate that PrEP reduces the risk of getting HIV from sex by more than 90% and 70% for people who inject drugs. PrEP is, however, more than taking a pill each day; it involves helping at-risk people establish an ongoing relationship with a provider who can support the routine testing required when people take anti-HIV medications over the long-term.

- Montana's PrEP Assistance Program provides funds to financially support un- and under-insured patients by reimbursing providers delivering PrEP related services.
- Three providers across the state are currently enrolled in the DPHHS PrEP Assistance Program and more are onboarding.
- The participation of these providers assures that PrEP services will be available in Montana's largest communities, which are also the areas of highest HIV burden.
- The DPHHS HIV/STD program continues to develop partnerships with additional providers and creates systems to extend the availability of PrEP services to rural communities across Montana.

Additional details on PrEP, including resources for clinicians, are available at our website: <https://dphhs.mt.gov/publichealth/hivstd/hivprevention>

For more information on Montana's PrEP Assistance Program for providers, contact the STD/HIV program and ask for Jim Aspevig of the DPHHS HIV/STD section at **406-444-3565**.

Three Character Prefix on Member ID Cards

Blue Cross and Blue Shield member identification numbers usually begin with a three-character prefix. Prior to April 2018, the prefixes included letters only. To ensure we have enough prefixes to support our current and future business needs, the Blue Cross and Blue Shield Association has determined that the prefixes may now be alphanumeric.

Quick reminders:

- If a member's ID number does not have a three-character prefix, make sure you request their most current identification card.
- Three-character member ID prefixes may now have both letters and numbers.
- Cards that have letters-only prefixes are still valid.
- The three-character prefix is always followed by the rest of the member's ID number.
- Include the entire member ID number, with the prefix, on all correspondence and claims.
- Do not omit, randomly select or substitute a different three-character prefix.
- Some Blue Cross and Blue Shield member ID prefixes may have less than three characters. Federal Employee Program® members, for example, have a single-letter prefix.



“We are in the business of providing health and financial security, and you can’t do that if there’s not food security as well.”

MAKING THE HEALTH CARE SYSTEM WORK

Addressing Hunger as Part of Health

By Lisa Tanner

Early on a cold Saturday morning, a man waited his turn at a mobile food pantry in Albuquerque. It was his first stop that day to take care of the needs of his wife and their two grandchildren.

“My retirement income doesn’t cover everything they need,” said the former truck driver, who identified himself only as Jefferson. “Before coming here, I’ve wondered how I would feed them properly. It’s embarrassing to say this, but there were times we would visit car dealerships to eat a meal. They would have their cookouts on weekends with hot dogs and hamburgers.”

Like Jefferson, about [40 million Americans](#) live in households that don’t always have enough food for everyone in the family, according to the U.S. Department of Agriculture.

“The consequences of food insecurity affect individuals across their lifespan,” said Jessica Hager, manager of health and nutrition for [Feeding America](#)[®], the nation’s largest domestic hunger-relief organization.

The cost of food insecurity

Working-age adults who often go without enough food are at least 40 percent more likely to suffer from long-term health problems, [according to a study for the U.S. Department of Agriculture](#).

— CONTINUED ON PAGE NEXT PAGE

— CONTINUED FROM PREVIOUS PAGE

Even less severe food insecurity, according to the study, is associated with several chronic diseases. They include hypertension, heart disease, cancer, asthma and diabetes.

These conditions undermine the health and financial well-being of individuals and families. They also add to the cost of health care and health insurance.

A place at the table

In October, Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas announced they are [joining forces with Feeding America](#). A \$1.2 million investment over two years builds on the Plans' longstanding commitment to addressing food insecurity.

In 2017, the Plans supported organizations that distributed more than 2 million pounds of food to 750,000 adults and children in their states as part of the Healthy Kids, Healthy Families® grant initiative.

"We are in the business of providing health and financial security, and you can't do that if there's not food security as well," says Joel Farran, senior vice president and chief brand officer of the five Blues Plans.

[Related: [With Affordability Cures, an Investment in Lasting Change](#)]

Under the new collaboration with Feeding America, 26 food banks and pantries in their states are getting support to increase access to nutritious foods and improve diet quality. Each food bank will choose programs best for its community's needs, such as:

- Placing fresh produce, dairy and protein in areas with high visibility and using signs encouraging healthy food selection
- Using community food kitchens to train adult members of food-insecure families for jobs in the food service industry
- Providing pantries with nutrition guidelines

"The poor often have to make difficult tradeoffs when it comes to shopping for food," said Sonya Warwick, community director for Albuquerque-based Roadrunner Food Bank. Roadrunner is one of the organizations taking part in the Blue Cross and Blue Shield Plan's collaboration with Feeding America.

"Nearly two-thirds of households say they must choose between either paying for utilities and transportation or for food when it comes to using their limited funds," Warwick said. "And that doesn't even include needing to pay for housing and health care. Food banks give the hungry the extra cushion they sometimes need to feed their families."

The five Blues Plans are also preparing to work with the [Blue Cross Blue Shield Institute](#)SM to help people who live in nutritional deserts — communities that lack access to fresh fruit, vegetables and whole foods that make for a healthy diet.

According to the Institute's CHM Hub® platform, 1.5 million Blue Cross and Blue Shield members in Illinois, Montana, New Mexico, Oklahoma and Texas live in nutritional deserts.

[Related: [A New Approach to Solving Health Disparities](#)]

"Recognizing food insecurity is a social determinant of health, it's very important that we work with communities hand in hand — in addition to health care partners — because together we can end hunger."

— CONTINUED ON PAGE NEXT PAGE



— CONTINUED FROM PREVIOUS PAGE

Extending a helping hand

Twice a month, 76-year-old Louis Buard visits Our Community Pantry in South Dallas to put food on the table for him, his wife, two sons and a grandson. He says they struggle monthly with deciding how to spend his Social Security check. Though in the heart of a major U.S. city, his neighborhood is considered a food desert.

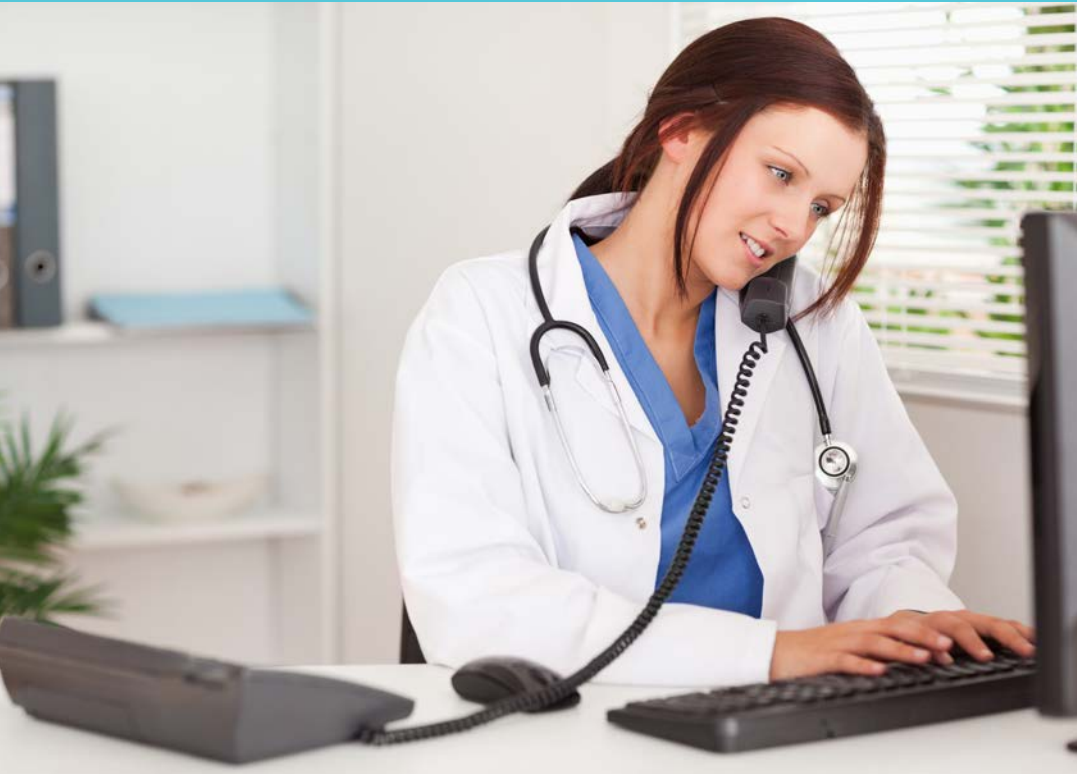
Our Community Pantry gets food from the North Texas Food Bank, one of the organizations taking part in the Blues Plans' collaboration with Feeding America.

"We don't throw any food away in our house," Buard said, leaning on a staff engraved with his nickname, Moses, as he shopped the pantry. "Money can be tight. I pay for utilities first, like shelter, so that we have a place to sleep. After that comes medicine and food."

Feeding America and its partners are working toward long-term solutions that will eliminate these damaging tradeoffs, Hager said.

"Recognizing food insecurity is a social determinant of health, it's very important that we work with communities hand in hand — in addition to health care partners — because together we can end hunger."

"In October, Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas announced they are joining forces with Feeding America. A \$1.2 million investment over two years builds on the Plans' longstanding commitment to addressing food insecurity."



MAKING THE HEALTH CARE SYSTEM WORK

Caring for the Whole Person to Prevent Heart Attacks and Strokes

Blue Cross and Blue Shield Plans in five states have started looking beyond medical issues to connect members at risk of heart attacks or strokes with resources that help them manage their health

By Heather Punke

When it comes to helping prevent heart attacks and strokes, we tend to focus on medical issues like managing cholesterol and blood pressure. But they're not all that matters. Other factors, like financial well-being and access to healthy food, may be even more important.

Addressing social determinants of health is "the most significant" opportunity to reduce death and disability from cardiovascular disease, according to a 2015 statement from the American Heart Association.

"If a person has an issue of not getting enough food, their main priority isn't going to be going to the primary care physician for a check-up," says Stephanie Haskins, a medical management social worker. "If we help with other things going on in their lives, they don't have to worry about (anything except) staying healthy."

Tackling social determinants of health

Haskins is a member of a select team of nurses and social workers for Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas working to help close those care gaps in a pilot partnership with the American Heart Association.

— CONTINUED ON PAGE NEXT PAGE

Sage Therapeutics Introduces Postpartum Depression Infusion Drug

At the 2018 Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists results for Zulresso (brexanolone IV) were presented in poster sessions.

Zulresso, produced by Sage Therapeutics, treats moderate to severe Postpartum depression, and requires a 60-hour inpatient infusion. The initial list pricing for Zulresso is approximately \$7,500 per vial with an estimated overall cost with hospitalization that can reach \$34,000 depending on hospital charges. The infusion also interrupts breast feeding for up to 7 days. Sage Therapeutics has an oral medication in development which will convert the 60-hour inpatient infusion medication to a once-a-day pill.

BCBSMT is currently reviewing the literature evidence for any medical necessity criteria of this (moderate-severe) postpartum depression drug injection, Zulresso and will develop a medical policy on the coverage of this treatment for BCBSMT members. Currently, there are no facilities in Montana certified to perform the Zulresso infusion. Please stay tuned for future announcements from BCBSMT.

For more information on Zulresso please review the following links from the FDA, Sage Therapeutics, Women's Mental Health (medical journal) and Stat Health (medical journal).

[FDA Press Release](#)

[Sage Therapeutics Press Release](#)

[Women's Mental Health](#)

[Stat News](#)

— CONTINUED FROM PREVIOUS PAGE

These clinicians, trained by the AHA in heart and stroke care, are proactively reaching out to members in certain group health plans who are at risk of heart disease or stroke and may also have trouble paying their bills, getting healthy food or getting to doctor's appointments.

The health plans target members diagnosed with high cholesterol, coronary artery disease, hypertension or diabetes. From there, they narrow the list using geographic data, because people living in "compromised" or "vulnerable" ZIP codes may be more likely to face social barriers to health.

"It opens the door to reach out to people we don't have communication with," Haskins says. Many of the members she calls haven't talked to their health insurer in years.

Haskins and others make several calls a day, trying to connect to members. The goal is to get them connected to benefits and social services that may help keep them healthy, in all meanings of the word.

The conversations start with a routine review of the diagnosis and treatment plan. In some cases, this reveals that members don't realize their plans include benefits that may help them manage their conditions.

One member, for example, shared that he knew he should be taking his blood pressure reading but didn't have a cuff. Haskins was able to get him one at no cost using his health plan.

Listening and connecting

Once the traditional health care needs are addressed, the callers screen members for social and economic needs that may be undermining their health outcomes.

Using a standardized tool created by the American Academy of Family Physicians, they ask a few simple questions to find out where a member may need help.

The questions cover things like social support, housing, transportation and trouble paying bills. Based on the answers, the nurses and social workers hunt for community resources to address the member's needs.

On a call to a member with high cholesterol, Haskins recalls, the questions revealed a much more complex picture.

The member was pregnant, had gestational diabetes and was going to be a single mother. Haskins was able to connect her with a food bank, a case management program for pregnant women in her town, and a charity that donates insulin to people in need.

"You hear their sentiment, worries, and appreciation of you actually calling and sending out these resources," Haskins says. "It's definitely rewarding."

The help doesn't stop there. Haskins and her colleagues in the pilot set goals for members and follow up with them to continually support them on their journey to get and stay healthy.

The pilot is brand new, but the Plans are measuring its impact by looking at metrics such as reductions in emergency room visits or improved health outcomes among the members who received calls.

Programs like this one that address the social dynamics associated with heart disease and strokes may help meet the AHA's 2020 Impact Goal to improve heart health by 20 percent and reduce cardiovascular disease and stroke deaths by 20 percent by 2020.

The New Great Depression

More than 9 million commercially insured Americans have been diagnosed with depression – a number that has climbed 33 percent since 2013. In fact, 89 percent of Americans adults say that depression is a very serious or somewhat serious condition. However, 2 million of those diagnosed in 2016 did not seek treatment. As a growing number of pharmaceutical and behavioral therapeutic options become available, it's critical to connect people with the individualized treatment that works for them.

Encourage your Blue Cross and Blue Shield of Montana patients to call us at the number on their card to learn about the behavioral health benefits available to them. Members may have coverage for office visits, therapy, medication or even virtual visits with behavioral health professionals.

*Information above found within the Blue Cross Blue Shield, The Health Of America ReportSM examines U.S. commercially insured members diagnosed with major depressive disorder (major depression) and uses the breadth and depth of data available through the Blue Cross Blue Shield Health IndexSM.

Blue Cross Blue Shield, The Health Of America ReportSM The Blue Cross Blue Shield (BCBS) Health Index is a unique health metric that provides a better understanding about which diseases and conditions most impact Americans' overall quality of life. The BCBS Health Index identifies more than 200 health conditions and quantifies how each condition affects Americans' health, life expectancy and well-being. Powered by data from more than 41 million BCBS commercially insured members per year from birth to age 64, this extensive resource brings an unmatched contribution to other available health data to support national and local discussions about how to improve health care in the United States. Visit [this link](#) for more information about the BCBS Health Index.

The American Heart Association, an independent 501(c)(3) tax-exempt organization, is providing outreach management for Blue Cross and Blue Shield of Montana.

Save Time by Using eviCore Web Portal for Preauthorization Requests

BCBSMT contracts with eviCore healthcare (eviCore), an independent specialty medical benefits management company, for outpatient specialty preauthorizations. After you use Availity® or your preferred vendor and determine the service for your member requires preauthorization through eviCore, you can save a lot of time by submitting preauthorization requests through [eviCore's provider portal](#). Learn more about third-party links. eviCore recently made several improvements to make requests even easier.

Submitting a request through the portal helps make sure the request is submitted correctly and includes the needed information, which will help smooth the approval process. Using the eviCore provider portal to submit requests for preauthorization will also:

- **Review clinical criteria** - review guidelines to see what's required, prior to submitting your request
- **Save time** – online benefit preauthorization requests are three times faster than phone requests
- **Access requests 24/7** - submit requests and check their progress when it is convenient
- **Stop and start as needed** – save your benefit preauthorization request and return to it later, without the need to start over
- **View and print results** – see case numbers and approval details online
- **Show you which procedure codes/diagnoses are impacted** – see codes for applicable categories/members
- **Upload member's medical records** – use the portal to respond quickly with clinical information necessary to support medical necessity of the service/procedure
- **Schedule consultations online** – set up a Clinical Consultation through the portal if you have questions.

To begin managing authorizations online, go to [eviCore.com](#). Learn more about third-party links and register. Training sessions are available through the [eviCore training center](#). Learn more about third-party links. For provider portal help, email portal.support@evicore.com or call **800-646-0418** and select option 2.

Important Reminder: Always Check Eligibility and Benefits First

Benefits will vary based on the service being rendered and individual and group policy elections. It is critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity Provider Portal](#). Learn more about third-party links or your preferred web vendor portal.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as eviCore, Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Montana. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at bcbsmt.com/provider.

The editors and staff of Blue Review welcome letters to the editor. Address letters to:

BLUE REVIEW

Blue Cross and Blue Shield of Montana

Attn: Lyndsey Owens

P.O. Box 4309

Helena, MT 59604

Email: Lyndsey_Owens@bcbsmt.com

Website: bcbsmt.com/provider

BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.