

August 6, 2019

<Provider Name>  
<Address>  
<Address>  
<City>, <State> <ZIP code>

Dear Provider,

As a Blue Shield of California Promise Health Plan (Blue Shield Promise) network provider, the care you provide for our members helps us achieve our mission to provide access to high-quality care. Because of your influence in the lives of our members, we want to support you with essential information about Blue Shield Promise's quality initiatives and guidelines.

The enclosed information highlights our annual quality program guidelines and resources, an example of the way we make available formulary changes that may impact your patients, and details about our enhanced disease management and transitional care programs. Please review the information and feel free to call us if you have questions or want to learn more about Blue Shield Promise's quality initiatives and how we want to collaborate with our network providers in ensuring access to quality care.

In the changing health care landscape, we value innovations and leadership that drive improved outcomes and significant, sustainable savings for our members and other customers. That is why we're proud to hold health plan accreditations for Medicare and Medi-Cal lines of business by the National Committee for Quality Assurance (NCQA).

If you have questions or would like to learn more about how we want to partner with our network providers in ensuring access to quality and affordable care for Blue Shield Promise members, please call us, using our dedicated provider telephone number, **(800) 468-9935**, between 8 a.m. and 5 p.m., Monday through Friday.

Thank you for the dedicated and expert care you provide for our Blue Shield Promise members.

Sincerely,



Kati Traunweiser  
Vice President, Clinical Quality  
Blue Shield of California

TBSP10621(8/19)

## Annual Notification Regarding Quality Guidelines and Resources

At Blue Shield of California Promise Health Plan, we are committed to providing access to quality care for our members, and to supporting you as you provide health care services. Periodically, we share the information below to ensure you are aware of applicable guidelines and resources that may impact Blue Shield Promise benefits for you and your patients.

### Availability of Criteria

- Providers and members can request copies of any guideline or specific criteria that Blue Shield Promise Utilization Management Department uses to make a treatment authorization decision by calling our dedicated provider telephone number, **(800) 468-9935**, from 8 a.m. to 5 p.m., Monday through Friday.
- **Specific criteria or guidelines are also available to the public upon request, with the following disclosure:** "The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for the person with similar illnesses or conditions. Care and treatment may vary depending on individual need and the benefits covered under your contract."

### Affirmative Statement on Incentives

Blue Shield Promise encourages appropriate use of medically necessary member care and discourages under-utilization of services. We are committed to practicing the following guidelines:

- Utilization management (UM) decisions are based on how the appropriate care, service, and existence of coverage will benefit the member.
- Blue Shield Promise does not specifically reward practitioners or individuals for issuing denials of coverage or service care.
- Financial incentives for UM decision-makers do not encourage decisions that result in under-utilization.
- Provider organizations and practitioners are not prohibited from acting on behalf of the member.
- Physicians cannot be penalized in any manner for requesting or authorizing appropriate medical care.
- Practitioners are ensured independence and impartiality in making referral decisions that will not influence:
  - Hiring
  - Compensation
  - Termination
  - Promotion
  - Any other similar matters

The Blue Shield Promise UM Department is committed to supporting the delivery of quality care that will result in maintaining or improving the best possible health for our members. We can accomplish continuity of care through thoughtful coordination with contracted medical groups and/or primary care physicians if ambulatory care and inpatient health services are necessary.

### **Access to UM Department Staff**

Blue Shield Promise provides the following communication services for members and practitioners:

1. We are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues.
2. We can receive inbound communication regarding UM issues after normal business hours.
3. Our representatives are identified by name, title and organization name when initiating or returning calls regarding UM issues.
4. TDD/TTY service (711) is available to members who have hearing or speech impairment.
5. Language assistance is available to members to aid them in discussing UM issues with our representatives.

### **Members' Rights & Responsibilities**

Blue Shield Promise annually distributes the *Members' Rights and Responsibilities Statement* to provider organizations and practitioners within our provider manuals. The current provider manuals are available at our website, [blueshieldca.com/promise](http://blueshieldca.com/promise), in the Provider Resources section.

**The *Members' Rights and Responsibilities Statement* appears in the provider manuals in the pages listed below:**

- Medicare Provider Manual: Section 3.2, pages 23-25
- Medi-Cal Provider Manual: Section 4.1, pages 5-6

### **Special Needs Plan (SNP) Model of Care Provider Training**

The Special Needs Plan (SNP) Model of Care Provider Training is available on our website and includes a detailed overview of the Model of Care. More information about the SNP is available at our website, [blueshieldca.com/promise](http://blueshieldca.com/promise) in the Provider Resources section. To request a hard copy of the training materials, or for additional assistance, please call the **Provider Relations Department at (800) 468-9935** from 8 a.m. to 5 p.m., Monday through Friday.

### **Population Health Program Update:**

#### **Disease Management and Transitional Care Management Programs Enhanced**

At Blue Shield Promise, we want to ensure that you have the right resources to provide care for patients with disease, as well as patients who are transitioning from high-risk conditions to continuing care.

#### **Disease Management**

Our Population Health Management team works with you and your patients with high risk diseases through our Disease Management Program. Prior to 2019, only asthma and congestive heart failure (CHF) conditions were supported by this program. We now provide additional disease management services for chronic obstructive pulmonary disease (COPD) and diabetes. The program is available in Los Angeles and San Diego counties for Medicare, Medi-Cal, and Cal MediConnect patients. The patient referral form is available on our website, [blueshieldca.com/promise](http://blueshieldca.com/promise).

### **Transitional Care Management**

Our Transitional Care Management Program provides support during a change from one care environment to another, and ongoing care, for patients at the highest risk. Before this year, the program only supported the Medicare Special Needs Plans (SNP), which limits access for people with specific diseases or characteristics. Medicare SNPs tailor benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve<sup>1</sup>.

Our **newly enhanced program**, which became effective January 1, 2019, includes transitional care management services for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and readmissions. The program is available in Los Angeles and San Diego counties for Medicare, Medi-Cal, and Cal MediConnect patients. Based on internal data, the Transitional Care Management Program team determines which patients are candidates for the services. A case management representative then contacts you to ensure that there is an effective plan in place for those patients who may benefit from transitional care management. More information is available at our website, [blueshieldca.com/promise](https://blueshieldca.com/promise).

### **Complex Case Management (CCM)**

Blue Shield Promise also offers a Complex Case Management Program (CCM). The program team focuses on members with multiple co-morbidities, as well as those who have experienced multiple hospital admissions and who access multiple pharmacies. The team interacts directly with high-risk members and works closely with their physicians to coordinate care and services. The goals of the program are to help members regain optimal health or improve functional capability, educate members regarding their chronic condition, and reinforce their prescribed treatment plan. The patient referral form is available on our website, [blueshieldca.com/promise](https://blueshieldca.com/promise).

### **Contact Information**

Our Population Health Management team connects members to Blue Shield Promise case managers, social services, utilization management, and customer care. The team is available to answer your questions and provide support. If you have any questions regarding these services, contact the team through our dedicated provider telephone number, **(800) 468-9935**, from 8 a.m. to 5 p.m., Monday through Friday.

<sup>1</sup>From <https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/special-needs-plans-snp>

## Blue Shield Promise Formulary Changes

This report, which outlines the changes made in Q1 of 2019, is an example of formulary changes approved by the Blue Shield Promise Pharmacy and Therapeutics Committee. For a current list of changes for 2019, please visit our website at [blueshieldca.com/promise](http://blueshieldca.com/promise). You may also call the Blue Shield Promise Pharmacy Department using our dedicated provider telephone number, **(800) 468-9935**, from 8 a.m. to 5 p.m., Monday through Friday.

Drug Name	Label Name	Drug Strength	Formulation	Formulary Comments	Medicare Formulary	Medi-Cal Formulary
<b>Anti-cancer Agents</b>						
Gilteritinib fumarate	Xospata	40 mg	Tablet	Add to Medicare Formulary Tier 5 (Specialty Tier) with prior authorization.	Yes	
Glasdegib maleate	Daurismo	25, 100 mg	Tablet	Add to Medicare Formulary Tier 5 (Specialty Tier) with prior authorization.	Yes	
Larotrectinib sulfate	Vitrakvi	25, 100 mg or 20mg/ml	Capsule, Solution	Add to Medicare Formulary Tier 5 (Specialty Tier) with prior authorization.	Yes	
Lorlatinib	Lorbrena	25, 100 mg	Tablet	Add to Medicare Formulary Tier 5 (Specialty Tier) with prior authorization.	Yes	
<b>Cardiovascular Agents</b>						
Irbesartan	Irbesartan	75, 150, 300 mg	Tablet	Add to Medi-Cal Formulary with step therapy requiring losartan or losartan-hctz in the last 90 days.		Yes
Irbesartan	Irbesartan	75, 150, 300 mg	Tablet	Add to Medicare Formulary Tier 2.	Yes	
Irbesartan/hydrochlorothiazide	Irbesartan/hydrochlorothiazide	150-12.5 mg, 300-12.5 mg	Tablet	Add to Medi-Cal Formulary with step therapy requiring losartan or losartan-hctz in the last 90 days.		Yes
Irbesartan/hydrochlorothiazide	Irbesartan/hydrochlorothiazide	150-12.5 mg, 300-12.5 mg	Tablet	Add to Medicare Formulary Tier 2.	Yes	