BLUE KC Blue KC and Express Scripts Partner for the Personal Medication Coach (PMC) Program

In June 2016, Blue Cross and Blue Shield of Kansas City (Blue KC) partnered with Express Scripts to offer the Personal Medication Coach (PMC) program to our eligible members. This program replaced the Tria Health Pharmacy Advocate pilot program, which launched June 1, 2014.

Through convenient phone consultations with a registered pharmacist or licensed pharmacy intern, eligible members will receive the following services:

- Full review of their current medications, including over-the-counter medications and supplements
- Opportunity to review and ask the pharmacist any medication-related questions
- Opportunity to discuss any side effects they may be experiencing or potentially harmful drug interactions
- A review of lower-cost medication alternatives (if requested)

The member's doctor is contacted directly and must agree with the recommendations before any medications are changed or adjusted.

For more information, please contact your Blue KC provider representative.

Blue KC Member ID Card Update

The vendor that produced Blue Cross and Blue Shield of Kansas City (Blue KC) member ID cards is temporarily unable to do so. Blue KC has therefore been issuing paper temporary ID cards. We now have a solution to replace the paper ID cards with a higher quality card.

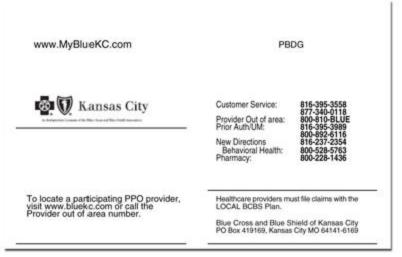
- These new cards will be in production beginning October 4, 2016. All members who need a new ID card after October 4 will receive the new version of the card.
- Members who received the paper ID card prior to October 4 will also receive the new version of the card. It will be mailed to their home address.

A sample of the new card follows. If you have questions or for more information, please contact your Blue KC provider representative.

FRONT OF CARD



BACK OF CARD



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Fax Number Changes

As of January 1, 2017, the Blue KC Pharmacy Prior Authorization fax number (816-502-4915) will be eliminated.

We require providers to use the new Pharmacy eForm method via the Provider Portal, which will be available mid-October, 2016.

As of January 1, 2017, the Blue KC Appeals fax numbers will be replaced with the following:

General Appeals	816-817-2486
Department of Insurance Appeals	816-817-1763

We require providers to use the new Appeals fax numbers as of November 21, 2016.

Beginning mid-November, Appeals eForms will be available for your use.

If you have questions or for more information, please contact your Blue KC provider representative.

Updated Provider Office Guide!

Blue KC's 2016 Provider Office Guide may be found on the Provider page of our website at Providers.BlueKC.com effective 4Q 2016.

For more information, please contact your Blue KC provider representative.

HEALTHCARE HEDIS Spotlight

Each year, Blue KC submits a standardized set of performance measures, the Healthcare Effectiveness Data Information Set (HEDIS®), to the National Committee for Quality Assurance (NCQA). NCQA's Committee on Performance Measurement (CPM), which includes representation from healthcare providers, oversees the development of HEDIS®, which is ultimately designed to incentivize effective care and provide the public with the information it needs to reliably compare the performance of managed health plans. Blue KC is committed to providing our members with highquality care and these measures provide us with a compass to measure the quality of services provided to our members.

Blue KC's performance on the HEDIS measure, *Appropriate Testing for Children with Pharyngitis*, is well below the national average. According to our claims data only 81 percent of our members two to 18 years of age who were diagnosed with pharyngitis and dispensed an antibiotic received a group A streptococcus (strep) test, putting us below the 25th percentile for this measure nationally. Blue KC encourages your practice to comply with pediatric clinical guidelines and perform strep tests before prescribing antibiotics to children diagnosed with acute pharyngitis. Promoting appropriate use of antibiotics will lead to reduced levels of antibiotic resistance in your patient population. By focusing on evidence-based recommendations like these, together we can improve the quality of care provided to your patients and our members.

Blue KC's performance on the HEDIS measure, *Antidepressant Medication Management*, also falls below the 25th percentile for this measure nationally. The HEDIS measure, Antidepressant Medication Management, assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an Antidepressant Medication Treatment. Two rates are reported to NCQA:

- **Effective Acute Phase Treatment**: The percentage of adult members who remained on an antidepressant medication for at least 81 continuous days (12 weeks) in the 114 days following the initial antidepressant prescription start date.
- **Effective Continuation Phase Treatment**: The percentage of adult members who remained on an antidepressant medication for at least 180 continuous days (six months) in the 231 days following the initial antidepressant prescription start date.

The Centers for Disease Prevention and Control (CDC) estimates that nearly eight percent of Americans age 12 years and older report suffering from depression. In the U.S., major depressive disorder affects nearly 20 percent of adults at least once during their lifetime. Data shows 80.4 percent of Americans are prescribed antidepressants

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from providers other than psychiatric physicians. Of those, 73.7 percent will initiate care with their Primary Care Physician. <u>The initial prescribing physician has a crucial</u> <u>role</u> in monitoring the patient's initial medication response, determining appropriate dosing and advocating the continuation of therapy through the acute and continuation phases. Scheduling a follow-up visit at the time of the initial diagnosis would be helpful in facilitating this process.

Non-adherence to antidepressant medications is the largest barrier to successful treatment of depression in clinical practice. When clinical guidelines are followed this significantly decreases the recurrence of depression in patients and overall improves the quality of care and ultimately prevents suicides related to non-effective treatment of major depression disorder in America.

Flu Vaccine Notice

The Centers for Disease Control and Prevention (CDC <u>www.cdc.gov/flu</u>) reports that FluMist Quadrivalent is still an FDA-licensed product. As such, there may be some supply of FluMist Quadrivalent on the U.S.market during the 2016-2017 season.

It is important for clinicians and the public to be notified due to concerns about this vaccine's effectiveness, CDC recommends that this vaccine <u>not</u> be used during the 2016-2017 influenza season.

Due to the recommendation of the CDC, Blue KC will not cover the intranasal FluMist Quadrivalent product this 2016-2017 season. Members may be responsible for the entire cost of the product, if administered.

For the 2016-2017 season, CDC recommends use of the flu shot (inactivated influenza vaccine or IIV) and the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017. The 2016-2017 Recommendations on Immunization Practices are now available.

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CONTACT US

Blue Speak is published three times a year as a service to Blue KC network providers.

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Reader's comments are welcome. Please send an email to **Tasha James** at <u>Tasha.James@BlueKC.com</u>.

Update your email address at <u>BlueSpeak@BlueKC.com</u> to ensure you continue to receive our eNewsletter.