

Fast Facts

MARCH 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.

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Coming Soon – Provider Survey

In April, HealthPartners will mail a short survey to a sample of primary care, specialty and behavioral health physicians. The survey assesses satisfaction in two key areas where we continue to focus 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 complete it. Your feedback is important in helping us to identify potential areas of improvement.

Questions, please contact Kelsey Folin, Medical Policy Prior Authorization Program, at **952-883-5768**.

Non-renewal of Clearinghouse Services Agreement with Allscripts/Payerpath

HealthPartners will not be renewing the current clearinghouse services agreement with Allscripts/Payerpath. Effective **May 2, 2017**, HealthPartners will no longer exchange electronic medical claims or remittance transactions with Allscripts/Payerpath.

If you are using a Practice Management System or you are not sure which clearinghouse your vendor uses, please contact your vendor directly with this information. This will ensure that your electronic transmissions to and from HealthPartners will not be disrupted and other clearinghouse options are explored.

Watch for an alert regarding this upcoming change on Payerpath's communication system. If you have further questions regarding next steps, please direct inquiries to Payerpath's EDI Support Team at **888-672-2433 (ext. 15501)**.

HealthPartners offers several contracted clearinghouse alternatives for your electronic transactions. You can find this information on our public website at healthpartners.com/eservices.

You may also contact HealthPartners Provider EDI Support if you have other EDI-related inquiries at ProviderEDISupport@HealthPartners.com.

HealthPartners New Technology Committee March 2017 Update

Our New Technology Committee helps ensure that our organization is providing access to care that is safe, effective and has a proven, positive effect on health outcomes. To this aim, the committee thoughtfully and thoroughly examines new technology. This includes medical procedures and devices, as well as new applications of existing technologies. New technologies that do not meet these standards are considered experimental/investigational and are generally not covered.

The following topics are coming up for review: 1) Corneal Collagen Crosslinking; 2) Micra Transcatheter Pacing System; 3) Nanostim Leadless Pacemaker; 4) HeartFlow FFR-CT. Please contact us if you have comments about any of these topics, or a suggestion of new topics for us to consider. We have established a new email address to help streamline communication with the New Technology Committee. Both internal and external customers can use this address to submit questions regarding a specific new technology topic: NewTechnology@HealthPartners.com.

Apply Now! HealthPartners 2017 Innovation in Health Care and Preventive Care Screening Recognition Awards

Is your organization working to change the way it delivers health care? 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 your organization for their efforts.

Applications and information for both the Innovation in Health Care and Preventive Care Screening Recognition Awards will be available under **Partners in Quality** (*path: healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/?skin=provider*) online. 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, patient population or the entire care delivery model, we encourage you to apply for the award.

To apply visit healthpartners.com/provider-public/quality-and-measurement/partners-in-quality and click “Innovation Award.”

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.

To apply visit healthpartners.com/provider-public/quality-and-measurement/partners-in-quality and click “Preventive Care Recognition Award.”

Submissions for both awards are due by July 17, 2017.

Medical Policy Updates – 3/1/2017

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
Cochlear implants & auditory brainstem implants	Effective immediately – Policy revised as follows: Added coverage indications for auditory brainstem implants • Added coverage indications for replacement of cochlear implant external components • Added non-coverage statement for hybrid cochlear implants. Prior authorization is not required.
Radiofrequency Ablation Applications	Effective immediately – This policy has been retired.

Coverage Policies	Comments / Changes
Radiofrequency Ablation (RFA) for Barrett's Esophagus	Effective immediately – This policy has been retired.
Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck and back pain	Effective 5/1/17 – Radiofrequency ablation to the thoracic region will not be covered as it has been determined to be investigative/experimental.
Occipital Nerve Injections or Radiofrequency Ablation (RFA) to treat Cervicogenic Headache and Occipital Neuralgia	Effective immediately – This policy has been retired. RFA for occipital nerve will still remain non-covered and will continue to be reflected on the investigational services - list of non-covered services policy.
Investigational Services – List of Non-Covered Services	Radiofrequency ablation (RFA) to the occipital nerve has been added to this policy due to retirement of the Occipital Nerve Injections or Radiofrequency Ablation (RFA) to treat Cervicogenic Headache and Occipital Neuralgia policy. It is still considered investigational and experimental and is therefore not covered.
Investigational Services – List of Non-Covered Services	Effective immediately 0278T – Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes) has been added to this policy after being reviewed by the New Technology Committee. Calmare Pain Therapy is an example of this device.
Dorsal Rhizotomy for Spasticity	Effective immediately – The upper age limit for this procedure has been removed. Prior authorization is not required.
Neuromuscular electrical stimulators (NMES) and functional electrical stimulators (FES) - Medicare	Effective immediately – Policy has been revised to include coverage information for a form-fitting conductive garment as outlined in CMS's National Coverage Determination. Prior authorization continues to be required.
Category III CPT codes– Minnesota Health Care Programs	Effective immediately – New policy for Category III codes for Minnesota Health Care Programs. Prior authorization is still not required. Category III CPT Codes generally are not a covered service and ineligible for reimbursement under Minnesota Health Care Programs. Refer to policy for covered indications.
Walkers – Minnesota Health Care Programs	Effective immediately – Policy has been revised to reflect Minnesota Health Care Programs (MHCP) Provider Manual coverage criteria. Prior authorization is not required.
Transcutaneous electrical nerve stimulator (TENS) unit	Effective 5/1/17 – TENS will not be covered for fibromyalgia as there is insufficient scientific evidence to support its effectiveness for this indication. Prior authorization is not required.
Transcutaneous electrical nerve stimulator (TENS) unit – Minnesota Health Care Programs	Effective immediately – Policy has been revised to reflect Minnesota Health Care Programs (MHCP) Provider Manual coverage criteria. Prior authorization is not required.

Coverage Policies	Comments / Changes
Portable / unattended / home sleep test for the diagnosis of obstructive sleep apnea	Effective immediately – Policy retired as standard of care. WatchPat is no longer considered investigational. Covered without prior authorization for all products, including Minnesota Health Care Programs.
Neuromuscular Electrical Stimulator (NMES)	Effective 5/1/17 – Policy revised to indicate a form-fitting conductive garment is covered only when it is required to use the prescribed NMES device (e.g., Empi Phoenix, KneeHab devices), and when the prescribed device meets all coverage criteria outlined in the policy. Clarified that the H-wave electrical stimulation device for pain control is not covered because there is insufficient scientific evidence to support its effectiveness for this indication. Prior authorization continues to be required.
Acupuncture-Minnesota HealthCare Programs	Effective immediately – This policy was created to reflect Minnesota Health Care Programs (MHCP) Provider Manual coverage criteria. Prior authorization is not required.
Colorectal cancer (CRC) screening with stool-based DNA testing (Cologuard®)	Commercial policy will be retired 3/31/2017. Cologuard will be covered without prior authorization as a preventive service as of 4/1/2017 for all products in compliance with the Affordable Care Act.
Colorectal cancer (CRC) screening with stool-based DNA testing (Cologuard®) – Minnesota Health Care Programs	Policy retired, effective immediately – Cologuard is covered for MHCP members age 50 or older without prior authorization.
Gender-Confirming Surgery – Minnesota Health Care Programs	Effective immediately – This policy was created to reflect Minnesota Health Care Programs (MHCP) Provider Manual new coverage criteria. Prior Authorization will be required.
Genetic Testing: Pharmacogenetics	Revised policy effective 5/1/2017 – Prior authorization is still required. CYP2D6 gene analysis and HLA-B*5801 screening are covered services for specified indications. Revisions also include additional non-covered services.
Genetic Testing for Neurodevelopmental Disorders, Epilepsy and Seizure Disorders, and Multiple Congenital Anomalies	Revised policy effective 5/1/2017 – Replacing the existing Genetic Testing for Neurodevelopmental Disorders policy and the Genetic Testing for Epilepsy and Seizure Disorders policies. Prior authorization is still required. Revised policy clarifies coverage of diagnostic testing and parental follow-up testing and describes coverage of genetic testing for multiple congenital anomalies.
MHCP Sterilization	Policy retired as most current information is available on the DHS website. <i>(path: dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_137815)</i> Remains covered without prior authorization. Providers required to follow DHS criteria.
Sterilization–Commercial	Policy retired – Information on Preventive Services for Adults policy.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
DME grid	61 DME policies are being removed and combined into a DME coverage grid policy. See policy for a list of DME items.

PHARMACY MEDICAL POLICIES – NO UPDATES

Please see the online formulary for details at healthpartners.com/formularies. For additional information, please contact peter.s.marshall@healthpartners.com.

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 healthpartners.com/provider/admin_tools/pharmacy_policies, including the **Drug Formularies**.

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.

GOVERNMENT PROGRAMS

Reminder - Training Requirement for Providers

HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE 2017

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 2017 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal or click here: **MSHO Model of Care**. (path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_041302.pdf)

Reminder - PMAP, MinnesotaCare and Minnesota Senior Care Plus Networks

Effective February 1, 2017, HealthPartners Care Pre-paid Medical Assistance Program (PMAP), MinnesotaCare, and Minnesota Senior Care Plus (MSC+) products no longer have a primary care clinic assignment. Entering a referral 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.

Members received new cards in February 2017. The card does not have a primary care clinic indicated. A sample card is below:



When checking eligibility on the provider portal, the Administrative Group is 1393 - MHCP Network; and the Clinic Assignment is 3632 - HealthPartners State Public Programs Network. For more information, please click here to review our **FAQ**. If you have questions regarding this information, please contact your service specialist.

Reminder Regarding Billing for Members Eligible for Both Medicare and Medicaid

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual eligible program which exempts individuals from Medicare cost-sharing liability.

These same laws may also apply to other dual eligible beneficiaries in Medicare Advantage plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing. Low Income Subsidy copayments still apply for Part D benefits.

For more information on QMB plans, click here: cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

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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