Fast Facts

HealthPartners

JANUARY 2017

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

Provider directories and accuracy of information

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 should be reviewed includes:

- Office locations where members can make appointments – including verifying the following
  - Office hours
  - Address(es)
  - Phone number(s)
  - Practitioners listed at site(s) that actually see members at the site
  - Practitioner status for accepting new patients
  - Clinic services available

To access, review and edit your clinic's provider data profiles, log in at **healthpartners.com/provider**.

If you don't have access to the provider data profiles application, contact your delegate. When logged in your delegate's information appears in the help center section.

If you have further questions, please call your service specialist.

HealthPartners Provider Resource materials

HealthPartners is committed to giving the providers who see our members the support and assistance they need. HealthPartners has a designated online site labeled **Provider Resource Materials** (formerly the Provider Training Manual). Providers can quickly access point of contact information, and learn about HealthPartners products, administrative and claims policies, medical policy/prior review requirements and much more.

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Providers will also find helpful information on our Cigna/HealthPartners Strategic Alliance, as well as current and past issues of our Fast Facts newsletter.

If you have any questions about Provider Resource Materials or suggestions for future improvements, please contact your service specialist.

Administrative Manual policy changes

Advance Notice of Non-Coverage for Medicare Members (updated policy)

This policy has been updated to more clearly define the use of advance notice of non-coverage to Medicare members.

Hospital, SNF, HHA, and CORF Notifications to Medicare Members (new policy)

This is a new policy effective January 1, 2017 that explains Medicare and HealthPartners requirements regarding required member notifications and includes information on the following:

Hospital Responsibility

- Medicare Outpatient Observation Notice (MOON)
- Important Message from Medicare About Your Rights (IM)
- Detailed Notice of Discharge (DN)

SNF, HHA, and CORF Responsibility

- Notice of Medicare Non-Coverage (NOMNC)
- Detailed Explanation of Non-Coverage (DENC)

Telehealth/Telemedicine Services Policy (updated policy)

The policy has been updated to reflect the Centers for Medicare and Medicaid Services (CMS) new place of service code 02 – Telehealth Services, effective January 1, 2017.

The list of policies in the HealthPartners Administrative Manual is located at **Administrative policies.**
(path: https://www.healthpartners.com/provider-public/administrative-policies/)

2016 Innovations in Health Care Award Announcement

We are pleased to announce that five provider groups received recognition as winners of the HealthPartners ninth annual Innovations in Health Care Award. These recipients demonstrated cutting-edge approaches aimed at improving health, patient experience, and controlling the total cost of care.

These groups received their awards at the Partners in Excellence dinner in early November 2016. During this dinner, HealthPartners proudly recognized 28 applicants, representing all levels of the health delivery system that made transformational changes. These groups demonstrate the tremendous innovative work that our community delivers in pursuit of continuous rapid improvement. Furthermore, it embodies a deep commitment to the Triple Aim of quality outcomes, excellent patient experience and affordability.

We recognize and appreciate all the efforts each of you are making in achieving the Triple Aim on behalf of our members, your patients. Full details on the Innovations winners and all applications are available under **Partners in Quality** on our Provider Portal website. *(path: http://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/?skin=provider)*

Fairview Pharmacy, Medication Therapy Management Department
Implementing MTM Services for Post Discharge Patients
Contact: Amanda Brummel **(arhode1@fairview.org)**

Prior to this project, the Medication Therapy Management (MTM) provider practicing in the patient's primary care clinic did not receive notification of a patient's admission or subsequent referral for MTM services. Since patients receive better care when it is provided within their medical home, this was a missed opportunity. Fairview implemented a post-discharge MTM referral process that included risk-stratifying patients to identify those who would benefit most from MTM. They collaborated with other health care systems so patients could be seen in their medical home.

Courage Kenny Rehabilitation Institute, part of Allina Health
Stroke Rehabilitation Care Coordination – Care at the Right Time
Contact: Jill Henley **(jill.henly@allina.com)**

Finding fewer than 15% of individuals returned for outpatient therapy after discharge from acute hospitalization following a stroke, Courage Kenny Rehabilitation recognized that they needed a process for closer follow-up. This would allow them to take advantage of the neurologic plasticity that occurs in the first 12 weeks post stroke. Beginning in January 2015, Courage Kenny created a case-finding dashboard and implemented an outpatient stroke rehabilitation care coordination program, enabling them to closely follow patients for one year following a stroke.

Minnesota Oncology
Application of the Triple Aim in Oncology Care
Contact: Rhonda Henschel **(rhonda.henschel@usoncology.com)**

Minnesota Oncology improved adherence to national, Triple Aim-based chemotherapy guidelines and pathways to address chemotherapy treatment plan variations and lower total cost of care. They also implemented a process to reduce chemotherapy-related Emergency Department visits. And, they began a culture change process with measured outcomes of how they discuss end-of-life care with patients through a structured, comprehensive program.

Regions Hospital, HealthPartners Medical Group, Park Nicollet Laboratories, & HealthPartners Health Plan
Genetic Testing Utilization Program
Contact: Nicole Khoury **(nicole.z.khoury@healthpartners.com)**

These providers hired two laboratory-based Genetic Counselors (GC) to review genetic test orders for their medical groups. The GCs ensure:

- Correct test and testing laboratory are ordered
- Care team and patient are aware of the cost and coverage of the test
- Requirements for patient consent or prior authorization are fulfilled

They also developed an order process so all genetic test orders are centrally tracked and routed to laboratory-based GCs for review prior to testing in-house or at an external reference laboratory.

Hennepin County Medical Center
Asthma Care Management in Highly Mobile Diverse Populations
Contact: Gao Vang **(gao.vang14@hcmed.org)**

This provider group challenged itself to improve care for highly mobile Latino, African American and East African patients with asthma by increasing completion rates of Asthma Action Plans completed within a year and Asthma Control Tests in good control for pediatric and adult populations. They implemented a Chronic Disease Dashboard operated daily by medical assistants to identify patient needs. They also created an Asthma Champion Workgroup that meets on a monthly basis to problem solve, brainstorm, test and implement workflows that can improve patient care.

We thank all of our providers who submitted an Innovation this year. Great work and Congratulations!

Provider Name & Contact Information	Innovation Submission Title	Theme
Physicians' Diagnostics & Rehabilitation Clinics **Contact:** Jennifer Missling **(jenniferm@pdrclinics.com)**	Coaching for Patient Activation Improves Treatment Adherence	Back pain, patient experience
North Memorial Medical Center **Contact:** Danielle Kammermeier **(danielle.kammermeier@northmemorial.com)**	Accredited Chest Pain Center with PCI: care for the low-risk ACS patients	Cardiology
CentraCare Health & Central Minnesota Mental Health Center **Contact:** Daniel Backes **(daniel.backes@centracare.com)**	Healthcare Integration Collaboration: Reverse Integrated Behavioral Health	Case Management
CentraCare Health **Contact:** Daniel Backes **(daniel.backes@centracare.com)**	Chronic Disease Management (CDM)	Case Management
Park Nicollet Health Services **Contact:** Julie Cashman **(julie.cashman@parknicollet.com)**	Improving the Value of Depression Care With Systematic Outreach	Case Management
Ridgeview Clinics **Contact:** Jennifer Jerde **(jennifer.jerde@ridgeviewmedical.org)**	Integrative Care Delivery Model in Primary Care Clinics	Case Management
Vibrant Health Family Clinics **Contact:** Mary Boles **(mboles@vibranthealthclinics.com)**	Chronic Care Management	Case Management
Hazelden Betty Ford Foundation **Contact:** Terri Hayden **(thayden@hazeldenbettyford.org)**	Clinical Management to Self-Management: An Outpatient Model of Care	Chemical Health
BLEND & CentraCare Health **Contact:** John Inkster **(inksterj@centracare.com)**	Health-Focused School Fundraising Model	Community
New Ulm Medical Center - Allina Health **Contact:** Marie Larsen **(marie.larsen@allina.com)**	New Ulm Medical Center Drug Courts	Community
Regions Hospital **Contact:** Hilary Radtke **(hilary.f.radtke@healthpartners.com)**	ICU Move It: Early Mobility in Critically Ill Patients	Critical Care
Park Nicollet Health Services **Contact:** Dylan Zylla **(dylan.zylla@parknicollet.com)**	Establishing Personalized Pain Goals in Oncology Patients to Improve Care and Decrease Costs	Oncology Care
Specialists in General Surgery; Grant funded by Fairview Physicians Associates **Contact:** Corinne Jordan **(cjordan@sgsmn.com)**	Yoga's Impact on Global Health in Breast Cancer Survivors	Oncology Care
Essentia Health **Contact:** Cindy Ferrara **(cindy.ferrara@essentiahealth.org)**	Responsible Opioid Prescribing: Reduction in Patients on Chronic Opioid Analgesic Therapy (COAT)	Opioid Management

Provider Name & Contact Information	Innovation Submission Title	Theme
Hazelden Betty Ford Foundation **Contact:** Marvin Seppala **(mseppala@hazeldenbettyford.org)**	Comprehensive Opioid Response with the Twelve Steps (COR-12)	Opioid Management
Fulcrum Health, Inc. **Contact:** Vivi-Ann Fischer **(v.fischer@fulcrumhealthinc.org)**	Creating a Positive, Patient-Centered Environment by Evaluating Patients' Experiences	Patient Experience
Entira Family Clinics **Contact:** Missy Slater **(mslater@entirafamilyclinics.com)**	Primary Care Payment Reform	Payment
PrimaCare Direct **Contact:** Matt Brandt **(mbrandt@primacaredirect.com)**	PrimaCare Direct: A Cure for the Common Coverage	Payment
Park Nicollet Health System **Contact:** Priscilla Wojcik **(priscilla.wojcik@parknicollet.com)**	Collaborating with patients to establish care with a Primary Care provider	Primary Care
Entira Family Clinics **Contact:** Missy Slater **(mslater@entirafamilyclinics.com)**	Home Sleep Study	Sleep Medicine
Fairview Health Serivces **Contact**: Carmen Parrotta **(cparrot1@fairview.org)**	Virtual Care Becoming Reality: Using Online Education, Telephonic Group Sessions and Mobile Technology to Prevent or Manage Diabetes	Technology
Metro Urology **Contact:** Lee Ann Gustafson **(lgustafson5@comcast.net)**	UroNav Fusion Biopsy System is Saving Lives by Finding Significant Prostate Cancers	Technology
Essentia Health **Contact:** Jill Doberstein **(jill.doberstein@essentiahealth.org)**	System-wide Integration of Tobacco Dependence Treatment	Tobacco Cessation

To view all Innovation posters, click **Innovation Awards.**

(path: https://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/ and click "Innovation Award")

2016 Preventive Care Recognition Awards

We are pleased to announce that two provider groups received the fourth annual HealthPartners Preventive Care Recognition Award. These groups submitted work that "raises the bar" for preventive health care by improving outcomes and demonstrating care process sustainability that addresses the total cost of care.

Both groups received their awards at the annual Partners in Excellence dinner. During this dinner, HealthPartners proudly recognized 7 Preventive Care Recognition Award applicants overall. These groups each made significant quality improvements to their patient populations.

We recognize and appreciate all the efforts each of you are making in achieving the Triple Aim by providing high quality preventive care on behalf of our members, your patients. Full details on the preventive care winners and all applications are available under **Partners in Quality** on our Provider Portal website.

(path: http://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/?skin=provider)

Essentia Health
Creating a Dementia Capable Health Care Home
Contact: Nancy Tario **(nancy.tario@essentiahealth.org)**

Essentia Health set a goal to integrate dementia care and management into Primary Care. This would enable early identification and treatment of Alzheimer's and dementia. Their patient advocate group identified many critical patient and caregiver needs, including earlier diagnosis of dementia, information on type of dementia, best treatment and management options, and referrals for support and resources.

Project BrainSafe funded by CentraCare Health Foundation
Project BrainSafe
Contact: Scott Pickler **(scott.pickler@centracare.com)**

They implemented a community-wide collaborative to improve the recognition, diagnosis and management of concussions/mild traumatic brain injuries for people living in Central Minnesota (and eventually beyond). Their initial focus is in the immediate St. Cloud region. They are targeting all ages, with initiatives for youth/high school athletics and general recreation.

We thank all our providers who submitted a Preventive Care application this year. Great work and Congratulations!

Provider Name & Contact Information	Preventive Care Submission Title
CentraCare Health **Contact:** Eunice Adjei **(eunice.adjei-gyimah@centracare.com)**	Reducing the Incidence of Unmanaged Diabetes in the Latino and East African Patient Population
Hudson Physicians **Contact:** Lori Grambow **(lgrambow@hudsonphysicians.com)**	Immunization Initiative
North Memorial Healthcare **Contact:** Julie Varvel **(julie.schilling-varvel@northmemorial.com)**	Operationalize a FIT Kit/Follow Up Process to Improve Colon Cancer Screening Rates and Reduce Disparities
Park Nicollet Health Services **Contact:** Dawn Stover **(dawn.stover@parknicollet.com)**	Decreasing Fall Risk with BE-SAFE Program
St. Luke's Pediatric Associates **Contact:** Jordan Kalm **(jordan.kalm@slhduluth.com)**	Integrated Depression Care Management Grant

To view all Preventive Care posters, click **Partners in Quality**. *(path: https://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/ and click "Preventive Care Recognition Award")*

Medical Policy Updates – 1/1/2017

MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at **healthpartners.com** *(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.

Coverage Policies	Comments / Changes
Acupuncture	Effective 11/1/16, prior authorization is no longer required.
Compression Support Garments – Minnesota Health Care Programs	Effective 11/1/2016. Policy revised to follow benefits/ limitations as outlined in MHCP Supply Guide. Prior authorization is not required.
Compression Support Garments	Effective 12/1/2016. Policy revised to indicate compression garments are covered for venous rather than vascular insufficiency; compression garments for the abdomen, chest, genitals, trunk or neck are not covered; clarified that the 12-month period for garment limits is a rolling year. Prior authorization is not required.
Penile Implants (Penile prosthesis)	Policy retired, effective immediately. Did not require prior authorization. Standard care.
Vacuum Erection Systems	Policy retired, effective immediately. Did not require prior authorization. Standard care.
Infertility Diagnosis - Female	Effective 12/1/16. Policy revised. Known male factor problems are no longer a covered indication. Definition of infertility was added. Prior authorization is not required.
Infertility Treatment - Female	Effective 12/1/16. Policy revised. Definition of infertility was revised. Prior authorization is not required.
In-lab Sleep Studies – Minnesota Health Care Programs	Effective 12/1/16. New policy created to reflect MHCP coverage guidelines for in-lab sleep studies. Please note, coverage of home sleep tests for this population follows the criteria outlined in the commercial "Portable/ Unattended/ Home Sleep Test for the Diagnosis of Obstructive Sleep Apnea" policy. Prior authorization is not required.
In-lab Sleep Studies	Effective 12/1/16. Policy revised as follows: title was changed from "Sleep Study (Polysomnogram)" to "In-lab Sleep Studies" as policy now addresses other in-lab sleep studies besides polysomnography. Added clarifying statement that a home sleep test is generally indicated as a first line diagnostic measure for suspicion of uncomplicated obstructive sleep apnea. Added criteria for Multiple Sleep Latency Testing, Maintenance of Wakefulness Testing, and sleep testing in pediatric populations. Revised criteria for polysomnography to more closely align with American Academy of Sleep Medicine practice guidelines. Prior authorization is not required.

Coverage Policies	Comments / Changes
Abdominoplasty/Panniculectomy	Effective 11/1/2016. Policy revised as follows: title was changed to "Panniculectomy". Added clarification statement that skin conditions must be a direct result of juxtaposed skin folds. Abdominoplasty and diastasis recti repair are now listed separately as non-covered to clarify that both are considered cosmetic. Prior authorization is required.
Walkers	Effective immediately. Policy revised to indicate that when criteria are met, a crutch substitute (HCPC code E0118) is covered as rental item capping at 4 months or when the purchase price is met. Once the purchase price is met, the item will be owned by the member. Prior authorization is not required.
Proton Beam Radiation Therapy	Policy revised effective 3/1/17. Added ovarian, uterine, vulvar, head and neck, small cell lung, gastric and anal as non-covered indications.
Pulmonary Rehabilitation	Policy retired, effective immediately. Did not require prior authorization. Standard care.
Hyperbaric Oxygen Therapy	Effective 3/1/2017. Policy revised to Include all Indications for Coverage as indicated by Undersea & Hyperbaric Medical Society except for Thermal Burns. Diagnoses Actinomycosis and Drowning – non fatal submersion were removed from Indications Covered.
Ultrasonic therapy for wound care	Effective immediately. Policy has been retired. This service: 97610, Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day will be added to the Investigational Services-List of Non-Covered Services policy. This service is considered investigational and non-covered for all products.
Wheelchairs – Mobility Assistive Equipment (MAE) – Medicare	Effective immediately. Policy was revised to include information on wheelchair seating coverage per CMS requirements. Links to applicable LCD and local coverage article were added. Prior authorization is required.
Speech Therapy – Rehabilitative	Effective 1/1/17. Policy revised to include clarifying statements regarding coverage of aural rehabilitation and how to request authorization for pediatric rehabilitative speech therapy, when therapy has exceeded 2 years of treatment. Prior authorization is not required, unless rehabilitative speech therapy for a child extends beyond 2 years – then follow the Speech Therapy - Habilitative prior authorization process.
Speech Therapy – Rehabilitative – Minnesota Health Care Programs	Effective 1/1/17. Policy was revised to be compliant with Minnesota Health Care Programs provider manual.
Patient Lifts-Minnesota Health Care Programs	Effective immediately, policy updated to reflect Minnesota Health Care Programs Coverage criteria. Prior authorization is not required.

Coverage Policies	Comments / Changes
Physical & Occupational Therapy-Rehabilitative-Minnesota Health Care Program	Effective immediately, policy revised to reflect current reflect Minnesota Health Care Programs Coverage criteria for rehabilitative therapy. Prior authorization is still required.
Category III CPT Codes-Covered and Non-Covered services	Effective immediately, we will no longer list all codes that require prior authorization, covered or non-covered. Policy will only list codes that are covered. You may refer to the investigational services- list of non-covered services policy for any Category III CPT codes not covered. In addition, the title of the policy will now be "Category III CPT Codes"
Investigational Services-List of non-covered services	Effective immediately, codes for use of drug eluting sinus implants as an in-office, stand-alone procedure (0406T and 0407T) will be added to the Investigational Services-list of non-covered services policy. Codes reported for use in conjunction with a covered sinus surgery (S1090 and C2625) are eligible for coverage without prior authorization.
Investigational Services-List of non-covered services	Effectively immediately, the following codes were moved from the Category III CPT Codes-Covered and Non-Covered services policy to the Investigational Services-List of non-covered services policy. There were no changes to coverage of these services. **0231T,** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar; single level or additional levels **0205T**, Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure) **0183T** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
Investigational Services-List of non-covered services	Effective immediately, sphenopalatine ganglion nerve block injection, **64505** has been added to this policy. This treatment was recently reviewed by the New Technology Committee and determined to be investigational. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy of this treatment or its effect on health care outcomes.
Gender Reassignment Surgery-Minnesota Health Care Programs	Effective 1/1/2017, this policy will be retired. Prior authorization will still be applicable utilizing the general HealthPartners policy, Gender Reassignment Surgery that outlines coverage criteria that will be required for these services. .
Eyewear – Minnesota Health Care Programs	Effective immediately, this policy has been revised to be compliant with the Minnesota Health Care Programs provider manual. Prior authorization continues to be required for contact lenses & supplies for medical diagnoses/ conditions other than aphakia, keratoconus, aniseikonia, or bandage lenses.
Telehealth	Added definition of telemedicine. Additional practitioners eligible to provide telehealth and telemedicine services added.
Telemedicine – Minnesota Health Care Programs	Information regarding providers eligible to provide EIDB services added.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
Chemical Health Lodging - Medicare	Policy retired, effective immediately. Did Not require prior authorization

PHARMACY MEDICAL POLICIES – NO UPDATES

HEALTHPARTNERS DRUG FORMULARY

Drug Formulary updates for January 2017 are now available.

Additions to the formulary are generally effective January 1, and deletions from the formulary are generally effective April 1 2017. Additional communications are sent to affected providers and members.

Changes to our Commercial and State Programs Drug Formularies include:

1. Lantus and Toujeo insulins are being removed from the formulary and replaced with Basaglar. Basaglar is very similar (considered a follow-on product by the FDA), and is less costly.

   Basaglar will be added January 1, and Lantus and Toujeo will be removed February 1 for new starts. Current members are asked to change starting in January, and must make changes by March 1.

2. Lidocaine ointment has been removed from the formulary. This change is being made due to high costs (with some prescriptions up to $2,000), and the lack of clinical data showing efficacy.

3. Several Multi-Source Brands will require prior authorization: Abilify, Aciphex, Dexedrine, Keppra, Protonix, Prozac, Seroquel, and Zovirax. These are high-cost and have equivalent generics. Dexedrine prescriptions cost up to $30,000. Abilify and Prozac have costs between $3,000 and $5,000.

4. Several Egregious Medications will require prior authorization: Dexpak, Dutoprol, and Novacort. Novocort gel contains common ingredients and is priced at almost $10,000 per tube.

5. Hepatitis C treatments. Coverage criteria have been updated – there are no longer limits based on the level of fibrosis. State Programs will also have new preferred products. Zepatier (elbasvir/ grazoprevir) is preferred for genotypes 1 and 4.

Changes for Medicare include new limits on opioid prescriptions.

1. A Cumulative Opioid Edit will limit multiple opioid prescriptions to a morphine-equivalent dose of 200mg per day. This is an enhancement from our current limits that are based on individual prescriptions.

2. Pharmacy-Level edits include a “dose-limit” of 120mg morphine-equivalents per day, and a “drug-interaction” edit to limit opioid prescriptions for patients receiving Suboxone. Both of these are reviewed and approved by dispensing pharmacies.

Please see the online formulary for details at **healthpartners.com/formularies.** *(path: http://www.healthpartners.com/formularies)* For additional information, please contact **peter.s.marshall@healthpartners.com**.

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/admin tools/pharmacy policies.** *(path: https://www.healthpartners.com/provider-public/pharmacy-services/policies-and-forms/)* including the **Drug Formularies** *(path: http://www.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 Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

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

PATIENT PERSPECTIVE

Improving non-malignant pain care: Choosing safe alternatives

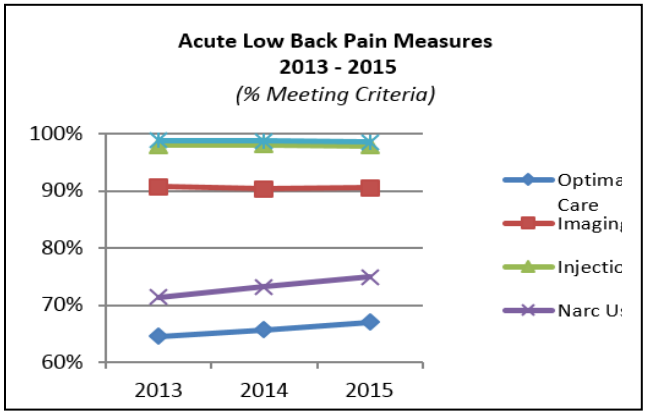
THE OPPORTUNITY

- Underutilization of clinical alternatives to prescription opioids have contributed to our national opioid epidemic.
- Recent guidelines recommend physical therapy, weight loss and cognitive behavioral therapy as safe alternatives to treat chronic pain.
- Less than 50% of our network primary care and Medical Spine Centers recommend physical therapy as a treatment option for low back pain. *(2015 Chart Review)*
- Early physical therapy following a new primary care consultation for low back pain was associated with reduced risk of subsequent health care compared to delayed physical therapy. *(Fritz, 2012)*
- Patient's receiving "early and adherent" physical therapy had 60% lower total low back pain related costs over two years follow-up. *(Childs, 2015)*
- Twenty six states including Minnesota and Wisconsin have passed rules that allow patients to see a physical therapist on their own without having a referral from a physician.
- Minnesota clinic systems find it difficult to operationalize first-line physical therapy protocols under the existing volume-based care model.
- The Health Plan does not require a physician order be in place for members to access their physical therapy benefit.

NATIONAL & LOCAL PRIORITY

Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. *(CDC, 2016)*

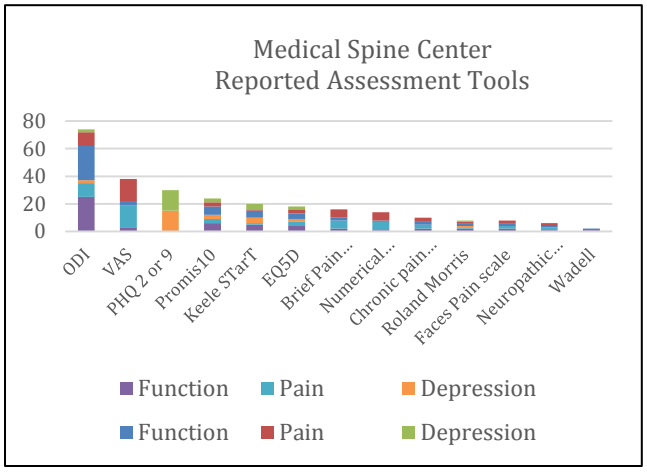
In Minnesota, 572 people died from a drug overdose in 2015 with about half tied to prescription medication. *(MDH, 2016)*



STRATEGIES FOR COMMUNITY IMPROVEMENT

- Bio psychosocial assessment
  - Consider an evidence-informed *core outcome set* to measure important health domains across the continuum of care for pain.
  - The National Institutes of Health Pain Consortium Task Force Recommendations outline a core outcome set for chronic low back pain**.** *(Deyo, 2014)* Click **here** for more information.

    (Path: https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_188565.pdf)



- Best practice prescribing and awareness
  - Consider prescribing practice reporting to assist physicians in better understanding their patients' total prescription use and gain insight into their own prescribing patterns.

    CDC Guideline for Prescribing Opioids for Chronic Pain

    (Path: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)

    ICSI Guideline for Pain Assessment and Treatment

    (Path: https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/pain/)
- Timing is everything
  - Within 15 days from onset of low back pain is a critical time period for patients; ordering narcotics will reduce their ability for a meaningful functional improvement.
  - Consider a "First-line" physical therapy triage protocol for patients seeking initial care of pain.
  - **#ChoosePT** (The American Physical Therapy Association)
    (Path: http://www.moveforwardpt.com/choose-physical-therapy-over-opioids-for-pain-management-choosept)
- "Innovative" Process Improvement (2016 – 2017)
  - Consider strengthening your processes to support messaging around "good prognosis based on exam" and pre-planned structured education that reduces pain-related distress and enhances clinician-patient interaction. *(Traeger, 2015)*
  - Responsible Opioid Prescribing (COAT) – 2016 Essentia Health Innovation
  - Comprehensive Opioid Response – 2016 Hazelden Betty Ford Foundations
  - Consider submitting your Innovative project to our **2017 Innovation Awards program**
    (Path: https://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/?skin=provider)

Visit our **Pain/Back Pain webpage** coming soon for complete links to resources above.
(Path: https://www.healthpartners.com/provider-public/condition-resources/back-pain-designated-medical-spine/?skin=provider)

For our Behavioral Health Providers

As you know, financial concerns can be a stressor for your patients. We know insurance coverage can be confusing for members and patients. Many employers change their insurance coverage at the beginning of the year. This means it is crucial that confirming coverage at each appointment is completed. Please consider some of the following suggestions of how you might be able to help your patients/our members:

- Verify that the specific provider at the specific location is in network for each patient. This can be done by calling the Member Services number on the back of the patient's card.
- Review with the patient their insurance coverage as you understand it to be.
- Encourage the patient to contact HealthPartners Members Services department at the number on the back of their card to review their insurance coverage in depth.

Please be aware that some employers may have different coverage criteria (e.g., deductibles, out-of-network benefits, etc.) and networks for their employees. For example, Company XYZ may have four (4) different deductible amounts for their employees.

GOVERNMENT PROGRAMS

Medicare Part D Prescribers – Important enrollment information and delay in enforcement

The Centers for Medicare and Medicaid Services (CMS) has finalized changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs. The change requires physicians and other eligible professionals who write prescriptions for Part D drugs to:

- be enrolled in Medicare in an approved status, or
- have a valid opt-out affidavit on file for their prescriptions to be covered under Part D

CMS has delayed full enforcement of these requirements until January 1, 2019 and will use a phased-in implementation approach. Despite the delay in enforcement, CMS is strongly encouraging providers and other eligible professionals to submit enrollment applications or opt-out affidavits to their Medicare Administrative Contractor (MACs) now to ensure readiness on January 1, 2019.

For more information regarding this change, including how to enroll in Medicare, please check here:

Prescriber Enrollment Information - Centers for Medicare & Medicaid Services

(Path: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Prescriber-Enrollment-Information.html)

cms.gov/Outreach & Education/Medicare-Learning-Network-MLN/MLNMattersArticles

(Path: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1434.pdf)

HealthPartners Minnesota Senior Health Options (MSHO) 2017 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 2017 are as follows:

DENTAL

- Second annual periodic exam
- Adult fluoride
- Scaling and root planing
- Porcelain crowns, up to $2,500
- Periodontal maintenance
- Root canals on molars
- Denture services – tissue conditioning
- Electric toothbrush and replacement heads

VISION

- Tints and coatings on eyeglasses

DURABLE MEDICATION EQUIPMENT

- Light therapy lamp
- Additional hearing aid set per calendar year (coverage above the basic benefit)
- Pocket hearing amplifier
- First aid kit
- Food scale

HEALTH AND WELLNESS

- Tablets for members with diabetes, heart disease or depression. Preloaded with the HealthPartners application, health education, engagement and wellness applications
- Health education classes
- Foot care visits
- Personal emergency response system
- In-home bathroom safety devices and

relevant for the member's conditions
- Virtuwell™
- Silver&Fit Exercise and Healthy Aging Program (health club membership or home fitness kit)
- Transportation to/from supplemental benefit covered services and Alcoholics Anonymous or Narcotics Anonymous

installation, up to $1,000
- Home delivery meals following an inpatient hospital stay
- Weight management program

More Articles on the next page.

Updated Effective Date – PMAP, MinnesotaCare and Minnesota Senior Care Plus Networks

In November's issue of Fast Facts, we announced that HealthPartners Care Pre-paid Medical Assistance Program (PMAP), MinnesotaCare, and Minnesota Senior Care Plus (MSC+) products will no longer have a primary care clinic assignment. **The effective date has changed to February 1, 2017**.

Referral entry is not required as long as members are referred to providers in this network. Members should stay within the network to receive their highest level of coverage.

All members will receive new cards beginning February 2017. The card will not have a primary care clinic indicated. A sample card is below:

When checking eligibility on the provider portal, the Administrative Group will be 1393 MHCP Network and the Clinic Assignment will be 3632 HealthPartners State Public Programs Network.

Minnesota Senior Health Options (MSHO) remains a primary care clinic assigned product.

Special Needs Basic Care (SNBC) remains the same with no primary care clinic assignment.

If you have questions regarding this information, please contact your service specialist.

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

This newsletter is available online at **healthpartners.com/fastfacts**.

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