

Fast Facts

News for Providers from HealthPartners Professional Services and Hospital Network Management



MAY 2014

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ADMINISTRATIVE INFORMATION

Contact Us Help Center Located on Provider Portal

HealthPartners online Provider Portal has an easy-to-use tool to help providers determine who to contact when they have a question. The Help Center, located on the **Provider Portal homepage**, has a **PDF document** as well as an **online tool** to help providers quickly identify the appropriate HealthPartners department to contact for certain inquiries like claims questions, prior authorization questions, and provider portal website questions.

Questions about on-line tools, electronic connectivity for claims submission and electronic remittances or access to HealthPartners Secured Provider Home Page can be directed to our Provider E-Commerce Department at 952-883-7505 or 855-699-6694.

Questions relating to claims payment, why an authorization was requested or needed and general coding questions (not how to bill) can be directed to our Claims Department. For Commercial Plans, please call 952-967-6633 or 866-429-1474. Providers can also email

CCSEProviderInquiry@healthpartners.com. For Senior and Public Programs Plans, please call 952-883-7699 or 888-663-6464. Providers can also email **rvscproviderinquiry@hpexchg.healthpartners.com**

For a complete list of who to contact, please visit the Help Center on the Provider Portal homepage.

Also, by registering for a secure HealthPartners Provider Portal account, providers can locate eligibility and benefits, claim status and referral inquiry, contracted medical providers, medical and administrative policies and much more. If your facility does not yet have access, register now at **www.healthpartners.com/provider**.

Please contact your HealthPartners Service Specialist for any questions.

MNSure Health Insurance Exchange Information

To review a document with information on the Advanced Premium Tax Credit (APTC), which includes a Frequently Asked Question (FAQ), please visit the HealthPartners provider portal website under News You Can Use.

Apply Now! 2014 Innovations in Health Care and Preventive Care Screening Recognition Awards

Is your organization working to change the way it delivers health care? Or has your organization implemented a novel quality improvement process around the way your patients are being screened for preventive cancer care that is leading to greater performance? If so, HealthPartners would like to recognize you for your efforts.

Applications and information for both the Innovation in Health Care and Preventive Care Screening Recognition Awards are available under **Partners in Quality** online. If you have questions or would like a MS Word version of the above form, please email Mary.m.Gainey@HealthPartners.com.

Innovations in Health Care Award

We know that innovative efforts of any one dedicated medical or specialty clinic can ripple outward to improve care and change business as usual in the care delivery system. We created the Innovations in Health Care Award to recognize and celebrate just such people. Their innovative work after implementation and community wide adoption is transformational for us all. The focus of these award projects can be a specific disease or condition, care processes, specific patient populations or the entire care delivery model. Please click [here](#) to access the Innovations in Health Care Award application form.

Preventive Care Screening Recognition Award

Quality improvement is a vital activity in the pursuit of the Triple Aim. We have created the Preventive Care Recognition Award to recognize Primary care and specialty groups for making major changes in their current processes resulting in persistent, sustainable change for preventive care screening improvement that addresses the health of the population served. The focus of the Preventive Care Awards are around process and performance improvement results in four preventive care screenings as relevant to the patient population served.

- Chlamydia
- Breast
- Colorectal
- Cervical

Please click [here](#) to access the Preventive Care Screening Recognition Award application form.

Workers Compensation Certified Managed Care Plan Administrative Policy Effective July 1, 2014

HealthPartners' Worksite Health area contracts with Minnesota based employer groups to provide comprehensive support and return to work care coordination services for employees with occupational injuries.

Injured employees of these employer groups will be directed for treatment to medical providers and facilities which are contracted with and participating in HealthPartners' commercial open access network.

HealthPartners Worksite Health employer contracts only cover support and return to work care coordination; the contracts do not cover payment of medical bills. Medical bills for patients seen for workers compensation injuries are submitted by providers directly to the Workers Compensation Insurer, the Insurer's Third Party Administrator or a Designated Bill Payer. Workers Compensation medical bills are not submitted to HealthPartners.

Medical bills are reimbursed based on the terms of the workers compensation provider fee schedule, which is published by the Minnesota Department of Labor and Industry and available online at <http://www.dli.mn.gov/wc/MedBen4.asp>. Workers compensation medical bills do not reimburse off HealthPartners fee schedules.

To review the complete Workers Compensation Certified Managed Care Plan administrative policy click [here](#). You may also log onto www.healthpartners.com/provider, go to the "Admin tools" tab and click "administrative Policies." Once you have done so, scroll down and click "Workers Compensation Certified Managed Care Plan".

If, for any reason, a provider does not want HealthPartners Worksite Health to direct employees with occupational injuries to them for treatment, the provider can give thirty days advanced written notice to their HealthPartners contract manager. If you do not know who your contracting representative is, contact 888-638-6648.

HealthPartners Programs and Important Information

Information is available for your review regarding key HealthPartners programs, policies and procedures, important member information, and other pertinent information at www.healthpartners.com

To directly access information on:

- Quality Improvement and our Annual Evaluation on meeting our goals
- Utilization Management
- Program descriptions
- Clinical Guidelines and Guideline Updates
- Click here: [**Quality Improvement & Utilization Management**](#)
- Medical Record Standards
- Utilization Management Coverage Criteria Policies

To access administrative policies including:

- Medical Record Standards
- Utilization Management Coverage Criteria Policies
- How to Contact a Medical Director regarding UM
- Member Rights & Responsibilities
- Member Complaint Processes and Procedures
- Access to UM Staff
- Click here: [**Administrative policies**](#)

To access Confidentiality/Privacy policies:

- Click here: [**Website privacy policy**](#)
- [**Privacy Practices for Providers**](#)

HealthPartners Policy Regarding Financial Incentives

It is the policy of HealthPartners that utilization review decisions are made based only on appropriateness of care, service and existence of coverage. Financial incentives, if any, that are offered by HealthPartners (or any entity that contracts with HealthPartners to provide utilization management services) to individuals or entities involved in making utilization management decisions will not encourage decisions that result in underutilization or inappropriate restrictions of and/or barriers to care and services.

This means that HealthPartners and entities contracting with HealthPartners to provide utilization management services, will not specifically reward, hire, promote or terminate practitioners or other individuals conducting utilization review based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

» If you have any additional questions, please contact: Susan Gunderson 952-883-5576.

Injectable/Immunization Fee Schedule Update

As outlined in your market basket fee schedule, the fees for injectables and immunizations are subject to quarterly updates. Injectables will be updated May 15, 2014. A list of the updated fees will be available on the Provider Portal. Please find the Injectable Fee Schedule link under the HPI Administrative Program for Medical Providers/Fee Schedule Updates or click here <https://www.healthpartners.com/provider-secure/provider-information/fee-schedule/>.

Claims and Coordination of Benefits

- The Minnesota Department of Human Services (DHS) requests that providers include the Medicare ICN (Internal Control Number) in the Other Payer Claim Control Number field on claim submissions where there is Coordination of Benefits (COB) and Medicare is the primary payer.
- Please submit your COB claims to HealthPartners with the ICN included to ensure the number gets transmitted to DHS.
- For more information about DHS or Medicare, you may visit their websites at:
- [**DHS Managed Care**](#)
- [**Medicare Regulations**](#)

Submitting Claims with DME or Hearing Aid Upgrades

When billing for an upgrade on DME or a Hearing Aid, please follow the Minnesota Administrative Uniformity Committee (MN AUC) guidelines as follows on page 36 of the Minnesota Uniform Companion Guide (MUCG) for the Implementation of the ASC X12/005010X222A1 Health Care Claim: Professional (837) Version 8.0:

v8.0 MUCG for the ASC X12N/005010X222A1 Health Care Claim: Professional (837)			
Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare			
Medicare Claims Processing Manual		Specific Coding Topic	Minnesota Rule
Chapter Number	Title/Description		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Upgrades	Upgrades – if a patient prefers an item with features or upgrades that are not medically necessary and has elected responsibility, the items are billed as two lines using the same code on both lines, if no upgrade code is available. Use the GA modifier for the upgraded and GK for the standard item.

Per the above guidelines, claims should be submitted as follows when billing for upgrades:

Code	Modifier	Description
XXXXXX	GK	DME or Hearing Aid
XXXXXX	GA	DME or Hearing Aid

To learn about the MN AUC guidelines, please access the link below:

<http://www.health.state.mn.us/auc/index.html>

Is your payment address correct?

HealthPartners makes it easy to ensure providers receive payments to the correct address. Our Provider Data Profile application, located on our secure provider website, is a simple tool that allows you to verify and update remittance addresses.

To make sure HealthPartners has the correct address, please verify on your remittance to see that the payment address is correct or go to the Provider Data Profiles application, available when you log into the **HealthPartners Provider website**.

The Provider Data Profile application has other helpful tools available to provider, such as:

- Identifying patient-friendly services that your facility provides
- Updating office hours
- Terminating practitioners no longer at a location
- Entering a description of your facility and a URL link to your website that patients can view when looking on **HealthPartners.com** for a medical facility to meet their needs.

Did you know?

Through our alliance with Cigna, HealthPartners sends information for claims payment and remittances to Cigna so you receive payments for Cigna claims.

HealthPartners also offers electronic payments. Please visit www.healthpartners.com/eft to learn more about EFT payments.

How can I register?

If your clinic has yet to register with the HealthPartners provider website, please visit the **Provider Registration** page to register your facility.

Your HealthPartners Service Specialist is always willing to assist you with these tools or with any other questions you may have.

CLINICAL INFORMATION

Pharmacy - Preferred Drug List (Drug Formulary)

Drug Formularies are available at www.healthpartners.com/formulary. See these sites to verify formulary status.

Quarterly Formulary Updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, pharmacy newsletters, and Pharmacy and Therapeutics (P&T) Committee policies are available at [HealthPartners.com/ Providers/ Pharmacy Services](http://HealthPartners.com/Providers/PharmacyServices).

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. After hours calls are answered by our Pharmacy Benefit Manager.

Medical, Durable Medical Equipment (DME) & Medical Dental Coverage Policy Updates Date for 5/1/2014

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at <http://www.healthpartners.com> pathway: Provider/Coverage Criteria. 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.

Medical Coverage Policies	Comments / Changes
Cardiac Event Monitoring	The policy has been revised effective immediately with the following changes: <ul style="list-style-type: none"> • Coverage has been added for the iRhythm Zio® Patch monitor without requiring prior authorization. • The prior authorization requirement has been removed for codes 0295T – 0298T.
Genetic Testing for breast/ovarian cancer predisposition (BRCA genetic testing)	The policy has been revised to expand the list of health professionals providing genetic counseling for BRCA genetic testing. Prior authorization continues to be required. Effective immediately.
Peripheral Nerve Block Injections-Diabetic Neuropathy (Chronic Pain)	New policy-effective 7/1/2014. This service is considered investigational and not covered for certain diagnoses. It does not require prior authorization. CPT code 64450 may be covered for diagnoses other than those listed in the policy. 64450 submitted with the diagnoses listed in the policy will deny to either provider or member liability based on use of the GA modifier.
Behavioral Health Coverage Policies	Comments / Changes
Sex Therapy	Revised policy effective 7/1/14. The Behavioral Health Sex Therapy coverage criteria has been updated to reflect changes in the DMS-5 and now includes new definitions for paraphilia, paraphilic behaviors, non-paraphilic behaviors and paraphilic disorder. Of particular note is that compulsive sexual behavior is not considered a paraphilic disorder and therefore does not meet coverage criteria under the new DSM-5 criterion.
DME Coverage Policies	Comments / Changes
Oral Appliances for sleep disorders	The policy has been revised to provide coverage of approved home sleep studies as an acceptable alternative to polysomnogram prior to an oral appliance. A sleep specialist recommendation for an oral appliance will continue to be required when sleep apnea is severe. Prior authorization continues to be required. Effective immediately.

Contact the Medical Policy Intake line at 952-883-5724 for specific patient inquiries. For general policy and process questions contact 952-883-6333 or email medicalpolicy@healthpartners.com.

GOVERNMENT PROGRAMS

Reporting of Suspected Maltreatment of Vulnerable Adult or Child

HealthPartners is required by our Minnesota Health Care Programs contract to communicate to our providers the State requirement to report suspected maltreatment of vulnerable adults or children (Minnesota Statutes, §§ 626.557 or 626.556). Minnesota Department of Human Services provides a web-based training at no cost to all mandated reporters (individuals who through professional capacities know or believe maltreatment has taken place):

<http://registrations.dhs.state.mn.us/WebManRpt/> for adults and http://www.dhs.state.mn.us/id_000152 for children.

Residential Chemical Dependency Room and Board Services

Effective July 1, 2014, for Medicaid products only; Managed Care Organizations, including HealthPartners, will no longer be responsible for the reimbursement of room and board services provided in a residential chemical dependency treatment center. This change is in effect per the Minnesota Department of Human Services (DHS) update to the Medicaid managed care benefit set. Providers of Residential Chemical Dependency Treatment will be able to bill HealthPartners for treatment services only. Room and board services must be billed directly to DHS and will be reimbursed from the State's Consolidated Chemical Dependency Treatment Fund (CCDTF).

EVENTS

Advance Care Planning Certification Course

Honoring Choices Minnesota hopes to inspire and support community based conversations regarding end-of-life planning. Become a trained facilitator by taking this course.

Advance Care Planning First Steps Facilitator Certification Course

Sponsored by Honoring Choices Minnesota

Friday, May 9 from 8 am – 4:30 pm

Location is the Broadway Ridge Building, 3001 Broadway Street NE, Minneapolis, MN 55413 - Conference Room D

This “must have” ACP facilitator training course is offered to interdisciplinary healthcare providers, caregivers, community members, interdisciplinary healthcare students, and other interested individuals. The course is designed for individuals who want to learn how to This “must have” ACP facilitator training course is offered to interdisciplinary healthcare providers, caregivers, community members, interdisciplinary healthcare students, and other interested individuals. The course is designed for individuals who want to learn how to lead effective in-depth ACP conversations. It utilizes the Respecting Choices® curriculum and certification process to provide the needed skills to lead conversations on future health care wishes and preferences. The \$275 course fee includes 8-hour interactive classroom learning, 6 pre-session online modules, lunch, refreshments, and all materials. CEUs available for nursing and social work.

Register online at www.metrodoctors.com or [download a registration form to mail or fax](#). Space is limited, so early registration is highly recommended.

Course Learning Objectives:

- Describe interview skills for basic ACP, planning for adults with chronic, progressive illness and those living in long-term care
- Demonstrate beginning competency in facilitating basic ACP discussions
- Demonstrate competency in completing a health care directive
- List a variety of educational materials and tools available for promoting and assisting with ACP
- Identify key strategies for community engagement
- Identify key principles and strategies to develop an effective ACP program

For registration and additional detail, see <http://www.metrodoctors.com/dev/index.php/honoring-choices-mn/hcm-news-events>.

CME Programs

The HealthPartners and Park Nicollet education teams have combined their Continuing Medical Education (CME) programs. This combination will allow us to provide innovative continuing education programming that builds upon the best practices of each team to improve patient care, safety, processes and systems. We look forward to seeing you in 2014!

Managing Life Limiting Illness and End of Life Care Training: May 1-2 and November 20-21

New and Old Drugs: Best Choices: May 15-16

Clinical Diabetes Management: June 5-6

Fundamental Critical Care Support: July 31-August 1

Trauma Education: The Next Generation: September 4

Primary Care Update: Pathways to Knowledge: September 18-19

Clinical Diabetes Management: October 2-3

Dermatology Update: October 10

Fundamental Critical Care Support: October 23-24

Infectious Disease Update: October 23-24

Primary Care Update: November 20-21

Cardiovascular Conference: Current Concepts and Advancements in Cardiovascular Disease – December 11-12

For registration information or to request a brochure, call the Office of Continuing Medical Education at 952-993-3531 or visit parknicollet.com/cme

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 on-line at healthpartners.com/provider (pathway: Log into the Provider Portal).

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