

Fast Facts

News for Providers from HealthPartners Professional Services and Hospital Network Management



NOVEMBER 2014

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ADMINISTRATIVE INFORMATION

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 on November 15, 2014 and again on February 15, 2015. A list of the updated fees is 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/>.

Modifier Updates

Effective January 1, 2015 the HPI Medical Claims Policies will be updated to incorporate existing and new modifiers. The HQ modifier will be updated and new modifiers include: XE, XS, XP and XU. A detailed list of changes will be available on the Provider Portal at [healthpartners.com/provider](https://www.healthpartners.com/provider). Please find the link under the HPI Administrative Program for Medical Providers/Fee Schedule Updates.

Changes are coming to HealthPartners Medication Therapy Management Program

Since 2010, HealthPartners has worked with Clinical Support Services (CSS), Inc. to help deliver our Medication Therapy Management (MTM) Program. Effective January 1, 2015 HealthPartners will no longer partner with CSS to deliver MTM. Existing providers in the MTM network will need to contract and credential directly with HealthPartners in order to continue to provide MTM services for HealthPartners members. Information about the program and steps you can take to re-contract and re-credential will be posted on the HealthPartners provider portal website at

<https://www.healthpartners.com/provider-public/pharmacy-services/mtm-services/>

State of Wisconsin Employee Plan's Network is Expanding

Effective January 1, 2015 the network associated with the State of Wisconsin employees will be expanding to our Open Access Perform network. This network includes all care systems with the exception of the Mayo Health Systems. Their network will now include Fairview, HealthEast and Park Nicollet. The State of Wisconsin plan will continue to exclude Cigna providers.

2015 Disclosure of Ownership and Management Information, Business Transactions & Exclusions Statement for Providers

The Minnesota Department of Human Services (DHS) and the Centers for Medicare and Medicaid Services (CMS) requires health plans, including HealthPartners, to collect information from their contracted providers regarding their ownership and management, significant business transactions, and the identity of any individuals or entities excluded from participating in government funded health care programs.

If you have not submitted this document to HealthPartners, the Disclosure of Ownership Form can be found at the links below:

www.healthpartners.com/providers/Admin Tools/Tools and Forms/Regulatory Requirements and Reporting or click here:

[Disclosure of Ownership Form](#), or **www.mnhealthplans.org/important** links on the Minnesota Council of Health Plans Website or click here: **[MN Council of Health Plans form](#)**

Any payer will accept this form or the form from the MN Council of Health Plans so you only have to complete it once and send it to all of the payers you have contracts with.

Forms for HealthPartners should be sent by:

Email: **Narayaneex.ananth@healthpartners**

Fax: 952-853-8708

Mail: HealthPartners
Compliance Business Analyst
Mail Stop 21108C
8170 33rd Ave. S.
Bloomington, MN 55440

Credentialing Web Site

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 **www.healthpartners.com/credentialing** (pathway: For Providers/Secured Online Systems/Secured Provider Site Links or Provider/Credentialing and Enrollment).

You will find the following information on the HealthPartners Credentialing Web Site:

- Frequently asked questions—with detailed answers
- Convenient link to the **[Minnesota Credentialing Collaborative's web-based credentialing application](#)**
- HealthPartners Credentialing Plan, which includes our credentialing criteria for acceptance into the HealthPartners network
- Practitioner's rights as they pertain to the credentialing process

Initial Credentialing Process Change

HealthPartners requires all Minnesota based clinics to submit initial credentialing applications through the ApplySmart system. Clinics in WI, IA, ND, and SD may use ApplySmart or they may continue submitting paper applications. Initial applications submitted by MN clinics by paper, fax, or email may be returned to the submitter.

If you have questions or concerns about this requirement, please contact Marilee Forsberg at (952) 883-6210 or at **marilee.j.forsberg@healthpartners.com**.

If you do not have an account with the MCC, **[Get Started](#)** now.

If you have questions about the ApplySmart system, contact the Minnesota Credentialing Collaborative, **MCC@mncred.org**, (651) 789-0113.

Recredentialing Process Change

HealthPartners is phasing out pre-populated recredentialing applications and is asking all practitioners to use ApplySmart for recredentialing. Practitioners choosing not to use the ApplySmart system may download a recredentialing application from our website at HealthPartners.com/credentialing and submit that completed form by fax or email.

If you have questions or concerns about this process change, please contact Marilee Forsberg at (952) 883-6210 or at marilee.j.forsberg@healthpartners.com.

Need to Add Tax IDs/NPIs to Your Portal Account?

Delegates can now use a check # to instantly add tax IDs/ NPIs to your portal access! Additionally, the new feature enables delegates to view the current portal access. If you need tax IDs/NPIs added to your portal access, please contact your delegate.

Physician Incentive Plans (PIP) Disclosure

The Centers for Medicare and Medicaid Services (CMS) requires health plans to request information from contracted providers regarding the existence of physician incentive plans. The information should also include any physician incentive plans that exist between your organization and downstream subcontractors.

Physician Incentive Plan Disclosure is required even if there are no incentive arrangements or the arrangements have a low level of risk either through referrals or low utilization.

If your information has changed since your organization last submitted this form, please submit the fax back form that's attached to this edition of Fast Facts to HealthPartners and a Summary Data Form will be sent to you for completion.

Thank you in advance for your assistance in keeping physician incentive plan information up to date. For more information from CMS on Physician Incentive Plans, please click here: [CMS Relationships With Providers](#)

» If you have questions or need more information, please contact your Service Specialist.

Need To Submit a Prior Authorization?

Submit prior authorization requests quickly and easily through the HealthPartners Provider Portal for outpatient medical, pharmacy and DME services. Submitting your prior auth request online is fast and easy, plus you can monitor the status of your request through the Auth/Referral Inquiry application. Contact your delegate if you don't have this option on your provider portal account.

If you do not have a provider portal account, you can also find the prior auth forms online under www.healthpartners.com/providerforms. Prior Auth forms are located within the Medical Policy tab.

Submitting Claims for Telehealth Services

Pursuant to HealthPartners Participating Provider Agreements, providers should submit claims for telehealth services on behalf of HealthPartners members. Telehealth services are a covered benefit under some policies. Our Telemedicine Services Administrative Policy can be found on the Provider Portal under Admin tools – Administrative policies. [Link Here](#)

CLINICAL INFORMATION

Immunizations

Are your clinic's seventh graders up-to-date?

Despite the new requirements for seventh through twelfth graders, immunization rates are still lagging. MDH has been tracking coverage rates through MIIC for adolescents that likely started seventh grade this fall (born between September 2, 2001, and September 1, 2002). As of September 15, 2014, MIIC showed the following:

- Meningococcal: 66.2 percent (13.6 percent increase from August.)
- Tdap: 70.6 percent (10.9 percent increase from August.)
- One or more HPV vaccinations: 35.1 percent (6 percent increase from August.)
- Full HPV series: 6.3 percent (0.9 percent increase from August.)

Don't miss opportunities to vaccinate, and call in adolescents who aren't up-to-date.

Medical Coverage Policy Updates 11/01/2014

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
<u>Mesenchymal Stem Cell Therapy for Orthopedic Indications</u>	New policy-effective 1/1/2015. These procedures/services are considered investigational and not covered. <ul style="list-style-type: none"> •Prior authorization is not applicable. •Codes submitted as listed in the policy will deny to either provider or member liability based on the use of the GA modifier.
<u>Selective Nerve Root Block (SNRB) for Diagnosis of Chronic Low Back Pain with Radiculopathy</u>	New policy-effective 1/1/2015. This is a new policy addressing <u>diagnostic</u> selective nerve root block (SNRB) for the diagnoses of chronic back pain. Prior authorization is required for each individual diagnostic selective nerve root block.

» 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

Medical Policy Announcements – Pharmacy November 2014

Pharmacy Policies	
Blood Factor Products	<p>New medical policy requiring prior authorization for medical necessity determination for nursing services when billing blood factor products on the medical benefit.</p> <p>http://www.healthpartners.com/public/coverage-criteria/bloodfactorproducts/</p> <p>Self-infusion of prophylactic blood products is standard of care. Prescriptions for these products should be filled at a preferred network pharmacy. Prior authorization is required to verify the medical necessity of professional infusion assistance.</p> <p>Facilities and pharmacies are exempt from this requirement.</p> <p>Claims that do not meet these standards may be denied effective 1/1/15.</p>
Vedolizumab (Entyvio)	<p>New medical policy requiring prior authorization.</p> <p>http://www.healthpartners.com/public/coverage-criteria/vedolizumab/</p> <p>Reserved for:</p> <p><i>Adult Ulcerative Colitis (UC)</i></p> <ul style="list-style-type: none"> • Adult patients with moderately to severely active UC, and • who have had an inadequate response with, lost response to, or were intolerant to Remicade and Humira; AND • had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids. <p><i>Adult Crohn’s Disease (CD)</i></p> <ul style="list-style-type: none"> • Adult patients with moderately to severely active CD, and • who have had an inadequate response with, lost response to, or were intolerant to Remicade and Humira; AND • had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids. <p>Approvals will be given for one year. Reauthorizations for up to a year will be given with documentation of continued therapeutic effect.</p> <p>Claims that do not meet these standards may be denied effective 1/1/15.</p>

<p>Ramucirumab (Cyramza)</p>	<p>New medical policy requiring prior authorization. http://www.healthpartners.com/public/coverage-criteria/ramucirumab/ Reserved for patients with advanced gastric cancer or gastro-esophageal junction adenocarcinoma, as a single-agent after prior fluoropyrimidine- or platinum-containing chemotherapy. Approvals will be given for six months. Reauthorizations will be given until progression on therapy. Claims that do not meet these standards may be denied effective 1/1/15.</p>
<p>Siltuximab (Sylvant)</p>	<p>Add medical policy requiring prior authorization. http://www.healthpartners.com/public/coverage-criteria/siltuximab/ Reserved for patients with multicentric Castleman’s disease (MCD) who are human immunodeficiency virus (HIV) negative and hum herpesvirus-8 (HHV-8) negative. Approval will not be provided for patients with MCD who are HIV positive or HHV-8 positive because Sylvant did not bind to virally produced IL-6 in a nonclinical study. Approvals will be given for six months. Reauthorizations will be given until progression on therapy. Claims that do not meet these standards may be denied effective 1/1/15.</p>
<p>Belinostat (Beleodaq)</p>	<p>Add medical policy requiring prior authorization. http://www.healthpartners.com/public/coverage-criteria/belinostat/ Reserved for patients with peripheral T-cell lymphoma (PTCL) that has relapsed or is now refractory to prior therapy. Approvals will be given for six months. Reauthorizations will be given until progression on therapy. Claims that do not meet these standards may be denied effective 1/1/15.</p>
<p>Growth Deficiency Therapy</p>	<p>Revised Policy https://www.healthpartners.com/public/coverage-criteria/growth-deficiency-therapy/ Added additional FDA-approved diagnoses. Preferred drug therapy agent will change to Norditropin on 1/1/15. Claims that do not meet these standards may be denied.</p>
<p>Pralatrexate (Folotyn)</p>	<p>Revised Policy http://www.healthpartners.com/public/coverage-criteria/pralatrexate/ Folotyn is generally covered for treatment of peripheral T-cell lymphoma (PTCL) that has relapsed or is now refractory to prior therapy. Authorizations will be given for six months. Reauthorizations will be given until progression on therapy. Claims that do not meet these standards may be denied.</p>
<p>Mucopolysacchar idoses (MPS) Drug Therapy</p>	<p>Revised Policy. https://www.healthpartners.com/public/coverage-criteria/mps/ Vimizim (elosulfase alfa) has been added to the policy. Claims that do not meet these standards may be denied.</p>
<p>Recently FDA- Approved Medications Coverage Policy</p>	<p>Reminder that select new drugs require prior approval. http://www.healthpartners.com/public/coverage-criteria/fda-approved-medications/ Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications. A complete and up-to-date list of drugs impacted by the policy is available on healthpartners.com at the following link. http://www.healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice. Claims received without prior authorization may be denied effective 1/1/12 as this policy was published in November 2011.</p>

Pharmacy Updates, Drug Formulary

Changes to our Commercial Drug Formulary include:

- Doxycycline hyclate will be “non-formulary with prior authorization,” reserved for patients with an inadequate response to doxycycline monohydrate, effective November 1, 2014.
- Metformin ER (Glumetza and Fortamet) will be “non-formulary with prior authorization,” reserved for patients with an inadequate response to metformin XR (Glucophage XR), effective November 1, 2014.
- Proventil HFA will be “non-formulary with prior authorization,” reserved for patients with an inadequate response to Ventolin HFA, effective November 1, 2014.
- Promethazine/ codeine will be “non-formulary with prior authorization,” reserved for patients with an inadequate response to guaifenesin/ codeine, effective January 1, 2015.
- Methadone. The quantity limit for methadone will be decreased, allowing a maximum of 120mg morphine equivalents per day (MED). Exceptions allowing higher quantities can be requested. These updated quantity limits take effect on January 1, 2015.
- Niacin ER (NiaSpan) has been removed from the formulary, effective January 1, 2015.
- Budesonide nebulization solution (Pulmicort). An age-edit is being added for budesonide nebulization solution. Budesonide nebs are covered for patients 6 years of age and younger and prior authorization is required for members' ≥ age 7. Metered-dose inhalers are preferred. This update takes effect April 1, 2015.

Additional communications are sent to affected providers and members.

Changes to our Medicare Drug Formulary include:

- Doxycycline hyclate will be removed on January 1, 2015.
- ProAir HFA will be removed on January 1, 2015.
- Symbicort, for asthma and COPD, will be removed on January 1, 2015.
- Dulera, for asthma, will require prior authorization, effective January 1, 2015. It is reserved for patients who have tried and failed or who have medical contraindications to Advair.
- Breo, for COPD, has been added to the Medicare Formulary, effective January 1, 2015
- Bepreve, for allergic conjunctivitis, will be removed on January 1, 2015.

Please see the on-line formulary for details, at www.HealthPartners.com/Formularies.

Preferred Drug List (Drug Formulary)

Drug Formularies are available at www.HealthPartners.com/Formularies.

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/Provider-Public/Pharmacy-Services.

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.

HealthPartners New Technology Committee November 2014 Update

HealthPartners has a New Technology Committee whose mission is to evaluate new and upcoming medical technologies. The following topics are in review this quarter: 1) Reveal LINQ leadless cardiac monitor; 2) Intra-gastric dual balloon (ReShape Duo) for treatment of obesity; 3) EpiFix amniotic membrane for wound healing; 4) GraFix Core or Prime skin substitute for wound care; 5) Pulsed electromagnetic field (PEMF) therapy, non-thermal, for wound healing.

Please contact us if you have comments about any of the topics, or new topics for us to consider. Send any comments or examples of new technologies to Dr. Jim Smith (james.c.smith@healthpartners.com) or Margaret Kloster (margaret.a.kloster@healthpartners.com).

Specialty Pharmacy Updates:

Several drugs that are self-administered and/or professionally administered will be added to the HealthPartners Specialty Pharmacy Drug List effective 01/01/2015; below is a sample of drugs that are moving to the Specialty Drug List:

Drug	Therapeutic Use
Cinryze	Hereditary Angiodema
Berinert	Hereditary Angiodema
Kalbitor	Hereditary Angiodema
Glassia	Alpha-1 Antitrypsin
Aralast	Alpha-1 Antitrypsin
Prolastin	Alpha-1 Antitrypsin
Zemaira	Alpha-1 Antitrypsin
Remodulin	Pulmonary HTN
Veletri	Pulmonary HTN

For a complete list, please go to the HealthPartners Provider Portal to access the Specialty Drug List or use the link below:

[HealthPartners Specialty Drug List](#)

What does this change mean?

For members who will self-administer drugs that have been added to the Specialty Drug List, the drugs must be procured from their designated Specialty Pharmacy, CVS Health (formerly known as CVS Caremark Specialty Pharmacy).

For members where the drug will be professionally administered in an infusion center, outpatient center, or through a home health agency, the provider may procure the drug and bill the health plan for the infusion services and the drug.

Impacted members will receive notification of these changes from HealthPartners.

GOVERNMENT PROGRAMS

Chemical Dependency Services

The DHS Managed Care contract requires that a Rule 25 assessment must be done before chemical dependency treatment services can be reimbursed by the health plans. HealthPartners expects that a Rule 25 assessment is done for each HealthPartners member that you treat and that the assessment is kept on file. We reserve the right to do periodic reviews of our contracted providers to ensure these assessments are being completed and that the assessment supports the treatment plan that is created.

If you have any further questions, please contact your HealthPartners contract manager.

Special Transportation Services Reminder

One of the requirements for a HealthPartners member to qualify to receive special transportation services (STS) is that the member must have a physical or mental impairment of a severity that keeps him or her from safely accessing and using a bus, taxi, private automobile, or other common carrier transportation. A severe impairment of mobility must be documented by the member's physician. Please be sure the certificate of need for special transportation services is kept on file for each member who requires STS.

To view all the requirements for STS, please review HealthPartners coverage criteria on our website:

<https://www.healthpartners.com/public/coverage-criteria/transportation-services-hpc/>

» If you have questions please contact your HealthPartners Contract Manager.

Reminder - Training Requirement for Providers

HealthPartners Minnesota Senior Health Options (MSHO) Model of Care 2014

The MSHO Model of Care describes 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 the MSHO population.

The Model of Care contains the following components:

- Measurable Goals
- Description of the MSHO population
- Staff Structure and Care Management Roles
- Interdisciplinary Care Team
- Provider Network of Specialized Expertise and Use of Clinical Practice Guidelines

Model of Care Training for Personnel and Provider Network

- Health Risk Assessment
- Individual Care Plan
- Communication Network
- Care Management for the Most Vulnerable Subpopulations
- Performance Health Outcome Measurement

The Model of Care is a Center for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans and annual provider training is required. The Model of Care is a Center for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans and annual provider training is required.

The HealthPartners 2014 MSHO Model of Care Training PowerPoint and 2012-2014 MSHO Model of Care Summary document can be accessed on the Provider Portal home page under “What’s New” or click here: **[MSHO Model of Care](#)**.

E-Visits and Scheduled Telephone Visits Coverage for HealthPartners Freedom Members

On January 1, 2015, HealthPartners will extend coverage for e-visits and scheduled telephone visits to HealthPartners Freedom Cost members.

An electronic visit (e-visit) is an online exchange of non-urgent medical information between a health care provider and an established patient, where the provider gives the patient medical advice. An e-visit is conducted over a secure encrypted web site.

A scheduled telephone visit is a telephone assessment or evaluation and management visit between a health care provider and an established patient conducted over the phone.

Network providers must adhere to all the procedures and conditions of the **[Telehealth Services administrative policy](#)**.

HealthPartners Minnesota Senior Health Options 2015 Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance. HealthPartners also offers supplemental benefits to MSHO members. These benefits may change each year.

The Supplemental Benefits for 2015 are as follows:

<u>Dental</u>	<ul style="list-style-type: none">• Second annual visit for cleaning and exam• Adult fluoride• Scaling and root planing	<ul style="list-style-type: none">• Periodontal maintenance• Root canals on molars• Denture services: tissue conditioning• Porcelain crowns, up to \$2,000
<u>Vision</u>	<ul style="list-style-type: none">• Tints and coatings on eyeglasses• Light therapy lamp	<ul style="list-style-type: none">• Wig for hair loss related to chemotherapy
<u>Orthotics and Medical Equipment</u>	<ul style="list-style-type: none">• Additional hearing aid set per calendar year (coverage above the basic benefit)• In-home personal emergency response system*• Silver&Fit Exercise and Healthy Aging Program (health club membership or home fitness kit)	<ul style="list-style-type: none">• Pocket hearing amplifier• First aid kit• Food scale
<u>Health and Wellness</u>	<ul style="list-style-type: none">• Safety/falls prevention kit for members living in the community• Health education classes	<ul style="list-style-type: none">• Home delivery meals following an inpatient hospital stay*• Up to six routine foot care visits*• Transportation to/from supplemental benefit covered services• In-home bathroom safety devices and installation*

Beginning January 1, 2015, the following will no longer be available as MSHO supplemental benefits:

- Second pair of shoe orthotics and orthotic shoes
- Second pair of eyeglasses
- Bridges, up to \$2,000
- Full mouth debridement
- 10,000 Steps Program
- Electric toothbrush and replacement heads

*Benefit is for non-Elderly Waiver community members only

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).

Fast Facts Editor:

Kim Schulte, Hospital & Regional Network Management 952-883-5843 or kimberly.a.schulte@healthpartners.com

Fast Facts Co-Editor:

Tara Sutherland, Professional Services Network Management 952-883-5657 or tara.a.sutherland@healthpartners.com



8170 33rd Avenue South
PO Box 1309
Minneapolis, MN 55440-1309

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