

# 2025 MSHO Care Coordinator

**Donna M Boreen PharmD**  
**BCBSMN Pharmacy Business Segment**  
**Director, Medicare**  
**3/4/25**



# AGENDA

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- Welcome/Introduction
- New in 2025
- SecureBlue Formulary
  - Where it is
  - How to find if a drug is on the formulary
- Utilization Management
- Transition Fills
- What if a drug is not on the formulary or needs a prior authorization?
  - Part B PA submission (MRx)/Appeals
  - Medicare Part B vs Part D
  - Compounded Drugs
  - Part D Paper Claim Reimbursement
- 90-day fills
- Medication Therapy Management
- Over-the-Counter
  - CVS
  - WRAP list
- Diabetic Supplies
  - Test strips
  - CGMs
- Supplemental Benefits
  - Medication Dispenser

# NEW 2025 PHARMACY RELATED BENEFITS

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- \$0 copay for Part D medications for SecureBlue members
- When SecureBlue member completes a comprehensive Medication Review (CMR) with pharmacist (limit 1 per member per year)-they receive a \$50 gift card
  - No paperwork for member or care coordinator to complete
  - The \$50 debit card will be mailed within 1-2 months from the time of the CMR completed
  - To schedule an appointment with BCBSMN MTM-call 1-866-873-5941 or (651) 662-5105 Monday-Friday 8:30-4:30 pm.
  - [CMR Reward Care Instruction Sheet](#)

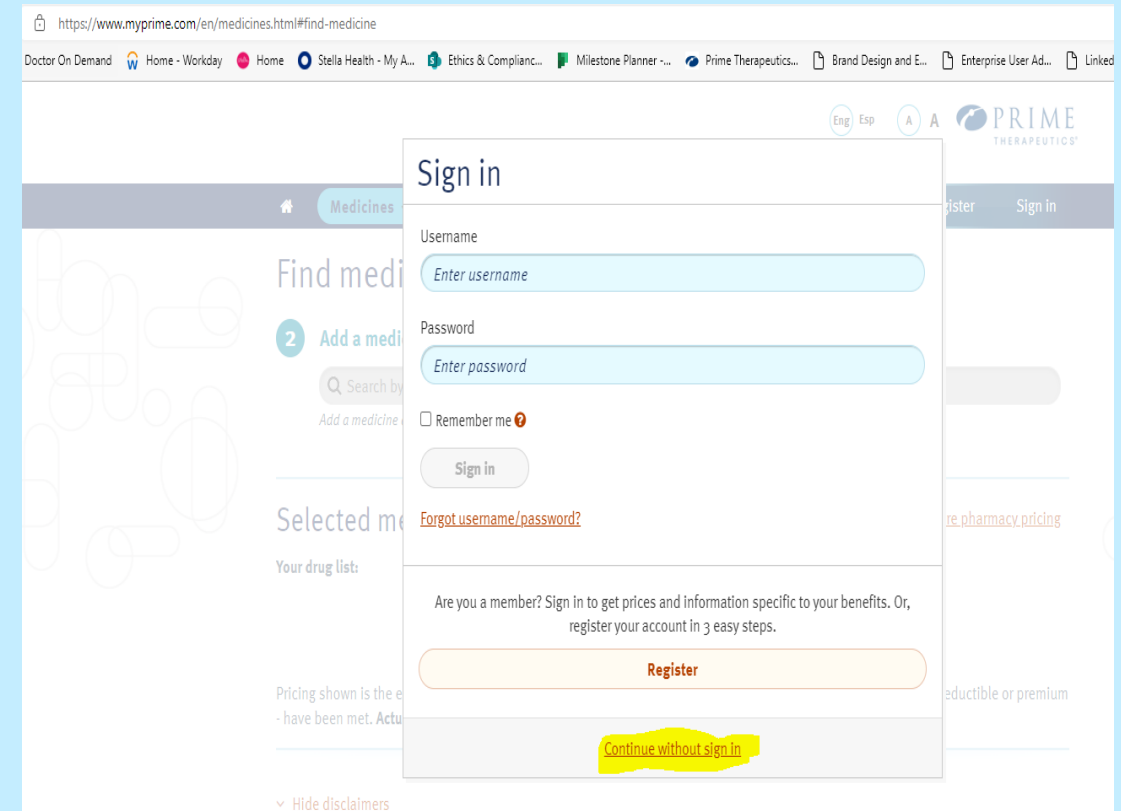
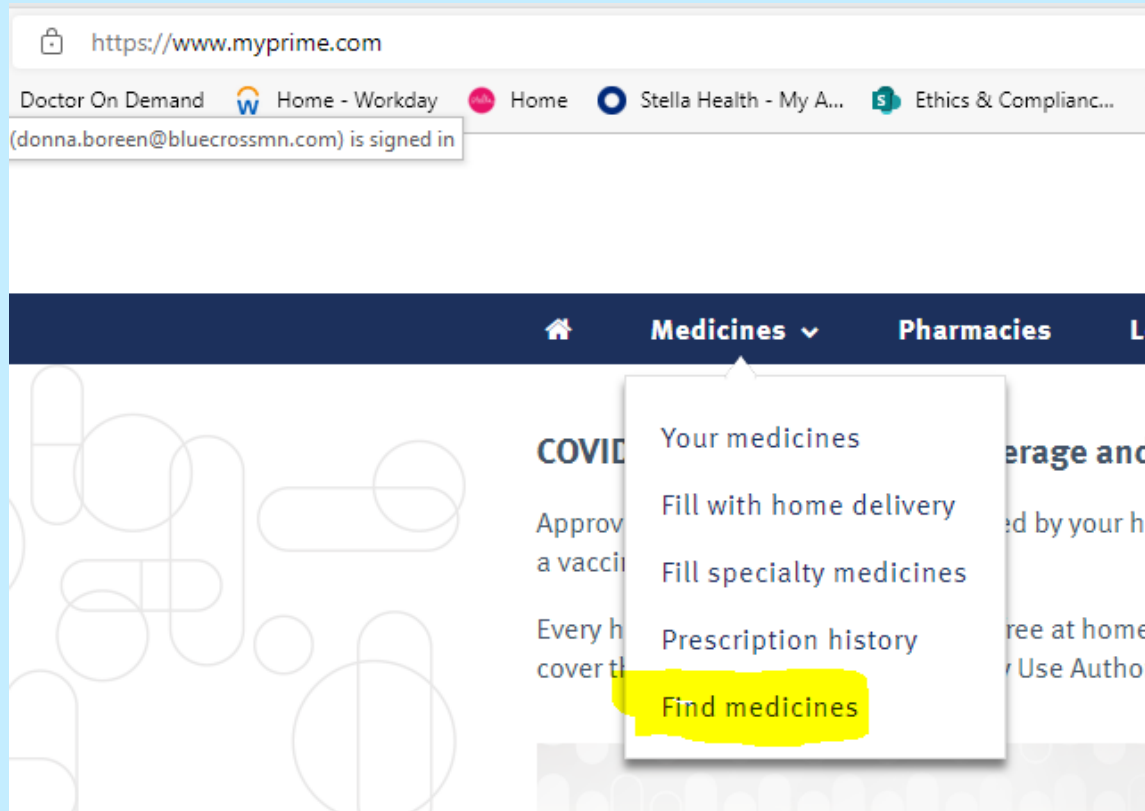


# SECURE BLUE FORMULARY

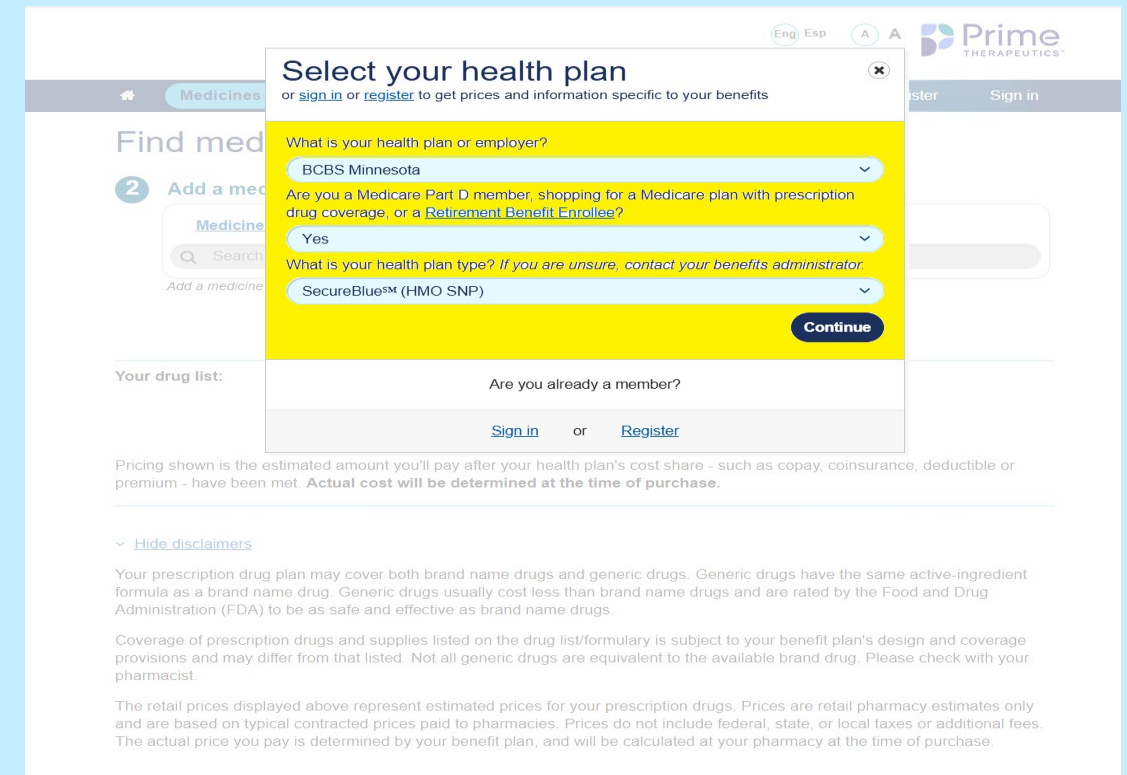
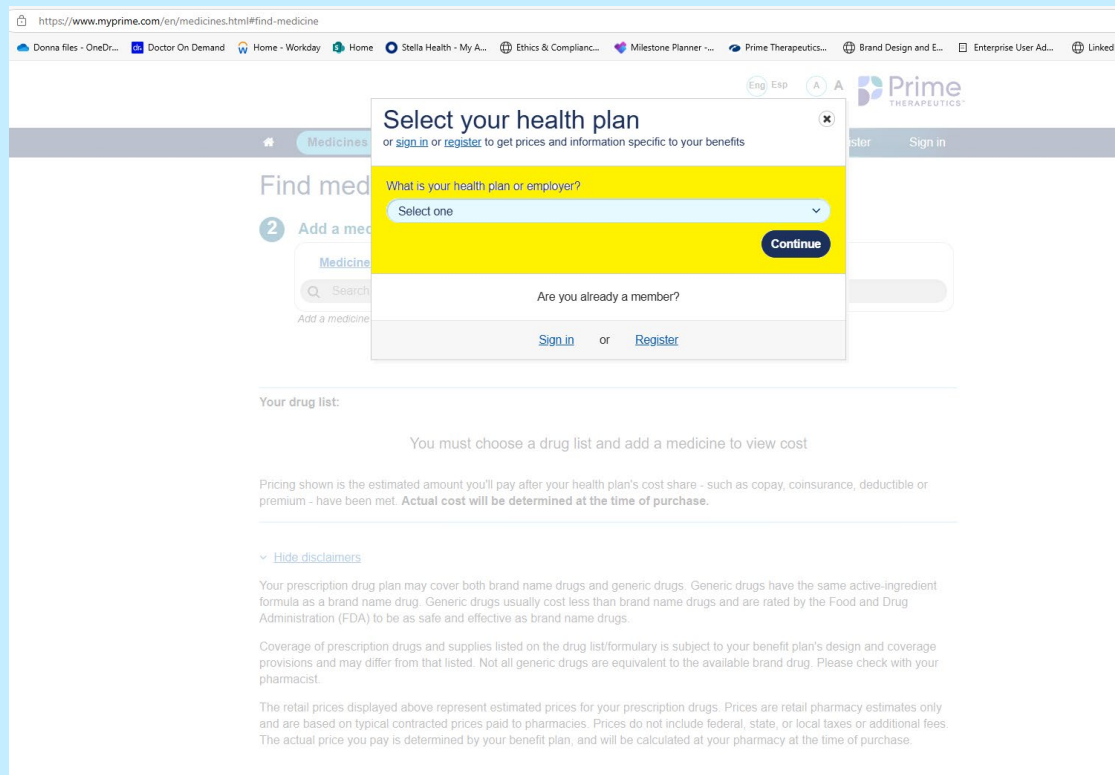
Where can I find it?

# HOW TO SEE IF A DRUG IS ON SECUREBLUE FORMULARY

- Go to [MyPrime.com](https://www.myprime.com) Use this website to search for drug coverage & forms



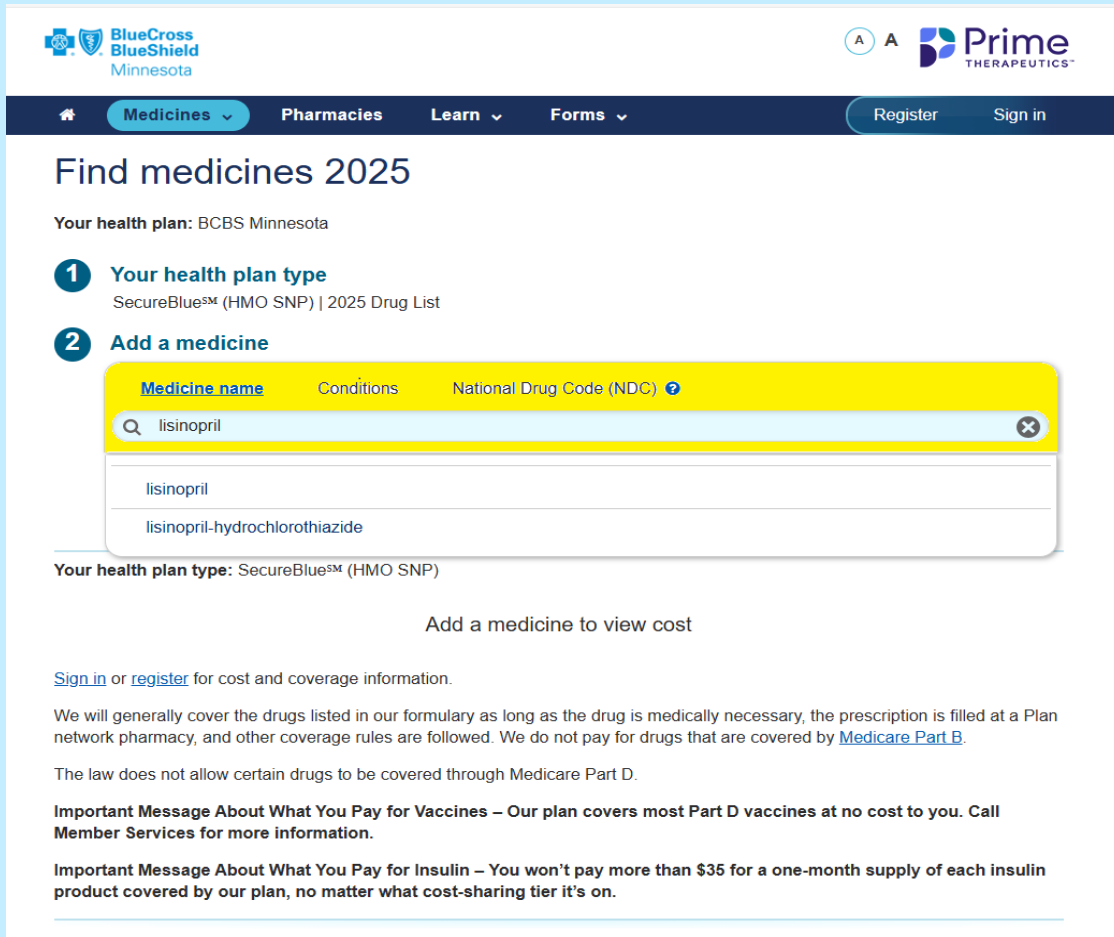
# HOW TO SEE IF A DRUG IS ON SECUREBLUE FORMULARY



Click on Drop down & Select “BCBS Minnesota”  
\* & the Click “Continue”

Click on Drop down & Select “Yes” for Medicare  
Select “SecureBlue (HMO SNP)” for healthplan  
Then click “Continue”

# HOW TO SEE IF A DRUG IS ON SECUREBLUE FORMULARY



BlueCross BlueShield Minnesota

Prime THERAPEUTICS

Medicines Pharmacies Learn Forms Register Sign in

## Find medicines 2025

Your health plan: BCBS Minnesota

- Your health plan type**  
SecureBlue<sup>SM</sup> (HMO SNP) | 2025 Drug List
- Add a medicine**

Medicine name	Conditions	National Drug Code (NDC)
lisinopril		
lisinopril-hydrochlorothiazide		

Your health plan type: SecureBlue<sup>SM</sup> (HMO SNP)

Add a medicine to view cost

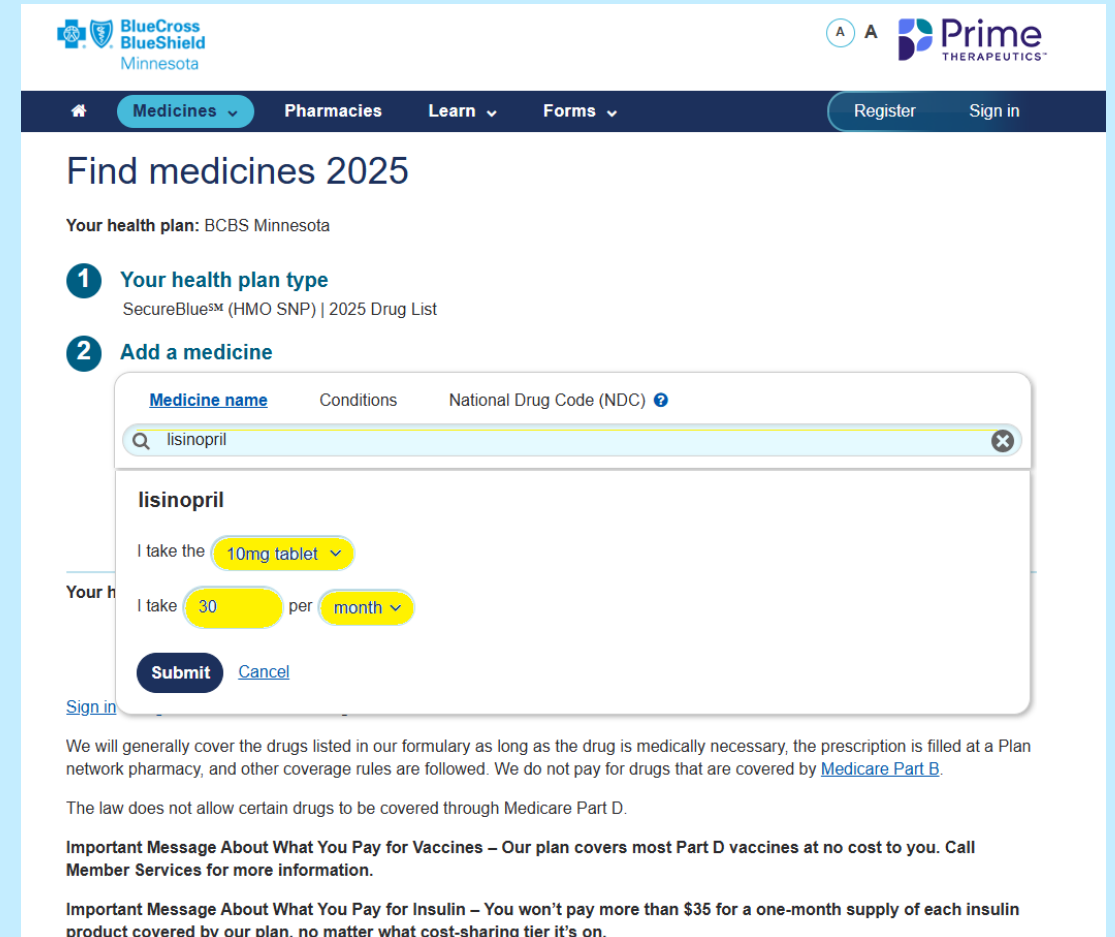
[Sign in](#) or [register](#) for cost and coverage information.

We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Plan network pharmacy, and other coverage rules are followed. We do not pay for drugs that are covered by [Medicare Part B](#).

The law does not allow certain drugs to be covered through Medicare Part D.

**Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.**

**Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.**



BlueCross BlueShield Minnesota

Prime THERAPEUTICS

Medicines Pharmacies Learn Forms Register Sign in

## Find medicines 2025

Your health plan: BCBS Minnesota

- Your health plan type**  
SecureBlue<sup>SM</sup> (HMO SNP) | 2025 Drug List
- Add a medicine**

Medicine name	Conditions	National Drug Code (NDC)
lisinopril		
lisinopril-hydrochlorothiazide		

Your health plan type: SecureBlue<sup>SM</sup> (HMO SNP)

I take the **10mg tablet**

I take **30** per **month**

**Submit** [Cancel](#)

[Sign in](#)

We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Plan network pharmacy, and other coverage rules are followed. We do not pay for drugs that are covered by [Medicare Part B](#).

The law does not allow certain drugs to be covered through Medicare Part D.

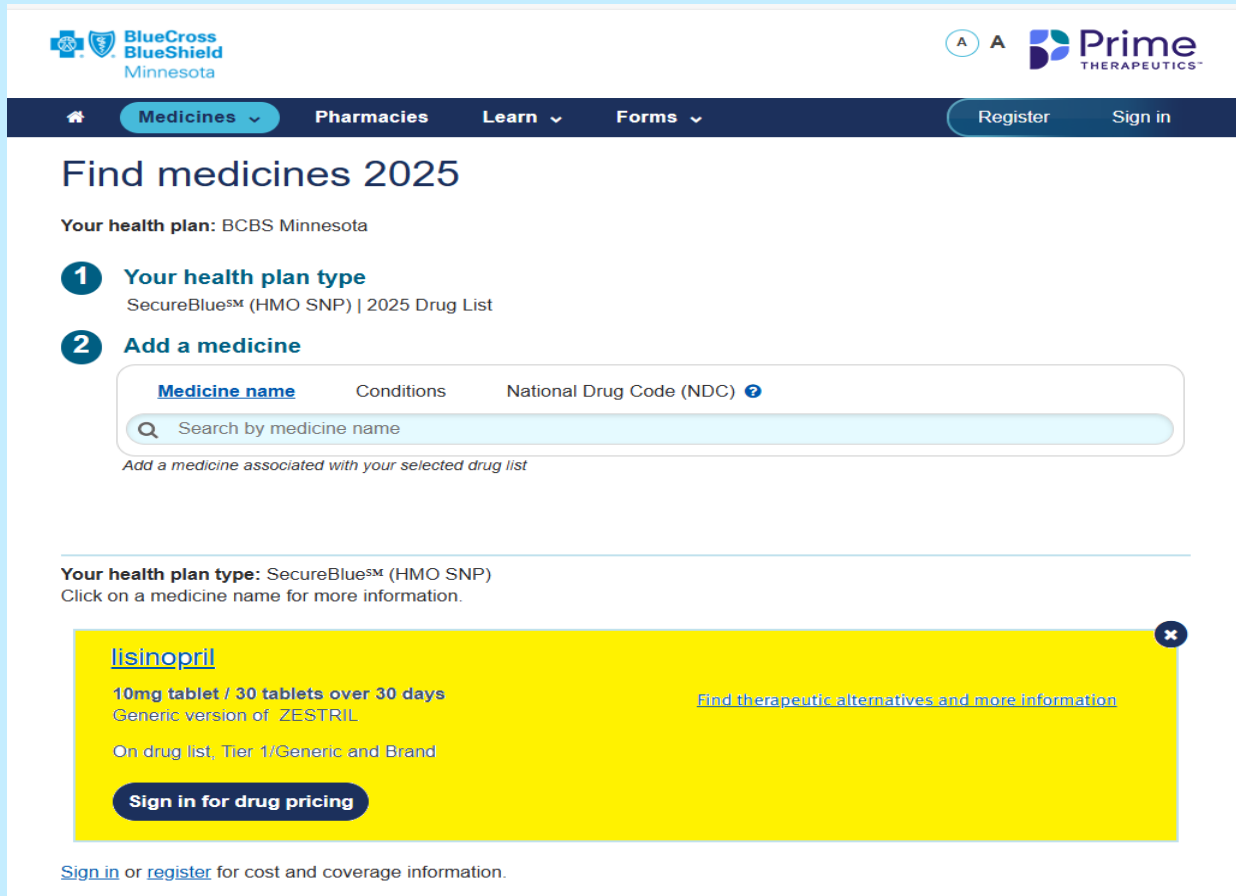
**Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.**

**Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.**

Enter drug name & hit enter

It will pre-populate & hit click “submit”

# HOW TO SEE IF A DRUG IS ON SECUREBLUE FORMULARY



BlueCross BlueShield Minnesota

Prime THERAPEUTICS™

Medicines Pharmacies Learn Forms Register Sign in

## Find medicines 2025

Your health plan: BCBS Minnesota

- Your health plan type**  
SecureBlue<sup>SM</sup> (HMO SNP) | 2025 Drug List
- Add a medicine**

Medicine name Conditions National Drug Code (NDC) ⓘ

Q Search by medicine name

Add a medicine associated with your selected drug list

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Your health plan type: SecureBlue<sup>SM</sup> (HMO SNP)  
Click on a medicine name for more information.

[lisinopril](#)

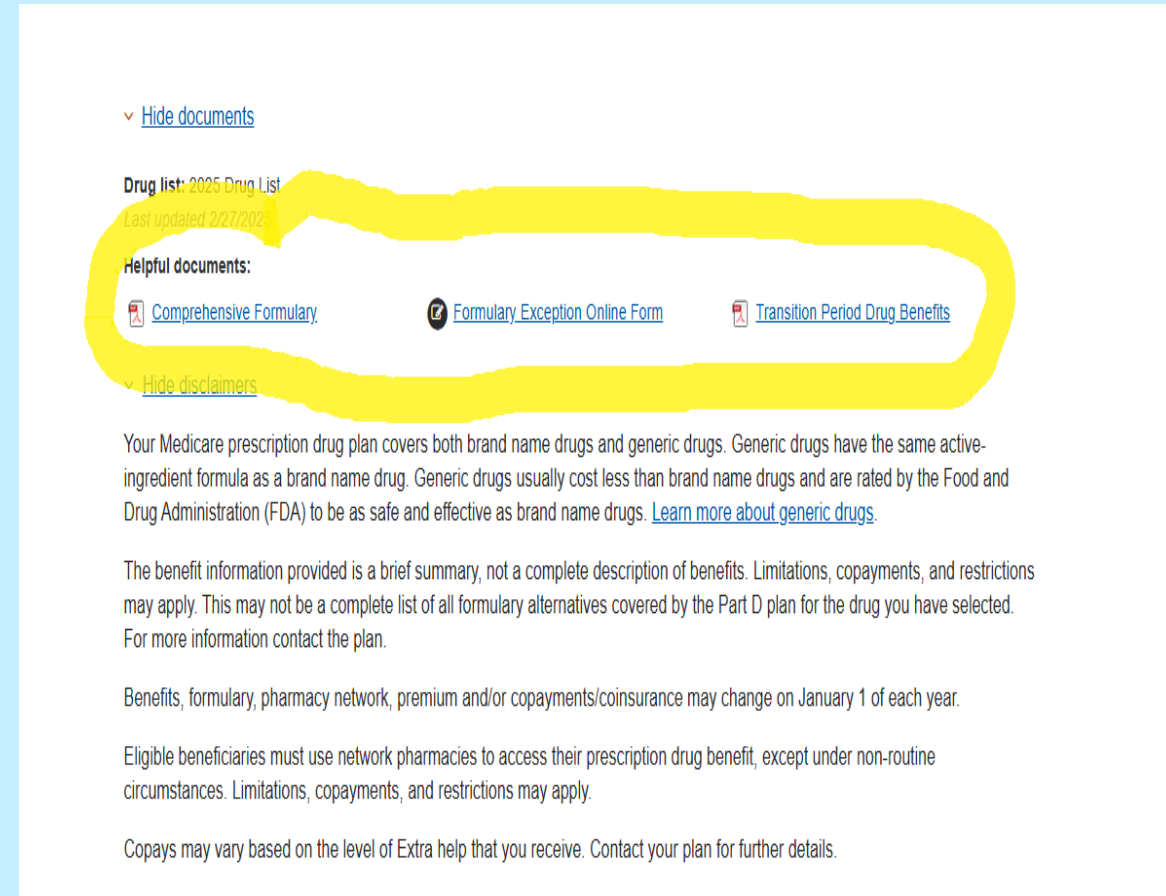
10mg tablet / 30 tablets over 30 days  
Generic version of ZESTRIL

On drug list, Tier 1/Generic and Brand

[Find therapeutic alternatives and more information](#)

[Sign in for drug pricing](#)

[Sign in](#) or [register](#) for cost and coverage information.



[Hide documents](#)

Drug list: 2025 Drug List  
Last updated 2/27/2025

Helpful documents:

[Comprehensive Formulary](#) [Formulary Exception Online Form](#) [Transition Period Drug Benefits](#)

[Hide disclaimers](#)

Your Medicare prescription drug plan covers both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. [Learn more about generic drugs.](#)

The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments, and restrictions may apply. This may not be a complete list of all formulary alternatives covered by the Part D plan for the drug you have selected. For more information contact the plan.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Limitations, copayments, and restrictions may apply.

Copays may vary based on the level of Extra help that you receive. Contact your plan for further details.



# 2025-SECUREBLUE-FORMULARY.PDF

You can get medicines sent directly to your door with home delivery service. It's easy to get started. Sign in to learn more.

2025 Plan Selector  
Access the Plan Selector

**You are now leaving MyPrime.com**

Prime Therapeutics is not responsible for the content, terms of use or privacy policies of the following websites: URAC, National Committee for Quality Assurance (NCQA), and associated Health Plan websites.

**Continue** [Cancel](#)

View and compare plans

Hide documents

Drug list: 2025 Drug List  
Last updated 2/27/2025

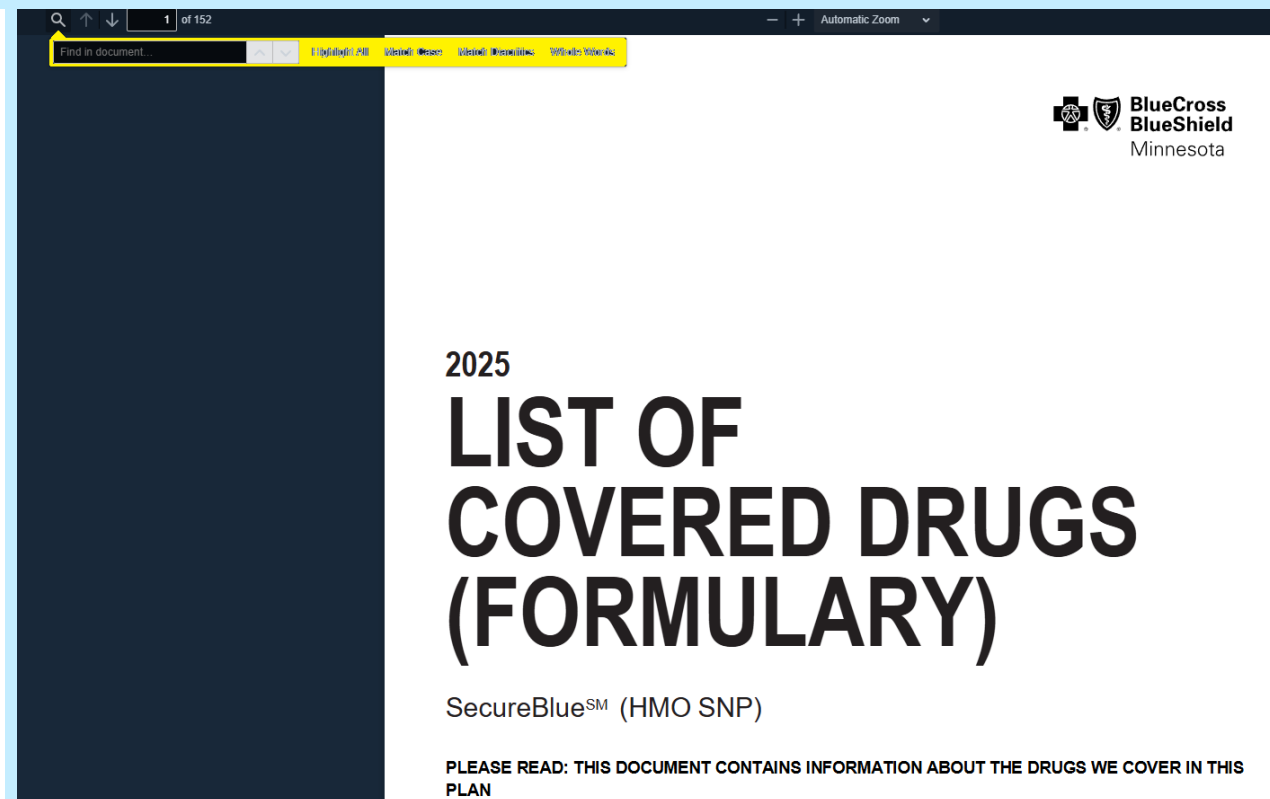
Helpful documents:

- [Comprehensive Formulary](#)
- [Formulary Exception Online Form](#)
- [Transition Period Drug Benefits](#)

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2025  
**LIST OF COVERED DRUGS (FORMULARY)**  
SecureBlue<sup>SM</sup> (HMO SNP)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

Click on “Continue”

Upper left side is a magnify symbol to allow you to search the pdf of the formulary

# UTILIZATION MANAGEMENT

# UTILIZATION MANAGEMENT (UM)

- Purpose is to ensure the member received the right drug at the right time and dose.
- UM reduces waste, error, unnecessary drug use, cost, and can address safety concerns in the elderly.
- UM helps to maintain high standard of care while ensure efficient use of the healthcare dollar
- Utilization Management includes Prior Authorization (PA) , Quantity Limits, and Step Therapy
  - **See slide 21 for links to submit**



**\*\*BluePlus Member Service telephone number is listed on the back of SecureBlue member card\*\***

# TRANSITIONAL FILLS

# TRANSITION FILLS; WHAT ARE THEY

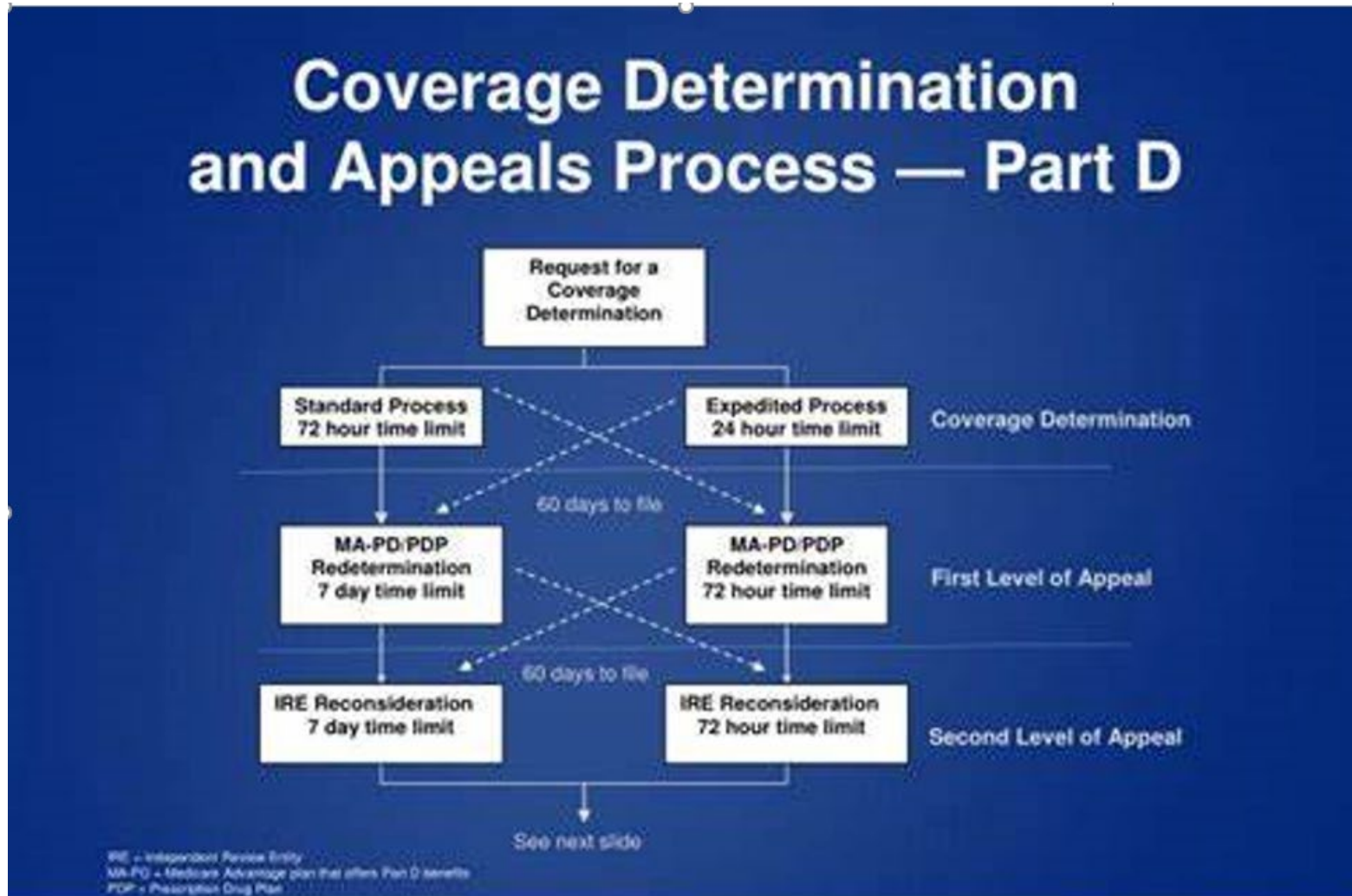
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- Transitional fill is a one time 31-day supply in the first 90 days of enrollment or across contract years for current members.
  - This provides members with sufficient time to work with their health care providers to switch to therapeutically-appropriate formulary alternatives or two request CD on the grounds of medical necessity.
  - This process is automated at the point of sale at a pharmacy.
  - When a transition fill is done; this triggers a member mailing explaining the transition fill and provides member with next steps.
- Transition fills are allowed when:
    - When Medicare members joins a new plan or age into Medicare. This would also include if they switch plans and comes to BluePlus.
    - Current members affected by negative formulary changes year over year
    - This means Utilization Management (UM) drug requirements are waived for one 31day supply during the first 90 days of enrollment. UM is:
      - Prior Authorization (PA)
      - Step Therapy (ST)
      - Quantity Limits (QL)

# COVERAGE DETERMINATIONS PROCESS

How you can help SecureBlue members

# COVERAGE DETERMINATION AND APPEAL PROCESS FOR PART D (TRADITIONAL MEDICATIONS)



# APPOINTMENT OF REPRESENTATIVE

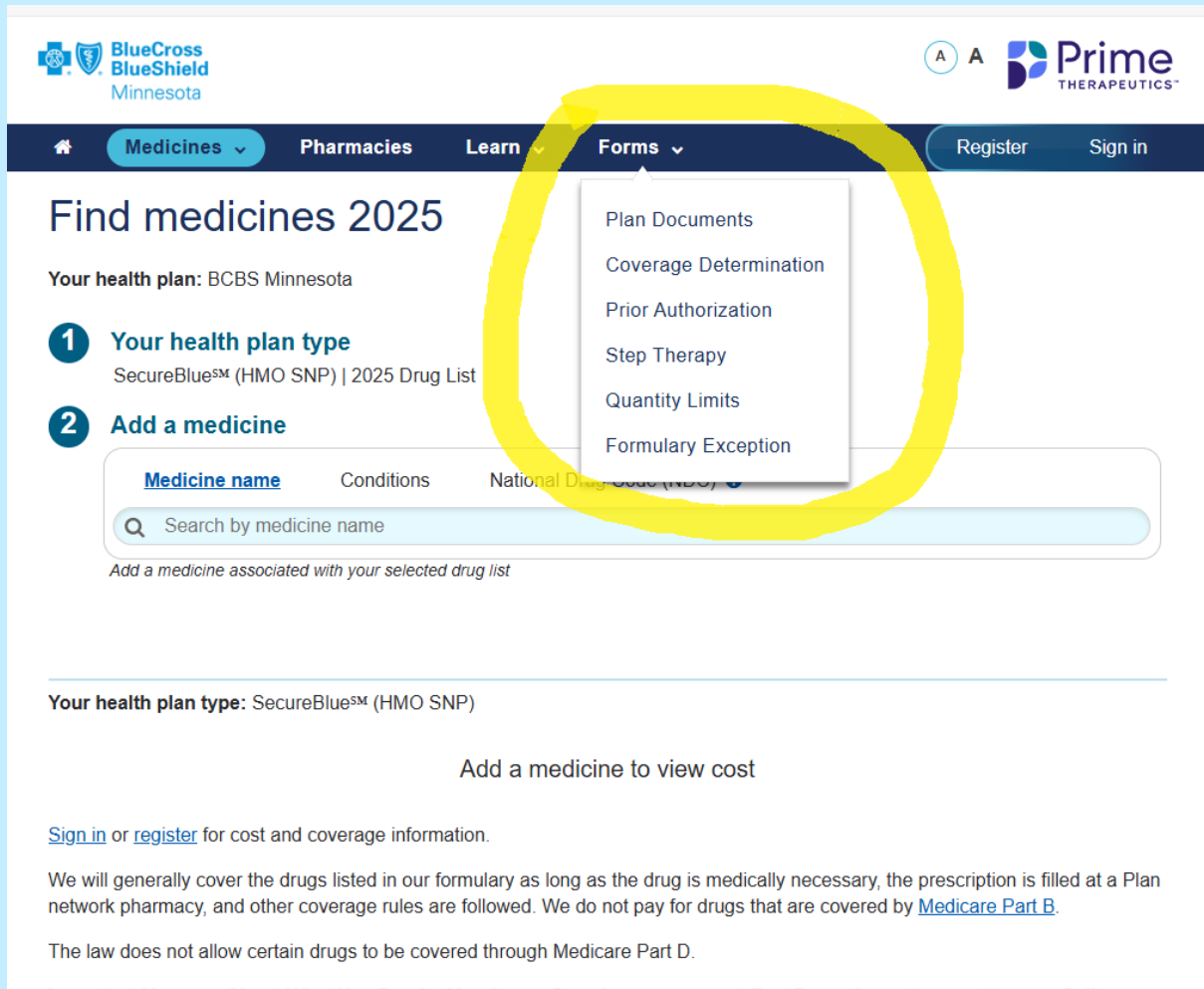
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- Representative can be relative, friend, sponsor, or a doctor
- SecureBlue and representative must sign, date, and complete a representative statement
- The representative needs to have the appropriate legal papers or legal authority to sign for member
- Need to have the appointment of representative at BCBSMN and at Prime
- **(Form link on slide 21)**





# WHERE TO FIND COVERAGE DETERMINATION FORMS



The screenshot shows the BlueCross BlueShield Minnesota website. The 'Forms' dropdown menu is highlighted with a yellow circle. The menu items are: Plan Documents, Coverage Determination, Prior Authorization, Step Therapy, Quantity Limits, and Formulary Exception. Below the menu, there is a search bar for medicines and a section for 'Find medicines 2025'.

BlueCross BlueShield Minnesota

Prime THERAPEUTICS™

Medicines Pharmacies Learn Forms Register Sign in

## Find medicines 2025

Your health plan: BCBS Minnesota

- Your health plan type**  
SecureBlue<sup>SM</sup> (HMO SNP) | 2025 Drug List
- Add a medicine**

Medicine name Conditions National Drug Code (NDC)

Search by medicine name

Add a medicine associated with your selected drug list

Your health plan type: SecureBlue<sup>SM</sup> (HMO SNP)

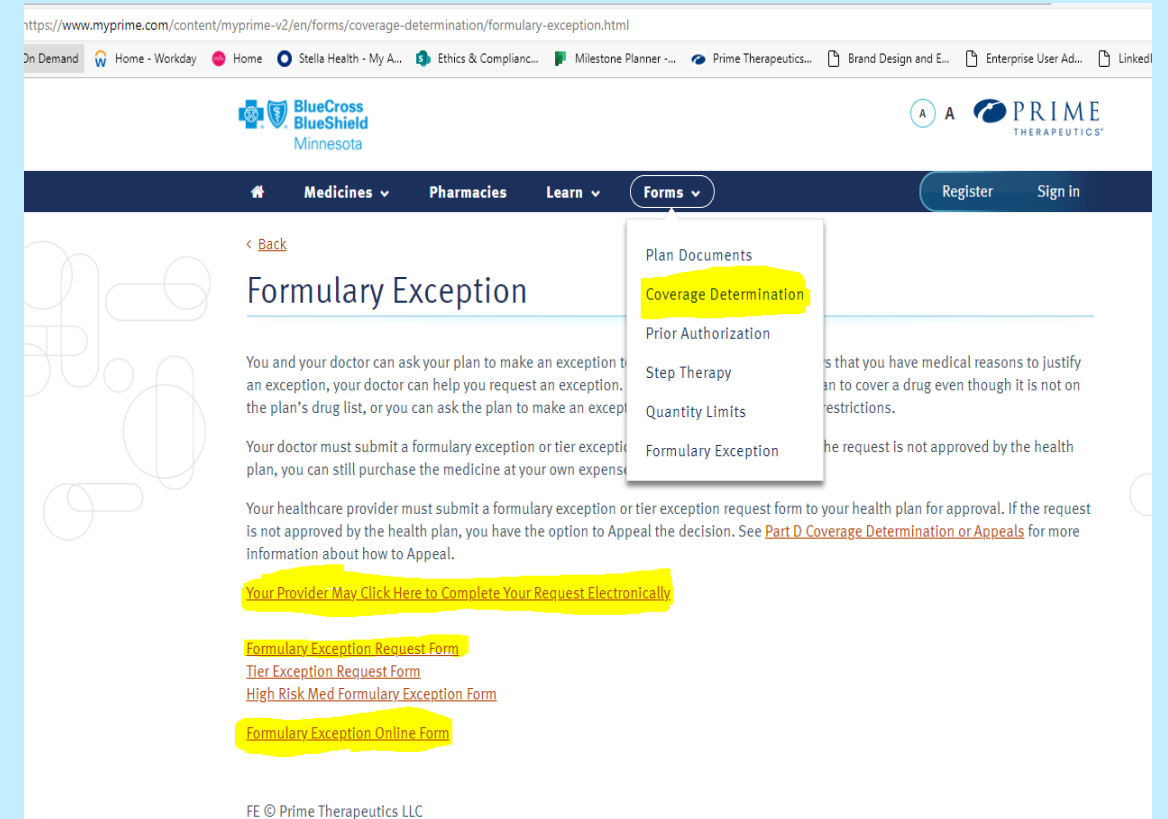
Add a medicine to view cost

[Sign in](#) or [register](#) for cost and coverage information.

We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Plan network pharmacy, and other coverage rules are followed. We do not pay for drugs that are covered by [Medicare Part B](#).

The law does not allow certain drugs to be covered through Medicare Part D.

Important Message About What You Pay for Medicines: Our plan covers most Part D medicines at no cost to you. Call



The screenshot shows the 'Formulary Exception' page on the BlueCross BlueShield Minnesota website. The 'Coverage Determination' link in the 'Forms' dropdown menu is highlighted in yellow. The page content includes a 'Back' link, a title 'Formulary Exception', and several paragraphs of text explaining the process. A yellow highlight is also present under the text 'Your Provider May Click Here to Complete Your Request Electronically'.

https://www.myprime.com/content/myprime-v2/en/forms/coverage-determination/formulary-exception.html

On Demand Home - Workday Home Stella Health - My A... Ethics & Complianc... Milestone Planner... Prime Therapeutics... Brand Design and E... Enterprise User Ad... Linked

BlueCross BlueShield Minnesota

PRIME THERAPEUTICS™

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< Back

## Formulary Exception

You and your doctor can ask your plan to make an exception to the plan's drug list, or you can ask the plan to make an exception. If the request is approved by the health plan, you can still purchase the medicine at your own expense.

Your doctor must submit a formulary exception or tier exception request form to your health plan for approval. If the request is not approved by the health plan, you have the option to Appeal the decision. See [Part D Coverage Determination or Appeals](#) for more information about how to Appeal.

[Your Provider May Click Here to Complete Your Request Electronically](#)

[Formulary Exception Request Form](#)

[Tier Exception Request Form](#)

[High Risk Med Formulary Exception Form](#)

[Formulary Exception Online Form](#)

FE © Prime Therapeutics LLC

**Links for all forms are on slide 21**

# COVERAGE DETERMINATION

- How to help a SecureBlue member with the Coverage Determination & Appeals process
- The forms may be submitted by member, family, & representative.
- Ways to submit Coverage Determination:
  - By Phone
  - By Secure email
  - By Mail or fax
  - Electronically by MD
- Standard (7 days TAT) vs expedited (72 Hours)
- **Form links on Slide 21**



**\*\*BluePlus Member Service telephone number is listed on the back of SecureBlue member card\*\***

# REDETERMINATION FORMS

## Request for Redetermination of Medicare Prescription Drug Denial

Because we SecureBlue<sup>SM</sup> (HMO SNP) denied your request for coverage of (or payment for) a prescription drug, you have the right to ask us for a redetermination (appeal) of our decision. You have 60 days from the date of our Notice of Denial of Medicare Prescription Drug Coverage to ask us for a redetermination. This form may be sent to us by mail or fax:

Address:  
SecureBlue (HMO SNP)  
Attn: Medicare D Clinical Review  
2900 Ames Crossing Road  
Eagan, MN 55121

Fax Number:  
1-800-693-6703

You may also ask us for an appeal through our website at [bluecrossmn.com/secureblue](https://bluecrossmn.com/secureblue). Expedited appeal requests can be made by phone at 1-888-877-6424 (TTY: 711), 24 hours a day, 7 days a week.

**Who May Make a Request:** Your prescriber may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Contact us to learn how to name a representative.

### Enrollee's Information

Enrollee's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Enrollee's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Enrollee's Member ID Number \_\_\_\_\_

**Complete the following section ONLY if the person making this request is not the enrollee:**

Requestor's Name \_\_\_\_\_

Requestor's Relationship to Enrollee \_\_\_\_\_

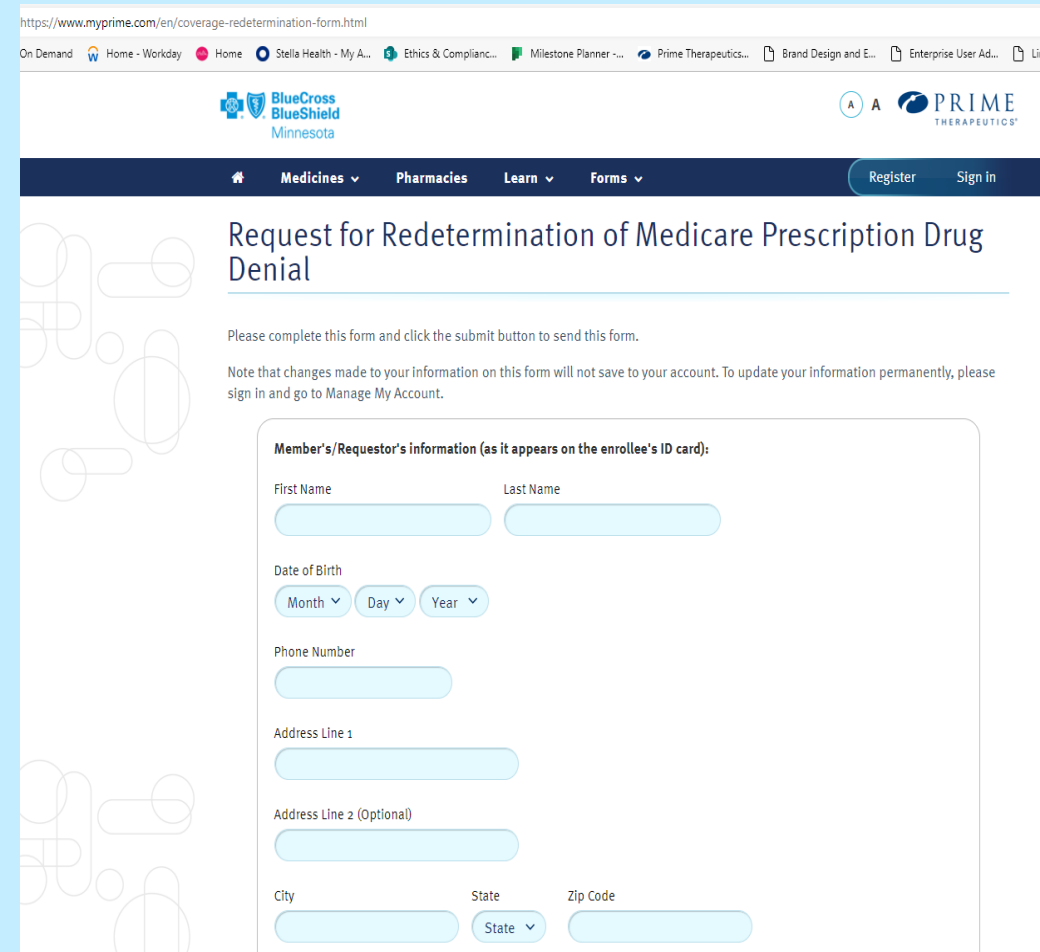
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Representation documentation for appeal requests made by someone other than enrollee or the enrollee's prescriber:**

Attach documentation showing the authority to represent the enrollee (a completed



The screenshot shows the online form titled "Request for Redetermination of Medicare Prescription Drug Denial" on the BlueCross BlueShield Minnesota website. The browser address bar shows the URL: <https://www.myprime.com/en/coverage-redetermination-form.html>. The page header includes the BlueCross BlueShield Minnesota logo and the PRIME Therapeutics logo. The navigation menu includes "Medicines", "Pharmacies", "Learn", and "Forms". The form content includes a "Register" and "Sign In" button. The main heading is "Request for Redetermination of Medicare Prescription Drug Denial". Below the heading, there is a note: "Please complete this form and click the submit button to send this form." and another note: "Note that changes made to your information on this form will not save to your account. To update your information permanently, please sign in and go to Manage My Account." The form fields are grouped under "Member's/Requestor's information (as it appears on the enrollee's ID card):". The fields include: First Name, Last Name, Date of Birth (Month, Day, Year dropdowns), Phone Number, Address Line 1, Address Line 2 (Optional), City, State (dropdown), and Zip Code.

**\*\*BluePlus Member Service telephone number is listed on the back of SecureBlue member card\*\***

# INDEPENDENT REVIEW ENTITY (IRE)



- The MD, member, or someone member has named to act for them (representative) may request.
- Request can be sent in writing by mail or electronically within 60 days after the date of denial notice.

## Standard Mail:

C2C Innovative Solutions, Inc.  
P.O. Box 44166  
Jacksonville, FL 32231-4166

## Fax Numbers:

For Standard Appeals: (833) 710-0580  
For Expedited Appeals: (833) 710-0579

## For Mail sent by courier such as FedEx or UPS:

C2C Innovative Solutions, Inc.  
301 W. Bay St., Suite 600  
Jacksonville, FL 32202

## Phone:

(833) 919-0198

**Part D QIC Portal Address:** <https://www.c2cinc.com//Appellant-Signup>

**\*\*BluePlus Member Service telephone number is listed on the back of SecureBlue member card\*\***

# LINKS

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[Coverage Determination](#)

[Medicare B vs D Form](#)

[Formulary Exception page on MyPrime.com](#)

[Prior Authorization](#)

[Physician Fax Form](#)

[Quantity Limits](#)

[Tier Exception Form](#)

[Request for Redetermination of  
Medicare Prescription Drug Denial](#)

[High Risk Med Formulary Exception Form](#)

[Appointment of Representative](#)

[CoverMyMeds for providers to submit electronically](#)

[Medicare Claim Form](#)

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# MEDICAL PHARMACY DRUGS

Aka Part B Drugs

# MEDICAL PHARMACY DRUGS

- Specialty Medicines are used to treat certain complex, chronic conditions such as cancer, multiple sclerosis, hepatitis C and rheumatoid arthritis.
- A Specialty Pharmacy can help you manage the specialty medicines
  - They will help with:
    - How to take and store the drugs
    - When is the best time to take the medication
    - They can assist with PAs
    - Help resolve side effects experience



# MEDICAL PHARMACY DRUGS

[Link for MD to submit electronically Gateway](#)

[Avality information for MDs](#)

Prior Authorization can be:

- Fax is 888-656-667
- Phone is 800-424-1706

Questions about a medical policy or an appeal?

**Providers:** Call provider service at **(651) 662-5000** or **1-800-262-0820**.

**Members:** Call the number on the back of your member ID card or **(651) 662-8000** or **1-800-382-2000 (TTY 711)** or [log in to your member account- Opens in a new window](#) and send a secure message to customer service.

[General Prior Authorization Information](#)





# MEDICARE B VS D

# MEDICARE PART B VS PART D

- For Medicare, most drugs are covered under Part D but there are some drugs that can be covered under both Part B or Part D depending on what the drug is used for and/or how it is administered.
- Centers for Medicare & Medicaid Services (CMS) requires Medicare plans to determine if the drug is covered under Part B or D before paying for the drug.
- When a member fills a drug identified as B vs D, this will reject at point of sale. Information has to be submitted on B vs D Determination Form.
- Part B vs D determinations are **not** eligible for transition fills

**B vs D form link is on slide 21**

**MEDICARE  
B VERSUS D DETERMINATION  
PRESCRIBER FAX FORM**

ONLY the prescriber may complete this form. This form is for Medicare prospective, concurrent, and retrospective reviews.

Please fax or mail this form to:		Prime Therapeutics LLC	
TOLL FREE		Attn: Medicare Appeals Department	
Fax: 800-693-6703 Phone: 800-693-6651		2900 Ames Crossing Road	
		Eagan, MN 55121	

The following documentation is **REQUIRED**. For formulary information, please visit [www.mypriime.com](http://www.mypriime.com) and search for the appropriate health plan formulary. To submit this form electronically, please click [links or go to covermyriime.com](http://links.or.go.to.covermyriime.com).  
Per CMS requirements – all standard requests are completed within 72 hours (including weekends)  
If you request an expedited review, you certify that applying the 72-hour standard review time frame could seriously harm the patient's life, health or ability to regain maximum function. Please check the box to request an expedited review:

PATIENT, INSURANCE and PRESCRIBER/CLINIC INFORMATION				Today's Date:
Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):	
Insurance ID Number:		Patient Telephone Number:		
Prescriber Name:	Prescriber NPI#:	Specialty:	Clinic Contact Person's Name:	
Clinic Name:		Clinic Address:		
City, State, Zip:		Clinic Phone #:	Clinic Secure Fax #:	
Is the patient a long term care facility resident? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide the LTC facility contact's name, telephone and fax numbers				
LTC Contact Name:		LTC Phone #:	LTC Secure Fax #:	
Patient's Diagnosis (ICD code, plus description):				
Medication Requested:			Strength:	
Dosing Schedule:			Quantity per Month:	

**All Requests:**

1. Is the patient currently treated with the requested medication? .....  Yes  No  
If yes, when was treatment with the requested medication started? .....
2. Is the patient currently receiving dialysis? .....  Yes  No
3. Please list any other medications the patient will use in **combination** with the requested medication for treatment of this diagnosis. ....
4. Please list all the medications the patient has **tried and failed** for treatment of this diagnosis: **None:**   
Date(s): ..... Date(s): .....  
Date(s): ..... Date(s): .....
5. Please list all reasons for selecting the **requested medication, dosing schedule, and quantity** over alternatives (e.g. contraindications, allergies or history of adverse drug reactions to alternatives, lower dose tried). ....

**For Hepatitis B vaccine requests:**

6. Is the patient at high/medium risk of contracting Hepatitis B? .....  Yes  No

**For immunosuppressive/transplant medication requests:**

7. Is the requested medication being used for a transplant? .....  Yes  No  
If yes, what type of transplant did the patient have? .....

# COMPOUNDED DRUGS

# COMPOUNDED DRUGS

- What is a compounded drug? Is a drug that is specifically mixed and prepared for the patient, based on a prescription from the doctor. IT involves a recipe for mixing one or more active ingredients, each at specific amounts. Like making a cake.
- When a compound drug is ordered for a Medicare member, each ingredient is reviewed individually in BCBSMN claims processing system. If any of the ingredients are non-formulary or require a prior authorization (PA), a coverage determination is required, and the Rx will deny at point of sale
- Use coverage determination forms to submit for consideration.
- **Link is on slide 21.**



# PAPER CLAIM REIMBURSEMENT

# PART D PAPER CLAIMS FOR REIMBURSEMENT



- Can use if member paid for a Part D covered vaccine received in a clinic setting. Remember, eligible Part D covered vaccines are \$0 cost share to members
- Self-administered drugs while in a hospital stay during observation stay or in ER room
- If member was billed for Part D drug clinic/hospital can not bill healthplan for
- Options for reimbursement:
  - Pay bill & submit for reimbursement
  - Not pay the bill & submit invoice
  - Mail form to address on the form or fax to 1-800-693-6703
- Requests for reimbursement must be in writing
- Must include copy of paid receipt or unpaid invoice
- **Link to “Medicare Claim Form” is on Slide 21**

Prime Therapeutics  
**Medicare Claim Form**  
*Please complete each section of this form.*

**Questions about completing this form?**  
Please call the number on the back of your insurance card.

**Mail your completed claim form(s) and original, detailed pharmacy receipts to:**  
Medicare Claims  
P.O. Box 20970  
Lehigh Valley, PA 18002-0970

**MEMBER INFORMATION**

First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Identification # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Your identification (ID) number is listed on your member ID card.**

**PHARMACY/CLINIC/HOSPITAL INFORMATION**

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**The Federal Taxpayer Identification Number is a nine-digit number assigned to your pharmacy, clinic, or hospital that provided your drug/product.**

**OTHER HEALTH INSURANCE INFORMATION**  
If you have other pharmacy benefit insurance (i.e., auto) that covers this drug/product, please send copies of:  
1. Both sides of your other health insurance card.  
2. The Explanation of Benefits (EOB) page that shows the amount paid, or the reason why coverage was denied.

**WHY ARE YOU SENDING THIS CLAIM?**  
Please check any of the reasons shown below or write your own reason.

I couldn't choose a network pharmacy because I received the covered drug/product while in an ER department, medical clinic, or other outpatient setting (i.e., self-administrative of drug for same-day surgery).

I became sick or ran out of my medicine while traveling outside of my plan's service area (but still within the U.S.).

# 90-DAY FILL AND MAIL ORDER

# 90-DAY BENEFIT & HOW TO OBTAIN

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## 90-day supply benefit

- SecureBlue members may obtain a 90-day supply of their regular daily used medications.
- Benefits of filling medications as a 90-day supply:
  - Improved adherence
  - Increased convenience due to few trips to pharmacy

## How Care Coordinator can help here

- Assist member with 90-day supply through:
  - Retail Pharmacies
    - Member needs to have refills to do 90-day fills, may need to call clinic for refills
    - Certain drugs is not allowed to fill more than a month supply
    - Some retail pharmacies will deliver to member's home
  - Home Delivery Options:
- [2025-secureblue-provider-pharmacy-directory.pdf](#)



# MEDICATION MANAGEMENT THERAPY (MTM)

# MEDICATION THERAPY MANAGEMENT(MTM)

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- MTM is a patient centered approach aimed at optimizing medication use, improving adherence, and enhancing health outcomes
- Any SecureBlue member can elect to have their medications reviewed by a pharmacist
  - BCBSMN Pharmacist
  - Community Pharmacist at a retail pharmacy
  - Pharmacy within their clinic
- The pharmacist will review the member's medications and medication experience to assess, resolve, and prevent any medication related problems
  - The member will get a summary of their visit, including a list of medications and any recommended changes that were discussed.
  - Afterwards, the member will receive a written summary of what was discussed and an action plan with specific suggestions
  - If requested, the pharmacist can follow up with the member's doctor about any changes that were discussed.

# MEDICATION THERAPY MANAGEMENT(MTM)

- **CY 2025 \$ 50 incentive for completing MTM CMR**
- How to help a member participate in MTM
  - Questions or to schedule CMR appointment:
    - Call 1-866-873-5941 or (651) 662-5105 Monday-Friday, 8:30 a.m.-4:30 p.m.
    - Email: [mtm.pharmacy@bluecrossmn.com](mailto:mtm.pharmacy@bluecrossmn.com)
- [Resources – Care Coordination](https://carecoordination.bluecrossmn.com/resources)<https://carecoordination.bluecrossmn.com/resources>
- Let the SecureBlue member know someone from BCBSMN will contact them to schedule telephonic MTM visit

MEMBER/COMMUNITY RESOURCES	+
MISCELLANEOUS CARE COORDINATOR RESOURCES	+
PHARMACY	-

**SECUREBLUE MSHO**  
 Visit our public BCBS of MN [SecureBlue<sup>SM</sup> \(Minnesota Senior Health Options\) page](#) to access:

- ▶ Plan documents including Summary of Benefits, Member Handbook, Annual Notice of Changes, and much more!
- ▶ Click here for direct access to the [SecureBlue-MSHO-Provider-and-Pharmacy-Directory-\(PDF\)](#).
- ▶ Click here for direct access to the [SecureBlue-MSHO-Formulary-in-PDF-\(PDF\)](#).
  - ▶ Or visit [myprime.com](http://myprime.com) for online tools including pharmacy documents.

**Medicare Part D Claim Reimbursement Form (PDF):**

- ▶ Form for members/Care Coordinators to request reimbursement for:
  - ▶ Part D covered vaccines received in a clinic setting or
  - ▶ Self-administered medications while in a hospital during an observation stay or in the Emergency Room
- ▶ Clinics/hospitals cannot bill certain Part D covered drugs. Members will get billed and can 1) pay the bill and submit for reimbursement or 2) not pay the bill and submit invoice for reimbursement. Ask your PR Consultant if you have any questions.
- ▶ Form can be mailed to address on the form or faxed to 1-800-693-6703.
- ▶ Must include copy of paid receipt or unpaid invoice.

**MTM-Referral-Form-7-15-2024 (docx)**

- ▶ MTM Services are provided telephonically by in-house pharmacists who can complete a Comprehensive Medication Review for our MSHO Members.
- ▶ Member approved MTM postcard: [MTM Postcard Are You Feeling Your Best 2 \(PDF\)](#)

**BLUE ADVANTAGE MSC+**  
 Visit our public BCBS of MN [MSC+ Blue Advantage page](#) to access:

- ▶ Plan documents including Summary of Benefits, Member Handbook, Annual Notice of Changes, and much more!
- ▶ Click here for direct access to the [MSC+ Provider-and-Pharmacy-Directory-\(PDF\)](#)
- ▶ See member's Part D carrier for pharmacy & formulary information.

**OTHER PHARMACY RESOURCES:**  
 Opioid overdose: [Naloxone/Narcan \(find pharmacies or Syringe Service Programs \(SSPs\) near you that offer naloxone\)](#)

# OVER THE COUNTER (OTC)

WRAP List vs CVS OTC Program

# 2025 SUPPLEMENTAL BENEFITS

## Health and Wellbeing

- OTC benefit ([CVS OTC Health Solutions](#))

- An allowance of up to **\$150** per quarter to purchase select over-the-counter (OTC) health and wellbeing items from a CVS catalog. Member can order by phone or online and have eligible items delivered to their home or shop for eligible items in CVS stores. Unused benefits do not roll over to next quarter
- Newly enrolled members receive a copy of the catalog (excluding nursing home members).
- All returning members who live in the community (not in a nursing facility) will receive a copy of the 2025 catalog. Members can request one replacement copy per year from CVS. Catalogs available in Spanish
- Provider receives a file of eligible members (all members)
- Resources:
  - [Sign in or create an account | CVS Health](#)
  - 1-888-628-2770 (TTY: 711) and on an App: OTC Health Solutions App
  - [2025-SecureBlue-MSHO-Supplemental-Benefits-Catalog-2-27-25.pdf](#)



# INSIGHT FROM CARE COORDINATION WEBSITE

## SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

### Over-the-Counter Allowance (offered by [CVS Over-the-Counter Health Solutions](#))

[Return to menu](#)

- \$150 per quarter allowance to purchase select over-the-counter items
- Members may order by telephone, online or shop for eligible items at CVS locations
- Unused benefits do not roll over to the next quarter



**NOTE:** Many OTC drugs and items are covered under the member's Medical Assistance benefit. These items are not included in the OTC catalog. The member should talk to the pharmacist to request a prescription for these items. Visit the [List of Covered Drugs \(Formulary\)](#) for more information.

### CVS OTCHS Catalog is available in [English](#) and [Spanish](#)

- Community members receive one printed catalog from BCBS per year
- Catalogs are available online or can be picked up in CVS stores
- Members can request 1 printed copy per year from CVS

**Eligibility/Requirements:** All MSHO members. If you are helping a member access benefits or you are calling CVS on behalf of a member, you must include the alpha prefix on the member's ID (i.e. **MQS80XXXXXX**) ★

### Referral Process:

CVS receives a file of all members. No referrals are needed.

### Resources:

Visit the CVS OTCHS website at: <https://www.cvs.com/benefits> or call 1-888-628-2770 (TTY: 711).

Members may also access their benefit through the OTC Health Solutions App from the App Store or Google Play.

Care Coordinators may assist members with OTC orders. If you would like to submit an order on behalf of a SecureBlue MSHO member, you may complete the template below and email SECURLY to [Bobbie.Graham@CVSHealth.com](mailto:Bobbie.Graham@CVSHealth.com) and CC [Client\\_Success@CVSHealth.com](mailto:Client_Success@CVSHealth.com). You MUST include the SUBJECT LINE: **BCBSMN Care Coordinator Bulk Order**.

Follow the instructions on the 1<sup>st</sup> tab of the template: .

- [Template for submitting CVS OTC orders](#)



# MEDICAID OTC LIST (WRAP LIST)

- OTC drugs covered by Medicaid part of the SecureBlue benefits
- These are embedded within 2025 formulary. Will have (OTC) by it
- These OTCs can be obtained from the pharmacy and filled just like a prescription
- [MyPrime.com](https://www.myprime.com)

2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>		
acetaminophen caps	\$0 (OTC)	
acetaminophen chew tab 80 mg	\$0 (OTC)	
acetaminophen chew tab 160 mg	\$0 (OTC)	
acetaminophen elixir	\$0 (OTC)	
acetaminophen gel	\$0 (OTC)	
acetaminophen liqd	\$0 (OTC)	
acetaminophen pack	\$0 (OTC)	
acetaminophen soln 160 mg/5ml	\$0 (OTC)	
acetaminophen soln 325 mg/5ml	\$0 (OTC)	
acetaminophen suppos	\$0 (OTC)	
acetaminophen susp	\$0 (OTC)	
acetaminophen syrup	\$0 (OTC)	
acetaminophen tabs	\$0 (OTC)	
acetaminophen tbc	\$0 (OTC)	
acetaminophen tbdp	\$0 (OTC)	
acetaminophen w/ codeine soln 120-12 mg/5ml	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (180 tablets/30 days)
analgesic combinations	\$0 (OTC)	
aspirin buffered	\$0 (OTC)	
aspirin buffered (al hydrox-mg hydrox-ca carb)	\$0 (OTC)	
aspirin buffered (cal carb-mag carb-mag oxide)	\$0 (OTC)	
aspirin chew	\$0 (OTC)	
aspirin suppos	\$0 (OTC)	
aspirin tabs	\$0 (OTC)	
aspirin tbec	\$0 (OTC)	
aspirin-calcium carbonate	\$0 (OTC)	
belladonna alkaloids & opium suppos 16.2-30 mg#	\$0 (OTC)	
belladonna alkaloids & opium suppos 16.2-60 mg#	\$0 (OTC)	
butalbital-acetaminophen tab 50-325 mg#	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	\$0/\$1.35/\$3.95 (Tier 1 - Generic)	QL (180 capsules/30 days)

# DIABETIC SUPPLIES



# DIABETIC SUPPLIES

- **SecureBlue covers Diabetic monitor & test strips**
  - Preferred test strips:
    - Ascensia
    - One Touch
- **SecureBlue covers the following Continuous Glucose Monitors**
  - Examples of CGM:
    - Dexcom
    - FreeStyle

## Medicare Approved Diabetic Goods



### MEDICARE APPROVED DIABETIC GOODS

Below is a list of Medicare approved diabetic goods for your health plan.

**SecureBlue<sup>SM</sup> (HMO SNP) covers these therapeutic blood sugar machines under Part B:**

- Preferred Dexcom Monitors
- Preferred FreeStyle Libre Monitors

**SecureBlue<sup>SM</sup> (HMO SNP) covers the following preferred diabetic goods under Part B:**

- Blood glucose test strips and meters: One Touch and Ascensia
- Diabetic lancets and lancet devices: One Touch and Ascensia

**Questions?** For questions about your drugstore benefits, please call the phone number on the back of your ID card or visit [bluecrossmn.com/secureblue](http://bluecrossmn.com/secureblue).

#### What you need to know

The brands above are covered at network pharmacies as well as any other goods noted in your plan facts. Please check your plan scope and cost share to make sure these goods are covered, as other brands may not be covered.

#### What you need to do

Talk with your doctor to see if these are the right products for you. Show your ID card when buying at a network pharmacy.



SecureBlueSM (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in SecureBlue depends on contract renewal.  
Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross Blue Shield Association.  
Prime Therapeutics LLC is an independent company providing pharmacy benefit management.

# SUPPLEMENTAL BENEFIT

Medication dispenser + Reminder Service (Dose Flip by Dose Health)

# LIST OF SECUREBLUE SUPPLEMENTAL BENEFITS

## SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

**SecureBlue** is a Minnesota Senior Health Options (MSHO) plan that combines Medicare and Medical Assistance (Medicaid) into one plan. Members must be 65 or older and have both Medicare Part A and Part B to qualify for SecureBlue.

**Supplemental (extra) benefits for members below are in addition to Medicare- and Medicaid-covered benefits.**

### Table of Contents

Available to all MSHO Members	Members living in the Community only	Must have an eligible condition (refer to Eligibility note on each benefit)	Referral Forms
<u>Dental Services</u>	<u>\$750 In-Home Safety Benefit</u>	<u>All living arrangements</u>	If a dx code is not known, at a minimum, include the condition (i.e. diabetes, cancer, COPD, etc) on the referral form
<u>Electric Toothbrush/Replacement heads</u>	<u>Medication Dispenser &amp; Reminders (Dose Health)</u>	<u>Animatronic Pets (QMedic)</u>	<u>\$750 In Home Safety Benefit Referral Form</u>
<u>Eyeglass Upgrades</u>	<u>Personal Emergency Response System PERS (QMedic)</u>	<u>Caregiver Empowerment Program (Ceresti)</u>	<u>Alliance Music Therapy Referral Form (PW: <a href="#">musictherapy25</a>)</u>
<u>Fitness Benefit (SilverSneakers)</u>	<u>Post-Discharge Healthy Transitions - Certified CHW (LSS)</u>	<u>Must live in the community</u>	<u>Ceresti Intake Form</u>
<u>Friendly Helper (LSS)</u>	<u>Post-Discharge Home Delivered Meals (LSS)</u>	<u>Blood Pressure Monitoring System (QMedic)</u>	<u>Corner Home Medical Referral</u>
<u>Health &amp; Wellness Classes (Juniper)</u>	<u>Resources</u>	<u>Caregiver Emergency Care Plan (LSS)</u>	<u>Dose Referral</u>
<u>Over-the-Counter Allowance (CVS)</u>	<u>Blue Plus Care Coordination website</u>	<u>Grocery Store Transportation (BlueRide)</u>	<u>Juniper Referral</u>
<u>Podiatry Services</u>	<u>BCBS SecureBlue website</u>	<u>Household Supports for Utilities and Rent (myFlexCard)</u>	<u>LSS Referral Form</u>
<u>Transportation (BlueRide)</u>	<u>SecureBlue Member Handbook</u>	<u>Medically Tailored Meals, Food and Produce (NourishedRx)</u>	<u>NourishedRx Referral Form</u>
 <b>A star symbol on a benefit below indicates Important Information about the benefit!</b>	<u>Provider and Pharmacy Directory</u>	<u>Must live in a nursing home, customized living or foster home</u>	<u>QMedic Referral Form</u>
	<u>List of Covered Drugs (Formulary)</u>	<u>Music Therapy (Alliance Music Therapy)</u>	<u>SilverSneakers</u>

Rev 2/27/25

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# 2025 SUPPLEMENTAL BENEFITS

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## Equipment/Supplies

- **Medication Dispenser + Reminder Service (Dose Flip by Dose Health)**

- Device for members requiring additional medication management services to monitor multiple medications for chronic conditions
- Dose also offers reminders to take medications or complete other ADLs or IADLs and notifications for missed doses. Care Coordinator referral required [New Referral Form - Dose Health](#) or call 1-844-300-6212
- NEW: If applicable, member must use home and community-based waiver services first
- [2025-SecureBlue-MSHO-Supplemental-Benefits-Catalog-2-27-25.pdf](#)
- [Dose Health Services Flyer](#)
- [Dose-Flip-Slides-for-BCBS-MSHO-Training.pdf](#)



# INSIGHT FROM CARE COORDINATOR WEBSITE

## SecureBlue MSHO (HMO D-SNP) 2025 Supplemental Benefit Information

### Medication Dispenser & Reminders - Dose Flip (offered by [Dose Health](#))

[Return to menu](#)

Medication dispenser + Reminder Service for community members requiring additional medication management services to monitor multiple medications. [Member must not be on a home and community based waiver to receive this benefit under MSHO.](#) ★

- Members receive a Dose Flip plus reminders and caregiver notifications for missed doses
- Optional equipment available at no charge: Adaptive Flipper, Extra Tray, Refilling Disk, Stand
- Maximum of 4 Dose Flip devices per member

**Eligibility/Requirements:** MSHO members who live in the community [and are not on a waiver](#)

If a member has medication administration from a different source, member would not be eligible (i.e. member already has medication administration as part of their CL plan)

#### Referral Process:

Care Coordinator referral required <https://app.dosehealth.com/referrals>

Or call 844-300-6212

Dose Health will notify you when referral is received and will contact the member or to coordinate device set up.

#### Resources:

More information and video tutorials can be found on the [Dose Health website](#).

Questions about the device, set up or issues: Contact Dose Health 24/7 at 844-300-6212

- [Dose Health Services Flyer \(PDF\)](#)
- [Dose Health tri fold flyer](#)
- [DoseFlip Training \(PDF\)](#)

#### Dose Flip

Dose Flip contains 14 compartments (approximate size of a compartment: about 22 standard round aspirin-sized medications OR 12 gel caps OR 3 fish oils). The on-screen guide can be setup with alarms and a flashing light to remind members to take their pills up to two times per day\* and the lid can be secured with the included security screw and key. Members simply flip the device to dispense their medications.

*\*The member may receive up to 4 devices to accommodate all of their medications.*

#### Dose Flip Notifications

The Dose Flip can send Notifications that allows members or their caregivers to receive a call or text or email reminding them of missed doses or member not taking medications as directed, i.e., potential tampering, device charging required, low battery, etc. Members can also view this information via the Dose Dashboard.



**Any Questions**



**THANK YOU!**