**Administrative Information**

Keeping your location and Provider Data updated is easy

HealthPartners is making it even easier to update provider information. We recently added a great feature that was available in mid-January and can save you time when you are adding or terminating practitioners from locations. HealthPartners Provider Data Profiles application now allows you the flexibility to add, remove or change practitioner and location information online AND also save your updates to a pre-populated Minnesota Uniform Practitioner Change form. This form can be used to submit your updates via email or fax to other payers based on your needs.

Consumers of health care want the most up-to-date information to make informed decisions about their health care choices and the availability of providers in the plan’s network. Also, as a HealthPartners provider, it is your contractual obligation to keep your clinic information updated. You can make sure the information about your locations and practitioners is current by updating your information online using our Provider Data Profiles application.

Please take the time to verify the information HealthPartners has for your practitioners and sites so the information that appears in directories is up to date.

Information that is important to our members and should be reviewed closely includes:

- Verifying the accuracy of the locations of providers and whether there are providers who should be added to or removed from sites
- Verifying the accuracy of the clinics or sites listed and whether there are any that should be added or removed
- Practitioner status for accepting new patients
- Practitioner and clinic profiles
- Location addresses and office hours
- Clinic services
To access your clinic’s provider data profiles, log in at healthpartners.com/provider.

Contact your clinic’s HealthPartners Provider Portal site delegate if you do not see the Provider Data Profiles link in your application list. Find your site delegate (path: healthpartners.com/provider-public/registration/delegate/search.html)

If you have further questions, please contact Provider Relations (path: healthpartners.com/provider-public/forms/provider-relations.html).

# 2016 Hearing Aid Information

NEW 2016 RATES FOR HEARING AID CODES

**Following is information pertaining to hearing aid rates and billing practices that are applied to Commercial and Medicare lines of business.**

By now you should have received your 2016 market basket with the new fee schedule. Within the market basket, you may notice new fees for hearing aid codes. These fees were effective 1/1/2016.

This information can also be viewed on our Provider Portal (path: healthpartners.com/provider-secure/provider-information/fee-schedule/).

HealthPartners created a reimbursement rate for a basic hearing aid(s). If your patient is seeking an upgraded hearing aid, please review the following information.

**WHAT IS CONSIDERED A BASIC HEARING AID?**

A basic hearing aid is defined as a hearing device that consists of a microphone, amplifier, volume control, battery and receiver, which is up to date using the latest technology.

**AN EXAMPLE OF A BASIC HEARING AID:**

- 1 year manufacturer’s warranty
- 3 follow-up visits included in purchase price
- Hearing improvement for:
  - One-on-one conversations
  - Quiet environments with minimal background noise
  - Hearing on the telephone

If a member is requesting a hearing aid that is above and beyond the functionality of a basic hearing aid, this is considered an upgraded hearing aid. Some members may have coverage for upgraded hearing aids, however if the member does not have coverage for an upgraded hearing aid, the cost above the basic hearing aid is the member’s responsibility.

**AN EXAMPLE OF AN UPGRADED HEARING AID COULD INCLUDE:**

- 2+ year manufacturer’s warranty
- 2+ year professional services
- One-time loss and damage protection
- Hearing improvement for:
  - Group settings
  - Environments with moderate background noise
  - Automatic functionality (Bluetooth/remote control)
- Any additional features that are not included with a basic hearing aid
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:

<table>
<thead>
<tr>
<th>Chapter Number</th>
<th>Title/Description</th>
<th>Specific Coding Topic</th>
<th>Minnesota Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Durable Medical Equipment, Prosthetics, Orthotics and Supplies</td>
<td>Upgrades</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXX</td>
<td>GK</td>
<td>DME or Hearing Aid</td>
</tr>
<tr>
<td>XXXXX</td>
<td>GA</td>
<td>DME or Hearing Aid</td>
</tr>
</tbody>
</table>

To learn about the MN AUC guidelines, please access [health.state.mn.us/auc/index.html](http://health.state.mn.us/auc/index.html).

UPGRADED HEARING AID CLAIMS USING GK/GA MODIFIERS

Below is a suggested way to bill for upgraded hearing aid(s). Please note there is a difference in billing practices for Commercial versus Medicare and Medicaid members.

**For Commercial members:**

- **Line 1** – should include the appropriate code for the hearing aid
  - the cost for the basic model
  - the GK modifier

- **Line 2** – should include the appropriate code for the hearing aid
  - the cost difference between the basic model and the upgraded model
  - the GA modifier

**For Medicare/Medicaid members:**

- **Line 1** – should include the appropriate code for the hearing aid
  - the cost for the basic model
  - the GK modifier
**Please note, if you do not have a signed waiver for the upgraded costs prior to the claims submission, claims cannot be billed with the GK/GA modifier. As a result, the claim will default to provider liability. If you have forgotten the GK/GA modifier, but have a copy of the waiver, please resubmit the claim with a copy of the signed and dated waiver.**

- To learn about HealthPartners GA modifier policy, please access the HealthPartners Administrative Policy - GA Modifier

For Medicare products: Please refer to the HealthPartners Administrative Policy – Advance Notice of Non-coverage for Medicare Members.

**Decision Support for High-Tech Diagnostic Imaging (HTDI) and Epidural Steroid Injections (ESI) for Low Back Pain**

HealthPartners requires prior notification for HTDI and low back pain ESI services. Prior notification consists of a decision support process completed via the HealthPartners-sponsored online decision support tool. Providers also have the option to build their own decision support process (see Provider Portal link below).

Please note: HealthPartners is not enforcing the HTDI or low back pain ESI decision support requirements for Iowa providers at this time. This means that there are no claims penalties for not completing prior notification for these services until further notice.

If you would like to learn more about the prior notification process, you are welcome to review the HealthPartners Provider Portal resources on HTDI and low back pain ESI decision support by clicking the following links:


These resources have the following helpful information:

- Program summary
- Administrative policy
- Build Your Own criteria
- Coverage criteria link
- List of CPT codes subject to HTDI prior notification
- Link to Medicalis Consult Portal

If you decide to participate in this process, please email Support@Medicalis.com or call 1-877-579-5454 to learn how to register for the Consult Portal (HealthPartners-sponsored online decision support tool).

If you have questions related to HTDI decision support, please email HTDI@HealthPartners.com.

If you have questions related to ESI decision support, please email ESI@HealthPartners.com.
Have you seen the new healthpartners.com?

If you’ve ever tried to keep up with the latest version of the iPhone, you know how fast technology changes. That’s why we regularly review and update the online experience we’re providing to our members and patients.

Earlier this year, we launched a completely redesigned online experience.

The new healthpartners.com was designed to meet our users wherever and whenever they need us. Because we know our members and patients spend a lot of time on their mobile devices, we created the new site using responsive design. This technology allows the pages to scale to fit whatever size screen they’re being viewed on – from a desktop computer to a tablet to a smartphone – and can easily adapt to future technologies.

Along with a new look, much of the content on the site has been updated. We’ve created a new navigation with clear goals and page hierarchy to make it easier for people to find what they’re looking for. We’ve also reviewed every word to make sure that our language is simple, clear and relevant. We want to engage, empower and educate our members and patients.

Overall the site redesign offers a simpler, cleaner web experience. Later this year we’ll be reviewing other areas of the site, including the logged-in experience (myHealthPartners).

Do you manage referral requests on the Provider Portal? Get email notifications!

If you use the Referral Maintenance application to answer referral requests, there is a new option to get email notifications when you have open referral requests in your queue. You can opt in for one or more clinics (per your security). Just click the “Manage notifications” link within the Request tab and select your clinics. You will receive one email per day when there are open requests in your queue.
Apply Now! HealthPartners 2016 Innovation 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 will be available under Partners in Quality online (path: healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/?skin=provider). If you have questions, please email Mary.M.Gainey@HealthPartners.com.

INNOVATION IN HEALTH CARE AWARD

We know that innovative efforts of any one dedicated primary care or specialty clinic can ripple outward to improve care and change “business as usual” in the care delivery system. This work is transformational for us all. We created the Innovation in Health Care Award to recognize and celebrate these contributions. If you work on or know of an innovative project that focuses on a specific disease or condition, care process, specific patient population or the entire care delivery model, we encourage you to apply for the award. Application Form (path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_140605.rtf)

PREVENTIVE CARE SCREENING RECOGNITION AWARD

Quality improvement is a vital activity in the pursuit of the Triple Aim. We created the Preventive Care Recognition Award to honor primary care and specialty groups for the implementation of projects that result in persistent, sustainable, positive change for preventive care screening. The Preventive Care Screening Recognition Award focuses on process and performance improvement results in preventive care screenings as relevant to the patient population served. Application Form (path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_140606.rtf)

Patient Registry Reports

Every quarter HealthPartners provides your clinic with patient registry reports to help you better manage your patient population. Registry reports identify your patients with HealthPartners coverage who may be due for care for the following services or conditions:

- Preventive Services (breast cancer, cervical cancer, colorectal cancer and chlamydia screening and HPV vaccine status, Child & Teen Check-up and Lead screening)
- Asthma
- Cardiovascular disease
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes
- Heart failure
- Hypertension

Registry reports may have data that you have not captured in your medical record because it includes services that a patient receives outside your care system such as diabetic eye exams, spirometry tests, hospitalizations and emergency department visits.
Registry report data is refreshed in:

- February (claims paid through December 31st the prior year)
- May (claims paid through March 31st)
- August (claims paid through June 30th)
- November (claims paid through September 30th).

To view the registry reports go to healthpartners.com/provider and log onto the secure Provider Portal.

Need access? E-mail provider.ec.registration@healthpartners.com. State that you want access to registry reporting and include your facility name, facility tax ID, your name, phone and your job title. A representative will contact you when your account is ready. If you have questions about your request for access, call 952-883-7505 and press OPTION 2 to leave a message.

For current portal registry users: Need log-on help or have questions regarding the Provider Portal? Contact the Provider E-Commerce Support Center at 952-883-7505. Press Option 1 for password assistance or Option 2 to leave a message regarding other questions. Please direct questions regarding registry content and processes to quality@healthpartners.com.

To learn more go to: Registry Program (path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/vgn_pdf_39873.pdf) You can also contact Sylvia Bobbitt, Quality Consultant in Quality Improvement and Compliance at Sylvia.F.Bobbitt@healthpartners.com or call 952-886-9650.

### Medical and Durable Medical Equipment (DME) Coverage Policy Updates 3/1/2016

<table>
<thead>
<tr>
<th>Medical Coverage Policies</th>
<th>Comments / Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance &amp; Medical Transportation</td>
<td>This is a revised policy to outline specific coverage criteria for air ambulance, including rotary wing and fixed wing. Prior authorization is required for fixed wing air ambulance. Policy effective May 1, 2016.</td>
</tr>
<tr>
<td>Colorectal cancer (CRC) screening with stool-based DNA testing (Cologuard®)</td>
<td>As a reminder, HealthPartners considers colorectal cancer screening with stool-based DNA testing (Cologuard®) to be an experimental/investigational, non-covered service.</td>
</tr>
<tr>
<td>Cranial remolding and protective helmet/band – HealthPartners Care</td>
<td>New policy developed to clarify HealthPartners Care coverage for these items, effective immediately. No prior authorization is required.</td>
</tr>
<tr>
<td>Gender Reassignment Surgery</td>
<td>This policy has been revised, effective immediately, to add the following statement to the gender reassignment surgery definition: Also, genital electrolysis is not considered a surgical procedure, but is often performed in conjunction with genital surgery.</td>
</tr>
<tr>
<td>Genetic Testing for Cancer Predisposition</td>
<td>This is a revised policy to outline coverage of genetic testing for cancer predisposition, including BRCA gene testing and testing to determine susceptibility to inherited cancer-related syndromes. Prior authorization is required for most tests.</td>
</tr>
<tr>
<td>Genetic Testing for Cardiac and Cardiovascular Conditions</td>
<td>This policy has been revised to specify that apolipoprotein E (APOE) genotyping is considered a non-covered, experimental/investigational service.</td>
</tr>
<tr>
<td>Hearing Aids – HealthPartners Care</td>
<td>This policy has been revised to add a list of non-covered HCPCS codes for hearing aids and assistive devices. Policy will be effective 5/1/2016.</td>
</tr>
<tr>
<td>Medical Coverage Policies</td>
<td>Comments / Changes</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Patient Lifts-HealthPartners Care</td>
<td>This policy has been clarified to coincide with MN Department of Human Services criteria. Effective immediately.</td>
</tr>
<tr>
<td>Physical and occupational therapy – outpatient habilitative</td>
<td>This policy has been revised, effective 5/1/16. Revisions include removal of the non-covered indications for therapy for social skills, executive function and pragmatic language skills. Removed language regarding cognitive skills. Change criteria from periodic summaries required to annual evaluations required. Add the following as not covered: Metronome therapy; Integration of primitive reflexes as a standalone treatment.</td>
</tr>
</tbody>
</table>
| Radiofrequency Ablative (RFA) Denervation Procedures for Chronic Facet-Mediated Neck and Back Pain | This policy has been reformatted to provide clearer criteria indications. Specifically:  
• The repeat RFA section outlines all criteria required instead of referring back to initial RFA criteria.  
• The “out of scope” indication for SI Joint RFA has been removed because it is specifically called out as a non-covered indication.  
• CPT code 64640 – (Destruction by neurolytic agent; other peripheral nerve or branch) was missing from the list of codes needing Prior Authorization and has been added. |
| Sacroiliac Joint Pain Treatment Procedures | This policy has been revised, effective immediately, and reorganized for clarity only. No changes have been made to coverage criteria or to indications not covered. |
| Speech Therapy - habilitative | This policy has been revised, effective immediately. Revisions include removal of the non-covered indications for therapy for social skills, executive function and pragmatic language skills. Removed language regarding cognitive skills. Change criteria from periodic summaries required to annual evaluation required. |
| Spinal Cord Stimulator | Policy revised to add pain due to diabetic neuropathy as a covered condition. Policy effective immediately. |

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at [healthpartners.com](http://healthpartners.com) (path: 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.
<table>
<thead>
<tr>
<th>Pharmacy Policies</th>
<th>Comments / Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebelipase alfa (Kanuma)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Mepolizumab (Nucala)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Necitumumab (Portrazza)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Talimogene (Imlygic)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Daratumumab (Darzalex)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Elotuzumab (Empliciti)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Trabectedin (Yondelis)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Irinotecan liposomal (Onivyde)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Vincristine liposomal (Marqibo)</td>
<td>New coverage policy for new drug.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Nivolumab (Opdivo)</td>
<td>Revised coverage policy for new indications. Effective immediately.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Eribulin (Halaven)</td>
<td>Revised coverage policy for new indications. Effective immediately.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Carfilzomib (Kyprolis)</td>
<td>Revised coverage policy for new indications. Effective immediately.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Ado-trastuzumab (Kadcyla)</td>
<td>Added approval duration for consistency. Effective immediately.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Omalizumab (Xolair)</td>
<td>Added approval duration for consistency. Effective immediately.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied.</td>
</tr>
<tr>
<td>Recently FDA-Approved Medications Coverage Policy</td>
<td>Reminder that select new drugs require prior approval. healthpartners.com/public/coverage-criteria/fda-approved-medications/</td>
</tr>
<tr>
<td></td>
<td>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</td>
</tr>
<tr>
<td></td>
<td>Claims received without prior authorization may be denied effective 1/1/2012 as this policy was published in November 2011.</td>
</tr>
</tbody>
</table>
Preferred Drug List (Drug Formulary)

Drug Formularies are available at 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 Pharmacy Policies (path: healthpartners.com/provider-public/pharmacy-services/policies-and-forms/), including the Drug Formularies (path: healthPartners.com/formulary).

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

Coming Soon – Provider Survey

In early April the Quality and Utilization Improvement Department will mail a short feedback survey to a random sample of primary care, specialty and behavioral health physicians. The survey assesses satisfaction in two key areas where we are focusing improvement activities – Continuity/Coordination of Care across care settings, and experience with the Utilization Management process for services requiring prior authorization.

If you receive a survey, we encourage you to take the survey and return it to us. Your feedback is important in helping us to identify potential areas of improvement.


Patient Perspective

Preventive and Chronic Care Reminder Outreach Program 2016

HealthPartners continues our outreach reminder program to our members, your patients. This year’s outreach efforts continue in the form of letters and Secured Web Mail (SWM) messaging technology.

MAILINGS

Monthly we send letters to parents of children who appear to be behind on one or more recommended immunizations. Member customized letters are sent to the following targeted members:

- Parents of children who will be turning 13-23 months of age each month, all products, who appear to be behind with at least one immunization. A letter may be sent every 90 days, up to three times through age 23 months.

In March we will be sending letters to members who appear to be behind on their breast cancer screening. Member customized letters will be sent to the following targeted members:

- Women, age 51 – 75, all products, who have been continuously enrolled for one year and have not had a claim for a mammogram in the past 18 months.

In March we will be sending letters to parents of members who appear to be behind with their adolescent immunizations. Member customized letters will be sent to the following targeted members:

- Parents of adolescents, age 11-12 years, all products, who appear to be behind on one or more recommended immunizations.
In April we will be sending letters to members with diabetes who appear to be behind on their diabetic retinal eye exam and labs. Member customized letters will be sent to the following targeted members:

- Women and men, ages 18-75, all products, who do not appear to have had a diabetic retinal eye exam in the past year. If the member is also overdue for an A1c or LDL, this will be included in the eye reminder letter.

All mailings are based on claims data and letters are signed by Andrew Zinkel, M.D, Associate Medical Director.

Members are referred to their doctor’s office to make an appointment and to Member Services for questions about benefits. If you have any questions regarding these mailings, please contact us at quality@healthpartners.com.

SECURED WEB MAILINGS

Based on claims data throughout the year, members who have not had a mammogram, Pap test or colorectal cancer screening will receive a reminder email. Also, claims data identifying members with diabetes who have not had LDL and/or A1c screening and/or a diabetic retinal eye exam will receive a reminder email. The messages include a reminder to have the tests completed and a link to the HealthPartners Health Information Library. These secure web messages will be targeted to the following members:

- Women, age 51 – 75, all products, who do not appear to have had a mammogram in the past 18 months.
- Women, age 24 – 64, all products, who do not appear to have had a Pap test in the past 3 years.
- Women and men, age 51 – 75 (starting at 45 years old for African Americans, Native Americans and Alaskan Natives), all products, who have not had a claim for a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years or a fecal occult blood or FIT test in the past year.
- Diabetic women and men, age 18 -75, all products, who do not appear to have had LDL and/or A1c screening and/or a diabetic retinal eye exam in the past 12 months.

If you have any questions regarding these initiatives, please contact us at quality@healthpartners.com.

HEALTH ADVISORY

New guidelines from Minnesota Department of Health (MDH)

Did you know Minnesota has seen a dramatic increase in syphilis cases among women resulting in updated testing guidelines for pregnant women?

Syphilis cases had been declining, but there is a clear and alarming trend of increased cases in women nationally; in our state the number of cases in women has not been at this level for 20 years.

Based on the dramatic increase of syphilis in women, in consultation with the Centers for Disease Control and Prevention, MDH is making a change to their recommendation for syphilis testing of pregnant women. MDH now recommends that all pregnant women receive syphilis testing at three points in the pregnancy. This recommendation will be re-evaluated in two years.

For more information: Visit the MDH web page for:

- Health Advisory (path: health.state.mn.us/han/2016/jan14syph.pdf)
- Detailed Treatment Guideline/Protocol (path: health.state.mn.us/divs/idepc/diseases/syphilis/hcp/protocol.html)
- Information & Resources on Syphilis (path: health.state.mn.us/divs/idepc/diseases/syphilis/index.html)

For questions please call 651-201-5414.
Clinic Info

Want to improve HPV vaccine rates at your clinic?

The Minnesota chapter of the American Academy of Pediatrics (MNAAP) and its partners are seeking Minnesota clinics who want to improve their HPV rates in pre-teen boys and girls (ages 11-12 years).

- Participating clinics will receive $1000 to implement the 3-4 month project to be completed before September 2016.
- Participating pediatricians will receive MOC4 credit (25 points) through AAP.
- Participating pediatric clinicians will receive quality improvement tips and participate in a Midwest regional ‘virtual learning collaborative’ to improve HPV and adolescent vaccination rates.

For more information on the project and how to participate, visit the MNAAP website at mnaap.org/immunizationsmoc4.html.

Government Programs

Reminder - Training Requirement for Providers

HealthPartners Minnesota Senior Health Options (MSHO) Model of Care 2016

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

Medicaid Hearing Aid Reimbursement Changes

For Medicaid Members** only, beginning May 1, 2016, HealthPartners will no longer be reimbursing for the following hearing aid services codes. HealthPartners is aligning with the Minnesota Department of Health Services (DHS) coverage policies for these hearing aid service codes. Please note that if these codes are billed for a Medicaid member after May 1, 2016, it will deny to provider liability.

**Medicaid members referenced above are under PMAP, MinnesotaCare, MSC+ and MSHO plans.

The following are non-covered hearing aid services for only Medicaid members effective May 1, 2016.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5242</td>
<td>Analog, Monaural – CIC</td>
</tr>
<tr>
<td>V5243</td>
<td>Analog, Monaural – ITC</td>
</tr>
<tr>
<td>V5244</td>
<td>Digitally Programmable Analog, Monaural – CIC</td>
</tr>
<tr>
<td>V5245</td>
<td>Digitally Programmable Analog, Monaural – ITC</td>
</tr>
<tr>
<td>V5248</td>
<td>Analog, Binaural – CIC</td>
</tr>
<tr>
<td>V5249</td>
<td>Analog, Monaural – ITC</td>
</tr>
<tr>
<td>V5250</td>
<td>Digitally Programmable Analog, Binaural – CIC</td>
</tr>
<tr>
<td>V5251</td>
<td>Digitally Programmable Analog, Binaural – ITC</td>
</tr>
<tr>
<td>V5254</td>
<td>Digital, Monaural – CIC</td>
</tr>
<tr>
<td>V5255</td>
<td>Digital, Monaural – ITC</td>
</tr>
<tr>
<td>V5258</td>
<td>Digital, Binaural – ITC</td>
</tr>
<tr>
<td>V5259</td>
<td>Digital, Binaural – ITC</td>
</tr>
<tr>
<td>V5262</td>
<td>Disposable, Monaural, any type</td>
</tr>
<tr>
<td>V5263</td>
<td>Disposable, Binaural, any type</td>
</tr>
<tr>
<td>V5265</td>
<td>Ear mold/insert, disposable, any type</td>
</tr>
<tr>
<td>V5268</td>
<td>Assistive Listening device, telephone amplifier, any type</td>
</tr>
<tr>
<td>V5269</td>
<td>Assistive listening device, alerting type, any type</td>
</tr>
<tr>
<td>V5270</td>
<td>Assistive listening device, television amplifier, any type</td>
</tr>
<tr>
<td>V5271</td>
<td>Assistive listening device, television caption decoder</td>
</tr>
<tr>
<td>V5272</td>
<td>Assistive listening device, TDD</td>
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</tbody>
</table>

For more information, please go to the DHS website: [DHS website](path: dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_010724), 2015 contract, p. 27-28.

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.

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