



Fast Facts

News for Providers from HealthPartners Professional Services and Hospital Network Management

March 2015

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ADMINISTRATIVE INFORMATION

Health Insurance Exchange Grace Period Information

Federal regulations (45 CFR 156.270) specify requirements that must be followed for terminating the coverage of Health Insurance Exchange enrollees who are receiving advance payments of premium tax credits (APTC).

In accordance with both federal regulations and the MN Administrative Uniformity Committee (AUC) Best Practice, HealthPartners will begin reporting Health Insurance Exchange Grace Period information in the Eligibility Response as of **March 26, 2015**. View the **Health Care Eligibility Inquiry and Response (270/271) Best Practice**.

For additional information and background regarding applicable federal regulations and the need for this best practice, refer to **AUC Best Practices to Meet Requirements for Health Insurance Exchange Grace Period Notifications** (per 45 CRF 156.270(d)(2)).

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 were last updated on February 15, 2015. The next update will be effective May 15, 2015. 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/>**.

Prepaid Adjustments on Remittance Advice

This notice applies to organizations receiving prepaid claim payments from HealthPartners.

Currently HealthPartners is applying your prepaid payment adjustment at the claim level on the remittance advice. Effective April 15, 2015 HealthPartners will apply prepaid payment adjustments at the service line level. To avoid payment and posting disruptions, please consult with your vendor to ensure that your system has the capability to accept adjustments at the service line level when importing HealthPartners electronic remittance advice.

Reminder to Apply Now! 2015 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 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 forms, 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. You may access the application form by clicking here: [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 preventive care screenings as relevant to the patient population served. You may access the application form by clicking here: [Application Form](#)

CLINICAL INFORMATION

Self-Administered Drugs

Beginning May 1, 2015, HealthPartners Commercial and Medicaid business lines will adopt the Medicare reimbursement policies for self-administered drugs given in a Professional or Hospital Outpatient setting. Providers are referred to the January 2015 Fast Facts for our Medicare policy for Hospital Outpatient drugs. The list of HCPC codes excluded from Professional coverage is available on the National Government Services website. Administrative policy AS 003 has been updated to reflect the list of drugs that will not be covered when given in the Professional setting and billed as a medical claim.

Mark your calendars for National Infant Immunization Week!

National Infant Immunization Week (NIIW) will be April 18-25, 2015. One of MDH's objectives for this year is to continue to reach out to providers, particularly to providers who work with pregnant women. Grand Rounds presentations are available from MDH to address this topic. The Grand Rounds presentations can be given by a staff person from the organization, and MDH can help provide content, or we can arrange to have a presenter from MDH. If your organization would be willing to hold a Grand Rounds or other presentation during or around NIIW, please contact Andrea Ahneman (andrea.ahneman@state.mn.us).

Pharmacy Updates, Drug Formulary

Several changes have been made to the HealthPartners Drug Formularies. Changes include:

- Harvoni (sofosbuvir/ ledipasvir) for hepatitis C. Coverage policies are available within the Drug Formulary.
- Non-formulary DPP-4 inhibitors such as Januvia, Nesina, and Onglyza remain non-formulary and will have prior authorization criteria. These will be reserved for patients who have tried and failed preferred products (Tradjenta or Jentadueto), with significant clinical rationale suggesting improved outcomes. Additional communications will be sent to top providers and to affected members.
- Non-formulary insulins such as Novolog remain non-formulary and will have prior authorization criteria. These will be reserved for patients who have tried and failed preferred products (Humalog), with significant clinical rationale suggesting improved outcomes. Additional communications will be sent to top providers and to affected members.
- Tramadol will have quantity limits, per FDA maximum dosing. Additional communications will be sent to top providers and to affected members.
- Venlafaxine ER tablets will be non-formulary. Venlafaxine ER capsules (generic Effexor XR) are preferred. Additional communications will be sent to top providers and to affected members.

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/formulary.

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.

Medical Policy Announcements – Pharmacy

March 2015

Pharmacy Policies	
Alemtuzumab (Lemtrada)	Requires prior authorization from Pharmacy Administration. www.healthpartners.com/public/coverage-criteria/alemtuzumab Claims received without prior authorization may be denied effective 5/1/15.
Natalizumab (Tysabri)	Revised policy. Use is allowed prior to other therapies in rapidly declining multiple sclerosis. https://www.healthpartners.com/public/coverage-criteria/natalizumab/ Claims received without prior authorization may be denied effective 3/1/15.
Blinatumomab (Blincyto)	Requires prior authorization from Pharmacy Administration for both drug and associated services. https://www.healthpartners.com/public/blinatumomab Claims received without prior authorization may be denied effective 5/1/15.
Nivolumab (Opdivo)	Requires prior authorization from Pharmacy Administration. https://www.healthpartners.com/public/nivolumab Claims received without prior authorization may be denied effective 5/1/15.

Omalizumab (Xolair)	Revised policy. Administration code section is updated. https://www.healthpartners.com/public/coverage-criteria/omalizumab/ Claims received without the appropriate administration code may be denied effective 5/1/15.
Recently FDA-Approved Medications Coverage Policy	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.

Medical, Durable Medical Equipment (DME) & Medical Dental Coverage Policy Updates 3/1/2015

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>Spinal Cord Stimulator (SCS)</u>	Policy revised effective immediately to clarify intent of coverage by removing radicular pain limitation and clarifying regional pain syndrome to “complex regional pain syndrome, including upper and lower extremity pain.” SCS continues to require prior authorization
<u>Investigational Services – Category III T Codes</u>	Policy revised effective immediately with the following changes: <ol style="list-style-type: none"> 1. 0054T, 0055T, 0245-8T no longer require prior authorization. They are now covered services. 2. 0319T – 0328T have been retired and removed from this policy. 3. 0376T is covered without prior authorization. 4. 0340T – 0391T are new Category III T codes effective 7/1/14 & 1/1/15. They require prior authorization.
<u>Feeding / Oral Function Therapy, Pediatric</u>	Policy revision with minor clarification, effective immediately. One criterion is added to the section defining the presence of feeding/oral function problems: “Definite differences are documented in standardized sensory testing in the area of oral sensory processing, or oral sensory sensitivity.”

<p><u>Speech Therapy, Habilitative</u></p>	<p>Policy revision with minor clarifications, effective immediately.</p> <ul style="list-style-type: none"> • Clarifications that feeding/oral therapy, swallowing problems are addressed in a unique policy. • Clarification of other criteria to make the policy more effective in the current habilitative therapy milieu. • Adding one criterion as not covered: “Therapy to improve speech for a second language.” • These clarifications are not content changes but more accurately defining how the policy has been administered.
<p><u>Physical & Occupational Therapy - outpatient habilitative</u></p>	<p>Policy revision with minor clarifications, effective immediately.</p> <ul style="list-style-type: none"> • The addition of aquatic/pool therapy as requiring prior authorization under the scope of this policy. • Clarification of sensory integration techniques and requirement. • Clarification of other criteria to make the policy more effective in the current habilitative therapy milieu. • Adding one criterion as not covered: “Recreation therapy.” • Note: these clarifications are not content changes but more accurately defining how the policy has been administered.
<p>Colorectal cancer (CRC) screening with stool based DNA testing (Cologuard®) - Medicare</p>	<p>New policy: Medicare allows limited coverage for the Cologuard® test effective October 2014. It requires prior authorization.</p>
<p><u>Colorectal cancer (CRC) screening with stool based DNA testing (Cologuard®)</u></p>	<p>New policy: Effective immediately, Cologuard® testing is not covered for all products except Medicare because it is considered investigational. It requires prior authorization.</p>
<p><u>Mole, nevus, lipoma or skin lesion removal</u></p>	<p>Policy revised: Effective immediately. Policy title revised to include lipoma. Criteria added- “Removal of lipoma(s) will generally be covered if any of the following conditions are present as documented in the medical record by the physician:</p> <ol style="list-style-type: none"> a. Changes in consistency; or b. Suspicion of malignancy; or c. Documentation of a functional limitation related to the location of the lipoma.” <p>Prior authorization is not required.</p>

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

Business Continuity Plan

State Public Program providers are required to have in place a written Business Continuity Plan. A Business Continuity Plan identifies core people, functions, and skills and ensures the continuation of essential operations of HealthPartners, including the production and delivery of Priority Services. As a State Public Program provider, your Business Continuity Plan should outline the roles, command structure, decision making process and emergency action procedures that will be implemented upon the occurrence of an Emergency Performance Interruption.

Prenatal Assessment Requirements for Public Programs Members

All Minnesota health care providers are required to screen all pregnant public programs members during their initial prenatal visit using a standardized prenatal assessment or its equivalent. This is to assist in establishing an appropriate treatment plan and provide enhanced health services information if the member is identified as at-risk of poor pregnancy outcomes. Enhanced services include: at-risk ante partum management, care coordination, prenatal health education, prenatal nutrition education, and a postpartum home visit. This assessment must be maintained in the member's medical record. Also, a referral to the Women, Infants, Children Supplemental Food and Nutrition Program (WIC) must be made when WIC assessment standards are met.

Reminder - Training Requirement for Providers

HealthPartners Minnesota Senior Health Options (MSHO) Model of Care 2015

The 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 the MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Training on 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 contains the following components:

1. Description of the MSHO population
2. Care Coordination
 - a. Staff
 - b. Health Risk Assessment Tool (HRAT)
 - c. Individualized Care Plan (ICP)
 - d. Interdisciplinary Care Team (ICT)
 - e. Care Transition Protocols
3. MSHO Network
4. MSHO Quality Measurement & Performance Improvement

The HealthPartners 2015 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal home page under "What's New" or click here: **[MSHO Model of Care](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entrb_041302.pdf)**.

Link for the MSHO Model of Care above:

https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entrb_041302.pdf

2015 Continuing Medical Education Activities

Clinical Diabetes Management – March 5-6 and June 11-12

Adolescent Health Update – March 20

Women's Health and OB/GYN Update – April 9-10

Why Better Eating Matters: Practical Nutrition for Clinicians – April 16-27

From Head and Shoulders to Knees and Toes: An Orthopaedic Update for Primary Care – April 23-24

New & Old Drugs: Best Choices – May 7-8

Managing Life Limiting Illness and End of Life Care Training – May 14-15

Chronic Disease Update – May 28-29

Hospital Medicine Update: A Full Systems Review – June 11-12

Fundamental Critical Care Support – July 16-17

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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