

Fast Facts

MAY 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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Anesthesia claim submissions with Modifier QS

Anesthesia modifier QS indicates a service designated as “Monitored Anesthesia Care” or “MAC.” Effective June 15, 2017, HealthPartners will require providers to bill this modifier in the secondary or tertiary modifier position for claims. The primary modifier should indicate whether the service was medically directed or personally performed. If you have questions regarding this requirement, please contact your Service Specialist.

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? 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. 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 do so, 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 for the award, 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.

Credentialing Website

HealthPartners Provider Home Page has a site to answer many of your common credentialing questions. You can access this site through the HealthPartners website at healthpartners.com/credentialing (*pathway: Provider Portal/Credentialing and Enrollment*).

You will find the following information on the HealthPartners Credentialing website:

- Frequently asked questions—with detailed answers
- Convenient link to the ApplySmart web-based credentialing application
- HealthPartners Credentialing Plan, which includes our credentialing criteria for acceptance into the HealthPartners network
- Practitioner’s rights as they pertain to the credentialing process

INITIAL CREDENTIALING PROCESS

HealthPartners requires all Minnesota based clinics to submit initial credentialing applications through the ApplySmart system. Clinics in Wisconsin, Iowa, North Dakota and South Dakota may use ApplySmart or they may continue submitting paper applications. Initial applications submitted by Minnesota clinics by paper, fax or email may be returned to the submitter.

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

If you do not have an ApplySmart account, **Get Started** now. (path: <http://www.mncred.org/GetStarted.aspx>)

If you have questions about the ApplySmart system, contact supportmcc@credentialsmart.net or call **847-425-4616**.

Medical Policy Updates – 5/1/2017

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
Pelvic floor electrical stimulator for urinary incontinence – Minnesota Health Care Programs	Effective immediately. This policy was created to reflect Minnesota Health Care Programs (MHCP) Provider Manual coverage criteria. Prior authorization is not required.
Home Phototherapy – Full Body Cabinet	Effective immediately, policy renamed to reflect type of cabinet that continues to require prior authorization. Non-full body cabinets are no longer included in this policy and prior authorization is still not required for these items.
Home Phototherapy – Full Body Cabinet-Minnesota Health Care Programs	Effective immediately, policy renamed to include Full Body cabinet in the title. The policy has been restructured. Full body cabinets continue to not be covered. Non-full body cabinet language and criteria was removed and these items still do not require prior authorization.
Home Phototherapy-Full Body Cabinet – Medicare	Effective immediately, policy renamed to reflect type of cabinet that continues to require prior authorization. Non-full body cabinets are no longer included in this policy and prior authorization is still not required for those items.
Breast Surgery	Effective 7/1/17. Breast surgery for any reason other than the covered conditions described by this policy (or by our other breast health-related policies) is considered cosmetic and not medically necessary. The following breast surgery procedures are not covered: breast lift (mastopexy); surgery to remove extra axillary breast tissue; surgery to remove supernumerary nipples; surgery to correct tuberous breast deformity; surgery to correct inverted nipples. Clarified that screening for implant rupture using MRI, ultrasound, etc. is not medically necessary when individuals are asymptomatic.

Coverage Policies	Comments / Changes
Wheelchairs – Mobility Assistive Equipment (MAE)	Effective 7/1/17. Added criteria for the different power wheelchair (PWC) groups. Criteria largely reflect Medicare coverage. Added criteria for coverage of a PWC for members aged 18 months to 4 years. Select PWC accessories are covered for this age group when medically necessary; see policy for details. Added coverage for seat elevators and/or standing features for dependent members aged 18 months through high school. Added coverage for select accessories including transit options and side guards; see policy for details. Wheelchairs/ MAE continue to require prior authorization after 3 months rental and prior to purchase of any MAE.
Chelation Therapy	Effective immediately, policy has been retired. Chelation therapy for heavy metal poisoning/ iron overload is standard of care.
Holistic Medicine	Effective immediately, policy has been revised to indicate chelation therapy is not covered, except for treatment of thalassemia or heavy metal poisoning.
Hospital Beds – Medicare	Total electric bed and codes added as a non-covered item. Examples of coverage for variable bed height bed and semi-electric bed removed.
Otoplasty	Effective 7/1/17, policy will be retired. Otoplasty is considered cosmetic. The procedure will be added to the Cosmetic Surgery/Treatments policy.
Birth Centers	Effective immediately, policy has been retired. Please refer to the member’s contract or call Member Services to verify benefits and/or network for this service.
Blepharoplasty/ptosis repair and brow lift	Revised Policy effective 07/01/2017-prior authorization is required. Policy title changed to “Blepharoplasty, blepharoptosis repair, and brow lift.” Revisions include separation with of blepharoplasty and blepharoptosis repair. Blepharoplasty revision includes the addition of provider interpretation of visual fields and clarification of visual field testing. Blepharoptosis repair criteria includes a MRD and supportive documentation. Brow lift revision includes documentation to support brow lift. Sjogren’s syndrome, Graves’ disease and polymyositis were added as non-covered conditions.
Artificial Disc Replacement – Lumbar	Effective immediately, policy has been updated to include the activL Artificial Lumbar Disc as eligible for coverage when all medical coverage criteria are met as listed on the policy.
Airway Clearance System/Chest Compression Generator System	Effective 7/1/17, policy has been revised. These devices will initially be authorized for a 3-month rental period when all medical coverage criteria are met. Requests for ongoing rental or rent to purchase will require clinical documentation of continued medical necessity. In addition, high frequency chest wall compression is considered investigational for all indications other than cystic fibrosis, immotile cilia syndrome, and chronic bronchiectasis as there is insufficient evidence to establish safety, efficacy or improved health care outcomes for other health conditions.
Investigational Services – List of Non-Covered Services	Effective immediately, the Stretta Endoscopic GERD Treatment will be added to this policy. 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.
Intensive dietary counseling for obesity for adults	Policy retired as information is included on the Preventive Services policy. Coverage remains the same. Up to 26 visits covered for adults with BMI over 30 when billed with codes G0447, G0473 and S9449. Coverage is the same for children diagnosed with obesity.

Coverage Policies	Comments / Changes
Physical and occupational therapy – rehabilitation	Effective immediately, prior authorization is no longer required for rehabilitative physical and occupational therapy.
Physical & Occupational Therapy – Rehabilitative- Minnesota Health Care Programs	Effective immediately, prior authorization is no longer required for rehabilitative physical and occupational therapy.
Physical & occupational therapy – outpatient habilitative	Effective immediately, prior authorization is required after the first 20 visits per modality.
Speech therapy – habilitative	Effective immediately, prior authorization is required after the first 20 visits of habilitative speech therapy.
Genetic Testing: Molecular Profiling Assays for Cancer Management	Policy revisions effective July 1, 2017. Expanded coverage of breast tumor testing to include the EndoPredict assay and to allow coverage of the OncotypeDx Breast assay for node-positive disease. Added coverage of genetic testing for Ewing sarcoma. Board-certified endocrinologists have been added to the list of providers whose orders for certain molecular profiling assays may be eligible for coverage. Updated list of specific non-covered assays.
Genetic Testing: Coagulation Disorders and Cardiovascular Risk Assessments	Policy revisions to existing Genetic Cardiovascular Risk Assessments coverage policy, including revised policy title, effective July 1, 2017. Genetic counseling is no longer a requirement for certain services. Expanded policy to describe coverage of genetic testing for coagulation disorders such as Factor V Leiden. Updated list of non-covered services. Prior authorization is required for most services addressed by this policy.
Genetic Testing for Gastrointestinal Disorders	New coverage policy effective July 1, 2017. Policy contains coverage criteria for genetic testing for celiac disease, periodic fever syndromes, alpha-1 antitrypsin deficiency, hereditary hemochromatosis, hereditary pancreatitis, and other conditions. Prior authorization is required for most services addressed by this policy.

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

PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
Oncology Medication Coverage Policy – Commercial/Minnesota Health Care Programs (MHCP)	<p>New policy. Administrative change in how oncology coverage is published.</p> <p>Oncology drugs will be generally covered based on FDA labeling or NCCN Compendium listings at the 1, 2A, or 2B levels of evidence. The list of drugs covered by this policy will be maintained in the policy. More restrictive coverage will be displayed in a separate drug-specific policy.</p>
Bezlotoxumab (Zinplava)	<p>New policy. Requires prior authorization from Pharmacy Administration.</p> <p>Claims received without prior authorization may be denied after 5/1/2017.</p>
Eteplirsen (Exondys 51)	<p>New policy. This drug is considered investigational based on the currently published medical literature.</p> <p>Claims received may be denied.</p>
Nusinersen (Spinraza)	<p>New policy. Requires prior authorization from Pharmacy Administration.</p> <p>Spinraza is covered for SMA diagnosed before six months of age and with 0-2 copies of the SMN2 gene. This drug is considered investigational for other SMA types based on the currently published medical literature. Payment for Spinraza is restricted to Accredo.</p> <p>Claims received without prior authorization may be denied after 1/1/2017.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p> <p><i>(path: https://www.healthpartners.com/public/coverage-criteria/policy.html?id=317903)</i></p>	<p>Reminder that select new drugs require prior approval.</p> <p>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</p> <p>Click HERE * for a complete and up-to-date list of drugs impacted by the policy or visit healthpartners.com.</p> <p><i>*(path: http://www.healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf)</i></p> <p>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.</p> <p>Claims received without prior authorization may be denied effective 1/1/2012 as this policy was published in November 2011.</p>

HEALTHPARTNERS DRUG FORMULARY

Drug Formulary updates for April 2017 are now available.

Positive changes (additions) are generally effective April 1, and negative changes (deletions) are generally effective July 1, 2017. Additional communications are sent to affected providers and members.

Changes to our Commercial and State Programs Drug Formularies include:

1. Adapalene (Differin) 0.1% gel is now available as an OTC medication. The prescription form will be removed from the formulary, and the OTC form will be covered for a generic co-pay.
2. Several Multi-Source Brands (Brands with equivalent generics) will require prior authorization, including Lexapro, Crestor, Lamictal, and Inderal. Some of these are 85 times the cost of the equivalent generic. Several Inderal prescriptions are over \$2,000, several Lexapro prescriptions are almost \$3,000, and several prescriptions for Lamictal are over \$5,000.
3. Several Egregious Medications will require prior authorization, including:

Egregious Medications	Alternative
Benzoyl peroxide 4%, 6%, and 7%	Benzoyl peroxide is available OTC.
Dexlansoprazole (Dexilant), with several claims for \$1,400; Dexilant coupons are widely available, limiting co-pays to \$20.	Multiple generic alternatives are available, including omeprazole (\$10), pantoprazole (\$10), and lansoprazole (\$20).
Econazole cream, with claims over \$2,000	Ketoconazole cream is about \$60.
Vanatol (butalbital/ acetaminophen/ caffeine solution), with claims over \$2,000	Generic tablets are about \$30.
Fenofibrate 120mg, with claims over \$2,000	There are about 10 strengths of fenofibrate. Standard strengths are on-formulary, including 48mg, 54mg, 134mg, 145mg, and 160mg, averaging about \$30.

Please see the on-line formulary for details, at 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, 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, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

GOVERNMENT PROGRAMS

HealthPartners in Hennepin County for PMAP and MinnesotaCare

HealthPartners is a health plan choice again in Hennepin County effective May 1, 2017 for Pre-paid Medical Assistance Program (PMAP) and MinnesotaCare enrollees.

As a reminder, there is no primary care clinic assignment for these products.

A sample member identification card is below and does not indicate a clinic assignment.

 HealthPartners			
ID	12345678	Group	Renewal Mo.
Name	JANE A DOE		January
Care Type	HealthPartners Care		PMI###
HealthPartners			
Office			\$3.00
RxBIN 017142 RxCN MNPROD1	No Coverage		
RxGrp HMN07			
ER			\$0.00
Urgent			\$3.00
Deductible			\$0.00

Emergency & Urgently Needed Care
For emergency situations, call 911 and/or get medical attention immediately.
For medical advice call the CareLine™ nurse service any time at 612-339-3663 or 800-551-0859 or call your clinic.

Hospital Admissions Contact CareCheck™ at 866-275-8555 for any admission not detected by a network physician.

Claims Submission
Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289
Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172.

Member Services Call HealthPartners Member Services at 952-967-7998; 866-885-8880; or TTY/TTD (for hearing impaired only): 952-883-6060; 800-443-0156. Or write to P.O. Box 9463, Minneapolis, MN 55440-9463. To schedule a ride to a medical appointment, call RideCare: 952-883-7400 or 888-288-1439.

To file a State Fair Hearing, please send your request to: Appeals Office/Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. Or, fax your request to: 651-431-7523. A State Ombudsman may be able to help you with your problem. They can also help you request a State Fair Hearing. You may call them at 651-431-2660 or toll free at 1-800-657-3729.

healthpartners.com Offered by HealthPartners

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 regarding no primary care clinic assignment, please review our **FAQ**.

(path: https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_189600.pdf)

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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