

Fast Facts

MARCH 2024

News for Providers from HealthPartners Provider Relations & Network Management

Administrative

Provider directory verification

Regulations require providers and health plans to verify directory information.

HealthPartners provider compliance staff makes outreach calls, reviews websites and accepts rosters to validate your information is correct.

We verify the following information for each practitioner who appears in directories:

- Practitioner names and practice locations
- Location names
- Location addresses
- Phone numbers where members can call to make appointments to see the provider
- Hospital Affiliations
- Provider website URLs, if available
- Whether the provider is accepting new patients at some or all locations

HealthPartners providers are expected to keep their information up-to-date by using the Provider Data Profiles application on our provider portal here: healthpartners.com/provider

You can also request a roster of your provider information by emailing providercompliance@healthpartners.com. You can use the roster to verify whether the information we have on file is accurate and make updates to the information as needed.

Please note: If your group has a Delegation Agreement for Credentialing in place with HealthPartners, the files that are submitted to our Credentialing Services Bureau are considered our source of truth for your provider information.

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Cultural competency training and office accessibility

HealthPartners and all health plans are required to maintain accurate information in our provider directories including information regarding Cultural Competency Training for providers and whether provider locations are accessible for members with disabilities. Please take a moment to complete the [Questionnaire](#) included as part of this edition of Fast Facts. Instructions are on the form for returning the information to HealthPartners or send to providercompliance@healthpartners.com.

Clinician information on race, language, ethnicity and cultural competencies

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

Please share your information with us, on a voluntary basis, about your race, ethnicity and cultural competencies so we can have this information available when members seek help with finding providers for care.

The information will be used to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Ensure our provider network represents the diversity within our communities.

You have the option to let us know if you do not want your information displayed in our directories.

We hope clinicians in your practices will complete the online [CLINICIAN INFORMATION FOR DIVERSITY AND HEALTH EQUITY FORM](#) to support our ethnically, racially and culturally diverse communities.

Billing for doula services

The following codes must be used for dates of service 1/1/2024 onward when billing for doula services:

- T1033 for non-labor and non-delivery sessions (no modifier)
- T1033 with U4 modifier for labor and delivery sessions

Credentialing website

HealthPartners provider home page has a site to answer many of your common credentialing questions. You can access this site through the HealthPartners website at healthpartners.com/credentialing.

FIND HELPFUL CREDENTIALING INFORMATION

- Frequently asked questions—with detailed answers
- Convenient link to the ApplySmart web-based credentialing application or the new credentialing submission form
- HealthPartners credentialing plan, which includes our credentialing criteria for acceptance into the HealthPartners network
- Practitioner's rights as they pertain to the credentialing process

SUBMITTING CREDENTIALING APPLICATIONS THROUGH THE PROVIDER PORTAL OR APPLYSMART

All credentialing applications must be submitted through the provider portal or ApplySmart. Applications that are emailed or sent to us by U.S. mail may be returned.

Clinics can submit initial or recredentialing applications securely through the HealthPartners Provider Portal (no logon required) where they are automatically loaded into our system overnight. The online form can be used for applications for both HealthPartners health plan and HealthPartners' hospitals.

Visit: healthpartners.com/credentialingsubmission

ApplySmart (aka CredentialSmart) is still our preferred method for health plan application submission and is required for MN clinics when submitting initial applications. If you do not have an ApplySmart account, [Get Started](#) now.

CHECKING THE STATUS OF CREDENTIALING APPLICATIONS

Clinics should check the status of *initial* credentialing applications for HealthPartners health plan and dental plan through the HealthPartners Provider Portal (no logon required).

Visit: [Credentialing application status \(healthpartners.com\)](https://healthpartners.com)

Medical Policy updates – 03/01/2024

MEDICAL, BEHAVIORAL HEALTH, DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at healthpartners.com. Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Habilitative therapies	<ul style="list-style-type: none"> Effective immediately, policy revised: <ul style="list-style-type: none"> Criteria specifying a given frequency of therapy visits were removed.
Weight loss surgery - re-operations	<ul style="list-style-type: none"> Effective immediately, policy revised: <ul style="list-style-type: none"> Under the “Conversions from one weight loss surgery (that was not a LAGB) to another” criteria section, language has been revised so that the listed indications are not all inclusive. See posted policy online.
Skilled nursing facility (SNF)	<ul style="list-style-type: none"> Effective 5/15/2024, HealthPartners has chosen to adopt the evidence-based InterQual Guidelines to utilize in the medical necessity application and review of SNF admissions. Effective 5/15/2024, the following InterQual criteria will replace the currently published SNF coverage policy: <ul style="list-style-type: none"> 2023, Oct. 2023 Release LOC: Subacute / SNF Cardiovascular and Coagulation Disorders (SAC-SNF) 2023, Oct. 2023 Release General Surgery (excludes Orthopedic Surgery, Major Joint Replacement and Spinal Surgery) SNF 2023, Oct. 2023 Release 2023 Major Joint Replacement or Spinal Surgery SNF 2023, Oct. 2023 Release 2023 Acute Infections SAC SNF 2023, Oct. 2023 Release 2023 Acute Neurologic SNF 2023, Oct. 2023 Release 2023 Cancer SAC SNF 2023, Oct. 2023 Release LOC: Subacute / SNF Orthopedic/Musculoskeletal (SNF) 2023, Oct. 2023 Release 2023 Medical Management SNF 2023, Oct. 2023 Release 2023 Orthopedic Surgery (excludes Major Joint Replacement or Spinal Surgery) SNF 2023, Mar. 2023 Release LOC: Subacute / SNF Transition Plan 2023, Oct. 2023 Release 2023 Pediatric SNF 2023, Oct. 2023 Release 2023 Pulmonary SNF Prior authorization continues to be required for SNF services.

Coverage Policies	Comments / Changes
Residential treatment and partial hospitalization programs	<ul style="list-style-type: none"> • Effective 5/15/2024, the following criteria will replace the current MCG Health Behavioral Health Care guidelines currently used for residential treatment and partial hospitalization programs for eating disorder treatment, mental health treatment and substance use disorders treatment: <ul style="list-style-type: none"> ○ 2013 Release of The ASAM Criteria Navigator 3rd Edition <ul style="list-style-type: none"> ▪ Level 2.5: High-intensity Outpatient Treatment, Adult ▪ Level 3.1: Clinically Managed Low-intensity Residential Treatment, Adult ▪ Level 3.5: Clinically Managed High-intensity Residential Treatment, Adult ▪ Level 3.7: Medically Managed Residential Treatment, Adult ▪ Level 4: Medically Managed Inpatient Treatment, Adult ▪ Level 2.5: Partial Hospitalization Services, Adolescent Criteria ▪ Level 3.1: Clinically Managed Low Intensity Residential Services, Adolescent Criteria ▪ Level 3.5: Clinically Managed Medium Intensity Residential Services, Adolescent Criteria ▪ Level 3.7: Medically Monitored High Intensity Inpatient Services, Adolescent ▪ Level 4: Medically Managed Intensive Inpatient, Adolescent ○ 2023, Oct. 2023 Release of InterQual criteria below: <ul style="list-style-type: none"> ▪ BH: Adult and Geriatric Psychiatry ▪ BH: Child and Adolescent Psychiatry • Prior authorization continues to be required.

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.

Drug Formulary updates

COMMERCIAL DRUG FORMULARY

Updates include:

- Tirzepatide (Zepbound) has been added to formulary with prior authorization, similar to Wegovy and Saxenda. Reminder: many insurance plans have excluded weight loss medications, and many members do not have coverage.

Please see the formulary for details, at healthpartners.com/formularies.

POLICIES AND CONTACT INFORMATION

Quarterly formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics Committee policies are available at [healthpartners.com/provider/admin tools/pharmacy policies](https://healthpartners.com/provider/admin/tools/pharmacy_policies), including the [Drug Formularies](#).

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax – **952-853-8700** or **1-888-883-5434** Telephone – **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

For additional information, please contact healthpartnersclinicalpharmacy@healthpartners.com.

Minnesota Rare Disease Mandate

The Minnesota Rare Disease Mandate is a set of laws and regulations that aim to improve care for the rare disease community in MN. As defined, a rare disease or condition is any disease or condition that affects fewer than 200,000 persons in the United States and is chronic, serious, life altering, or life threatening.

Effective January 1, 2024, HealthPartners will be complying with the MN state mandate that no health plan company may restrict the choice of an enrollee as to where the enrollee receives services from a licensed health care provider related to the diagnosis, monitoring, and treatment of a rare disease or condition, including but not limited to additional restrictions through any prior authorization, preauthorization, prior approval, precertification process, increased fees or other methods.

Please review our Rare Disease and Condition policy on the Provider Portal or review MN Statute § 62Q.451 for more information.

HealthPartners Disease and Case Management programs

HealthPartners disease and case management programs provide comprehensive support to our members with complex and/or chronic conditions and their physicians. HealthPartners focuses on improving the health of patients with complex and/or chronic conditions such as coronary artery disease, diabetes, cancer, heart failure, asthma, chronic obstructive pulmonary disease, depression, anxiety, severe and persistent mental illnesses, rare and chronic conditions, back pain, high-risk maternity and other complex medical or behavioral health conditions that require case management.

HealthPartners disease managers and case managers, RNs and Licensed Behavioral Health (“BH”) clinicians work collaboratively with the member’s care team to support their plan of care and the member’s health care goals. Disease and case managers work in support of the practitioner-patient relationship and plan of care, and emphasize the prevention of exacerbation and complications using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as self-management. The programs continuously evaluate clinical, humanistic and social determinants of health outcomes to improve overall well-being.

- Members are identified for HealthPartners disease and case management programs through provider referral, member self-referral, and through HealthPartners predictive algorithms.
- Upon identification, a HealthPartners RN or licensed BH clinician reaches out to the member and completes a holistic assessment.
- Then, with the member and their providers, the RN/Licensed BH clinician creates an individualized case management plan to address identified gaps and help the member achieve their health care goals.
- The RN/Licensed BH Clinician utilizes interventions such as tailored educational tools and resources to close knowledge gaps; health coaching techniques to encourage behavior change; and connections to community, employer, and plan resources to address social determinants of health needs.
- Through collaboration and coordination with providers, the RN/BH clinician ensures coordination of care across specialties and care systems, as appropriate, to facilitate goals of care.

WE ARE HERE TO SUPPORT YOU AND WELCOME YOUR PATIENT REFERRALS:

- Online: Use our online referral form on healthpartners.com
- Email: hpconnectreferrals@healthpartners.com; include patient name, DOB and reason for referral
- Phone: **1-800-871-9243**; leave a voicemail on this confidential line if the call is not immediately answered

Member participation in HealthPartners disease and case management programs is voluntary. HealthPartners disease and case managers do not make benefit determinations for any medical or behavioral health services, nor do they prohibit providers from submitting claims. Please use the contact information above to request referrals for disease and case management or for general questions about HealthPartners programs. If you have concerns that the programs are not

working as described above, you can contact our “HealthPartners Case Management Provider Escalation” email at cmproviderescalation@healthpartners.com or by calling the HealthPartners Integrity & Compliance hotline at (866) 444-3493, and your concern will be thoroughly reviewed.

Weight loss surgery coaching program

HealthPartners offers a pre-weight loss surgery coaching program designed to prepare individuals for the lifestyle changes that weight loss surgery requires. This course is required prior to authorizing weight loss surgery.

Members receive a course handbook and meet with a registered dietitian and health coach over the course of five phone sessions.

For more information, or to enroll a patient-member, visit the [Weight loss and bariatric surgery page](#) on HealthPartners Provider portal.

Practitioner Cultural Responsiveness Survey

Coming soon!

WE WOULD LOVE TO HEAR FROM YOU!

In April 2024, you will receive a survey from HealthPartners regarding cultural responsiveness. Patients may experience different barriers to care, so taking the survey helps us understand how you support patients with different cultural backgrounds.

You can also tell us what resources would be most helpful for providing culturally informed care and addressing barriers to health equity among patients.

Please watch for this survey in April.

Government Programs

Medicare Enrollment – Marriage and Family Therapists, Mental Health Counselors, Intensive Outpatient Programs

The Centers for Medicaid and Medicare (CMS) has finalized a policy to allow Marriage and Family Therapists, Mental Health Counselors (including addiction counselors or alcohol and drug counselors who meet all the requirements to be a Mental Health Counselor), and Intensive Outpatient Programs to enroll as Medicare providers effective **January 1, 2024**.

For more information regarding the Medicare enrollment process, please visit the CMS.gov website at [Medicare Enrollment](#).

Providers must be enrolled with Medicare to bill for services provided to our members.

Provider enrollment requirement for MHCP

All contracted providers participating in HealthPartners Medicaid and MSHO networks must enroll with Minnesota Health Care Programs (MHCP) through the Minnesota Department of Human Services (DHS). This is a requirement of the **21st Century Cares Act** which requires states to enroll all Medicaid providers including those contracted with managed care organizations (MCOs).

Enrollment with DHS is in process now and must be completed before July 15, 2024 with the exception of these provider types that have until December 31, 2024 to enroll:

- Community mental health centers
- Rehab agencies
- Day treatment
- Home care nursing organizations
- Medical transportation

All National Provider Identifiers (NPIs) including group, facility and individual NPIs need to be enrolled with DHS. If your locations and practitioners are already enrolled with DHS as a fee-for-service provider, you do not need to go through the screening and enrollment process again.

DHS uses additional sources such as [NPPES](#) and [Medicare](#) to verify your enrollment. Please review your information on [NPPES](#) and [Medicare](#) to ensure your records are up to date when enrolling with DHS.

For more information regarding enrollment with DHS, visit these resources:

- FAQ: [Enrollment for MCO Network Providers](#)
- DHS Enrollment Process: [Enrollment with MHCP](#)
- DHS Enrollment Portal Training and FAQ: [Minnesota Provider Screening and Enrollment \(MPSE\) portal training](#)

HealthPartners MSHO Model of Care 2024

REMINDER – TRAINING REQUIREMENT FOR PROVIDERS

The Minnesota Senior Health Options (MSHO) Model of Care provides a description of the management, procedures and operational systems that HealthPartners has in place to provide the access to services, coordination of care and structure needed to best provide services and care to our MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Annual training on the Model of Care is a Centers for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans. The Model of Care contains the following components:

1. Description of the MSHO population
2. Care Coordination
3. MSHO Provider Network
4. MSHO Quality Measurement & Performance Improvement

The HealthPartners 2024 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal at [2024 MSHO Model of Care Training](#).

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editor: Mary Jones

Provider Directory Cultural Competency and ADA Accessibility Questionnaire

Purpose:

Managed Care Federal Regulations require providers to confirm their cultural competency training and office accessibility for people with disabilities.

Instructions:

Please complete this form for each office location and submit the completed form to **compliance@healthpartners.com** or fax the form back to **952-853-8708**.

If you have any questions regarding completing this form, call **844-732-3537**.

Clinic/Facility Name _____

Office Location Address _____

City _____ State _____ Zip Code _____

NPI Number(s) _____

Clinic/Facility/Sole Practitioner Website URL _____

Clinic/Facility/Sole Practitioner Phone Number (including area code) _____

Is your office accepting new patients? Yes No

Cultural Competency:

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural and linguistic needs. The ultimate goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion or socioeconomic status.

Has office staff completed cultural competency training in the past 12 months?

Yes Type of training _____

Month/Year completed _____

No

Cultural Capabilities:

Cultural capabilities include cultural awareness, cultural safety and cultural competence offered by health care providers to better adapt and serve members' backgrounds, values, and beliefs to meet social, cultural, and language needs.

Do any staff in your office possess the following cultural capabilities (select all that apply)?

Cultural Awareness

Please Describe _____

Cultural Safety

Please Describe _____

Cultural Competence (check box if you answered Yes to Cultural Competency Training)

Please Describe _____

Accessibility:

Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation providers do not need to complete this section.

The Americans with Disabilities Act (ADA) requires public accommodations to take steps to ensure that persons with disabilities have equal access to their goods and services. For example, the ADA requires public accommodations to make reasonable changes in their policies, practices and procedures; to provide communication aids and services; and to remove physical barriers to access when it is readily achievable to do so. Visit www.ada.gov.

Is your office, including parking, entry ways, and other relevant space, accessible for people with disabilities? Yes No

Are your office exam rooms accessible for people with disabilities? Yes No

Does your office have equipment accessible for people with disabilities? Yes No

Please provide a contact name and phone number in case there are questions regarding your responses to this questionnaire:

Print Name

Phone Number

Signature

Date