Fast Facts

HealthPartners

JULY 2017

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

IMPORTANT – Accurate information in provider directories is essential for members

It is critical our members have access to accurate and up-to-date information when seeking care in our networks. To ensure our members have the best experience possible, we need your help to ensure your provider information and clinic locations are up-to-date. Regulators, including Medicare and Medicaid, are scrutinizing provider directories for accuracy.

Someone from your clinic or system should be designated to review all provider information available online on healthpartners.com in our search tool – Find Care. The online information is what is used to populate printed directories. Information that should be reviewed includes:

- Office location(s) **where members can be seen for appointments**
- Provider Name with credentials (MD, DO, etc.)
- Specialty(ies)
- Location(s) Name(s)
- Address(es)
- Phone number(s)
- Clinic hours
- Practitioner status for accepting new patients
- Clinic services available

Directory information can be reviewed and edited through provider data profiles, an online tool. Log in at **healthpartners.com/provider log on** *(path: healthpartners.com/provider-public/)*.

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

If you have further questions regarding updating directory information, please call your service specialist.

INSIDE THIS ISSUE

Coborn's Pharmacy Pilot

HealthPartners and Coborn's, Inc. are proud to announce the launch of a new pilot program starting July 2017. The program will leverage Coborn's, Cash Wise and MarketPlace pharmacists to improve quality and affordability of care for their patients with HealthPartners insurance.

WHAT AREAS WILL THE PROGRAM FOCUS ON?

The pilot program aims to increase the percentage of HealthPartners members who:

1. achieve optimal blood pressure, if a hypertension diagnosis is present;
2. take statin therapy, if a diabetes diagnosis is present;
3. use affordable drug options (formulary or generic medications rather than non-formulary or brand medications).

HOW DOES THIS PROGRAM ALIGN WITH MY PRACTICE?

These aims were chosen to align with the goals of prescribers, as care systems are routinely evaluated in the following areas.

- The goal to achieve optimal blood pressure control adheres to the Minnesota Community Measurement standard.
- Statin use by patients with diabetes is measured by Minnesota Community Measurement and is recommended in the American Diabetes Association guidelines.
- Total cost of care contracts include measures of drug spending which are addressed by the pilot program's focus on affordability.

For this program to be successful, we want to ensure care provided by the pharmacists is coordinated with your practice. HealthPartners and Coborn's understand that pharmacists will need to create new relationships with their care teams and develop new workflows that complement, not complicate, the work they already do to care for these patients.

WHAT OTHER COMMUNICATIONS REGARDING THIS PROGRAM SHOULD I EXPECT?

- *If a substantial number of your patients use Coborn's, Cash Wise or MarketPlace pharmacies*, HealthPartners will send a program introduction to your care system via email, and Coborn's, Inc. will communicate with you separately regarding operational considerations.
- *If few of your patients use Coborn's, Cash Wise or MarketPlace pharmacies*, no additional communication to your care system is planned.

As part of this program, Coborn's, Cash Wise and MarketPlace pharmacists will seek to coordinate care with prescribers and care teams to achieve optimal results for patients. In this spirit of collaboration, you may receive specific treatment information or recommendations from Coborn's, Cash Wise or MarketPlace pharmacies for any of your patients who are targeted as part of this pilot program. Communications from the pharmacies may require your review and response in order to optimize care for your patients. We are excited to see the possibilities for improved care coordination and improved medication use realized as a part of this project.

Connecting patients with free medication therapy management services

Don't forget to refer patients to the HealthPartners Medication Therapy Management (MTM) program.

WHY MTM?

MTM services provide patients with a consultation by a clinical pharmacist. During this meeting, the pharmacist will review medicines to ensure they're safe, effective and appropriate for the patient. The pharmacist plays a role in actively managing drug therapy and by identifying, preventing and resolving medication-related problems.

According to the American Pharmacists Association, "Medication-related problems and medication mismanagement are a massive public health problem in the U.S. Experts estimate that 1.5 million preventable adverse events occur each year that result in $177 billion in injury and death."

An analysis of a two-year pilot program with one of HealthPartners self-insured employers reported the following clinical outcomes for patients participating in MTM: 149% increase in members with optimal diabetes quality, 44% increase in blood pressure control, 18% increase in LDL control, 15% increase in A1C control.

Evidence demonstrates that pharmacists integrated into patient care help achieve the triple aim – the best care at the lowest total cost with excellent patient experience.

WHO IS A GOOD CANDIDATE?

Many are good candidates. The list below contains suggestions only. If any patient, in your opinion, is likely to experience medication-related problems, they can be referred and have a no-charge visit with a HealthPartners pharmacist – in person, over the telephone or (in special circumstances) in the home.

- Evidence of non-adherence to medications
- Taking more than seven chronic medications
- Confusion about current medications
- Previous hospital admissions likely caused by non-optimal medication use
- Patients with poor social support systems taking fewer medications or with fewer changes than specified above

REFERRING TO HEALTHPARTNERS MTM

It's easy to connect your patients with our services. You can find the form called *Disease, Case & Lifestyle Management Service*s under "Forms for Providers" on our Provider Portal, or you can access it at **healthpartners.com/patientsupport**.

All you need to do is fill in the required information and click on "submit." We will take care of the rest.

You can also call us to make a referral at: **952-883-5469** or toll-free at **800-871-9243**.

ADDITIONAL QUESTIONS ABOUT MTM?

We would be glad to provide you with more information. Contact **Dan Rehrauer**, PharmD, Sr. Manager of the MTM Program at **Daniel.J.Rehrauer@HealthPartners.com**.

New Melrose Center video looks at commonly overlooked signs of eating disorders

While anorexia and bulimia are more common among young women, eating disorders such as binge eating disorder can affect people of all ages and from all walks of life. Eating disorders have the highest mortality rate of any psychiatric disorder, but people can and do recover. The earlier they get treatment, the greater the chances for recovery.

However, only about one in ten patients will ask for help. Primary care physicians often have the best opportunity to spot early symptoms of eating disorders. They can include stomach pain or reflux, chronic constipation, stress fractures that don't heal, fatigue and weight loss or gain.

A short video (4 ½ minutes) about Melrose Center outlines how primary care physicians can recognize eating disorders. The video also has simple steps on how to refer patients to Melrose Center. **Watch the video** *(path: http://bit.ly/2ldPB7g).* The password is Melrose.

HOW TO REFER TO MELROSE

You can refer a patient to Melrose by calling our dedicated provider hotline at **952-993-5864**.

Medical Policy Updates – 7/1/2017

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
Sleep Studies	Effective immediately, policy title has changed from "In-lab Sleep Studies" to "Sleep Studies." Policy addresses coverage information for both home sleep testing and in-lab sleep testing. Prior authorization is not required.
Feeding/oral function therapy, pediatric	Effective immediately, policy has been revised. Prior authorization is required for more than 20 visits per therapy per calendar year, rather than from visit one. Added: clarifying statements about how visits meter based on billing modifiers. Prematurity and prior tube feeding added as examples of potentially covered indications. Added statements: annual evaluations from providers are required for ongoing treatment and should contain specific documentation regarding progress toward goals. Re-evaluations are required to document measurable functional progress and the continued medical necessity for therapy. Clarified criterion #7: Definite differences */ dysfunction* are documented in standardized sensory testing in the area of oral sensory processing or oral sensory sensitivity. Clarified the following indications not covered: #2- Therapies for children with selective eating disorders that manifest as them being "picky eaters," who are able to eat and swallow normally, *and do not have any of the covered indications listed above* are not covered. #3- Swallowing/feeding therapy for *specific* food aversions. #4- Group therapy, *except when used in the context of a child diagnosed with autism* is not covered. Deleted maintenance therapy as a non-covered indication: redundant as policy already states *Therapy when functional improvement is not expected or progress has plateaued* is not covered. Revised definition of feeding disorders.
Cardiac Event Monitoring	Effective 9/1/17, policy revised. Coverage criteria added for mobile cardiac outpatient telemetry when symptoms occur infrequently such that the arrhythmia is unlikely to be diagnosed by Holter (in a 48-hour period) or ambulatory event monitoring. Coverage criteria added for evaluation of members with suspected atrial fibrillation as a cause of cryptogenic stroke. Coverage criteria for implantable cardiac loop recorders requires non-detection of cardiac arrhythmia with standard 30-day monitoring. Prior authorization is still required.
Pneumatic Compression Devices	Effective immediately. Information regarding cold compression therapy was removed from DME Benefits Grid policy and incorporated into this policy. Prior authorization is not applicable for cold compression therapy. It is not covered because there is no evidence that it is more effective than standard cold and compression therapy. Prior authorization continues to be required for pneumatic compression devices.
Voice Therapy	Effective immediately, policy retired as information is included on the Speech therapy-rehabilitative policy. Coverage remains the same.
Massage Therapy	Effective immediately, policy retired as information is included on the Physical and occupational therapy-rehabilitation policy. Coverage remains the same.

Coverage Policies	Comments / Changes
Genetic Testing for Arrhythmias and Cardiomyopathies	Effective 9/1/17. Coverage criteria have been modified to allow testing of individuals with first- or second-degree relatives with sudden death suspected to be related to Brugada syndrome or catecholeminergic polymorphic ventricular tachycardia. For diagnostic genetic testing for dilated cardiomyopathy in the presence of significant cardiac conduction disorder, candidacy for an implantable or wearable cardioverter defibrillator is required. Prior authorization is required for all services addressed by this policy.
Genetic Testing for Connective Tissue, Skeletal, and Integumentary Disorders	Effective 9/1/17. The Genetic Testing for Connective Tissue Disorders has been expanded to describe coverage for genetic testing for skeletal and/or integumentary disorders. Genetic testing for Ehlers-Danlos syndrome (EDS) is limited to vascular-type EDS. Coverage is now available for genetic testing for the following conditions when criteria are met, including genetic counseling and a family/personal history consistent with the condition being evaluated: • Epidermolysis bullosa/Kindler syndrome • Hereditary hemorrhagic telangiectasia • Inherited ichthyoses • Legius syndrome • Neurofibromatosis, types 1 and 2 • Ocular albinism • Osteogenesis imperfecta and/or dentinogenesis imperfecta • Schwannomatosis Prior authorization is required for all services addressed by this policy.
Ovarian Cancer Screening	Effective immediately, policy retired. HealthPartners covers per MN state mandate. No prior authorization was ever required. Coverage remains unchanged.
Wheelchairs - mobility assistive equipment (MAE) - Minnesota Health Care Programs	Effective immediately, policy revised to comply with criteria in Minnesota Health Care Programs (MHCP) Provider Manual. Please see policy for details.
Artificial insemination (AI) or intrauterine insemination (IUI) – Minnesota Health Care Programs	Effective immediately, new policy was created to reflect coverage as outlined in Minnesota Health Care Programs (MHCP) Provider Manual. Please see policy for details.
Infertility diagnosis and treatment – Minnesota Health Care Programs	Effective 7/1/2017, new policy was created to reflect coverage as outlined in Minnesota Health Care Programs (MHCP) Provider Manual. Please see policy for details.
Home Spirometry Program	Effective immediately, policy retired as it is considered standard of care.
Actinic keratoses treatment	Effective immediately, policy retired. Standard of care for this diagnosis.
Meniere's Disease Treatment - Meniett Device	Effective 9/1/2017, policy retired. Coverage for this device has changed. The Meniere's Disease Treatment – Meniett Device will be added to the Investigational Services-list of Non-Covered Services 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.

Coverage Policies	Comments / Changes
Orthotics/Braces/Shoes	Effective immediately, the Shoes policy has been incorporated into the Orthotics/Braces policy. Other revisions include adding coverage of finger/ring splints and indicating that a microprocessor/electronic/electromagnetic stance controlled orthotic is not covered. Non-coverage statement regarding a protective body sock (L0984) was removed.
Orthotics/Braces/Shoes – Minnesota Health Care Programs	Effective immediately, "Shoes" has been added to policy title to reflect inclusion of criteria for this item. Minor revisions were made to align with MHCP provider manual. Additions include criteria for therapeutic shoes and that an externally powered upper extremity orthotic (L3904) is not covered.
Shoes	Effective immediately, policy retired as information is included on the Orthotics/Braces/Shoes policy. Coverage remains the same.
Sympathectomy (Thoracic) for the treatment of primary hyperhidrosis	Effective7/1/2017 liposuction and curettage and microwave treatment (miraDry system) have been added as non-covered indications for treatment of primary hyperhidrosis. These treatments are considered investigational. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy of these treatments or their effect on health care outcomes.

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

PHARMACY

Coverage Policies	Comments / Changes
Botulinum Toxins Policy *(path: healthpartners.com/public/coverage-criteria/policy.html?id=325658*	Coverage for MHCP will be aligned with DHS coverage for FFS products.
Recently FDA-Approved Medications Coverage Policy *(path: healthpartners.com/public/coverage-criteria/policy.html?id=332417)*	Reminder that select new drugs require prior approval. Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications. Click **HERE*** for a complete and up-to-date list of drugs impacted by the policy or visit healthpartners.com. **(path: healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf)* As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice. Claims received without prior authorization may be denied effective 1/1/2012 as this policy was published in November 2011.
Simponi Aria (golimumab) Commercial *(path: healthpartners.com/public/coverage-criteria/policy.html?id=325804)* **MHCP** *(path: healthpartners.com/public/coverage-criteria/policy.html?id=324450)*	Revised coverage policy effective 7/1/17. No longer requires trial and failure of preferred anti-TNF agents.

Coverage Policies	Comments / Changes
Entyvio (vedolizumab) Commercial *(path: healthpartners.com/public/coverage-criteria/policy.html?id=325815)* **MHCP** *(path: healthpartners.com/public/coverage-criteria/policy.html?id=324416)*	Revised coverage policy effective 7/1/17. Now requires trial and failure of Remicade. Previously required trial and failure of two preferred anti-TNF agents.
Stelara (ustekinumab) Commercial *(path: healthpartners.com/public/coverage-criteria/policy.html?id=325814)* **MHCP** *(path: healthpartners.com/public/coverage-criteria/policy.html?id=324415)*	Revised coverage policy to include criteria for Crohn's Disease.
Lemtrada (alemtuzumab) *(path: healthpartners.com/public/coverage-criteria/policy.html?id=313353)*	Revised coverage policy effective 7/1/17. Coverage criteria will be modified to require documented failure of any two formulary MS agents.
Tysabri (natalizumab) Commercial *(path: healthpartners.com/public/coverage-criteria/policy.html?id=325810)* **MHCP** *(path: healthpartners.com/public/coverage-criteria/policy.html?id=324394)*	Revised coverage policy effective 7/1/17. Coverage criteria will be modified to require documented failure of any one formulary MS agent.

HEALTHPARTNERS DRUG FORMULARY

Updates are planned for the HealthPartners Drug Formulary starting July 1.

Several replacements are being made. Replacements result from the formulary review cycle, done every three years. Clinical reviews of efficacy and safety are the primary consideration, and lower-cost products are preferred when efficacy and safety are similar. Savings are significant and help accomplish our mission to keep healthcare more affordable.

Changes start July 1.

Updates for the Commercial and State Program Formularies are announced in mid-June, with formulary additions on July 1, and negative changes (formulary deletions) starting September 1.

UPDATES INCLUDE:

- Tiotropium (Spiriva), an inhaler for COPD, is being deleted and replaced with umeclidinium (Incruse) and Anoro (umeclidinium/ vilanterol).
- Olopatadine eye drops (Pataday and Pazeo), eye drops for allergies, are being removed. Alternatives include ketotifen OTC (e.g. Alaway, Zaditor), azelastine (Optivar generic), and olopatadine (Patanol generic).
- Opioids dose limits are being decreased from a morphine-equivalent dose of 120mg per day to 90mg per day, on January 1, 2018.
- Solifenacin (Vesicare), for overactive bladder, is being deleted. Oxybutynin, tolterodine (Detrol and Detrol LA generic), trospium (Sanctura IR generic), and mirabegron (Myrbetriq) remain available on formulary.

- Lifitegrast (Xiidra), for dry eyes, is being restricted (NF-PA). Alternatives include artificial tears (OTC) and cyclosporine (Restasis).
- Eletriptan (Relpax), for migraines, is being limited (NF-PA). Alternatives include sumatriptan (Imitrex) and rizatriptan (Maxalt).
- Dabigatran (Pradaxa), an anticoagulant, is being restricted (on-formulary, with prior authorization). Rivaroxaban (Xarelto) and apixaban (Eliquis) remain on formulary with no prior authorization.
- Liraglutide (Saxenda), for weight loss, is being restricted (NF-PA). PA criteria includes obesity, participation in a weight loss program, and an inadequate response to phentermine or orlistat.
- Erythromycin oral is being deleted due to high cost ($600 per Rx). Azithromycin remains on formulary.
- Testosterone patch (Androderm) is being removed. Testosterone gel (generic 1% and 2% forms, and Androgel 1.62%) remains on formulary with prior authorization.
- Dulaglutide (Trulicity), a GLP-1 agonist for diabetes, is being added to the formulary. Exenatide (Byetta and Bydureon) and liraglutide (Victoza) remain available.
- AirDuo (fluticasone/salmeterol) generic has been added to formulary. Both Advair and AirDuo generic are inhalers with the same active ingredients (fluticasone/salmeterol). Both are on-formulary.
- Deflazacort (Emflaza) is not covered. It is considered not medically necessary.
- Apremilast (Otezla) is being added to the formulary. No longer requires trial and failure of Enbrel and Humira.
- Fingolimod (Gilenya) no longer requires prior authorization.
- Teriflunomide (Aubagio), added to the formulary and no longer requires prior authorization.
- Interferon beta-1a (Avonex) no longer requires step-therapy.
- Pegylated interferon beta-1a (Plegridy), added to the formulary and no longer requires prior authorization.
- Interferon beta-1b (Extavia) no longer requires step therapy.
- Dupilumab (Dupixent), a new drug for atopic dermatitis, is being added to the formulary with prior authorization.
- Crisaborole (Eucrisa), a new drug for atopic dermatitis, is being added to the formulary with prior authorization.
- Brodalumab (Siliq), a new drug for plaque psoriasis, is non-formulary with prior authorization.
- Multiple Sclerosis agents will have quantity limits added effective 9/1/17 to restrict to maximum FDA-approved dosing.

WHAT IF A PATIENT NEEDS A NON-FORMULARY MEDICATION?

Requests for non-formulary medications will be approved if medically necessary. Our standard process can be used by submitting a prior authorization form to Pharmacy Administration (fax to **888.883.5434**).

Please see the online 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** *(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 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

HHS Risk Adjustment Data Validation Audit

HealthPartners is participating in the Department of Health and Human Services (HHS) Risk Adjustment Data Validation Audit. HHS is required to annually validate the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans through the validation of medical records. This process is known as the HHS Risk Adjustment Data Validation (HHS-RADV) program. As part of the audit, HealthPartners may be requesting medical records to support the diagnoses that were submitted on the claims if the individuals who are part of the sample received services at your organization. This is an important audit and your organization's assistance in providing medical records that are requested will be very much appreciated. The records will be requested throughout the summer. Please let your Health Information Management (HIM) or other medical records release areas know about this upcoming audit.

EVENTS

State Employee Group Insurance Program (SEGIP) Webinar:

MN Advantage Health Plan Network – Tiered Network Model

Minnesota Management and Budget (MMB) invite all primary care clinics who participate in the Minnesota Advantage Health Plan to listen to their prerecorded tiered network model webinar. Their Employee Insurance Division staff and its actuarial consultants form Deloitte Consulting presented this webinar in 2016 (plan year 2017) to provide information to participating providers on how providers are placed in cost levels, what methodology is used to assess and reward efficiencies, and how providers can negotiate with health plan administrators (i.e., HealthPartners) to change their cost level placement.

If you have any questions after listening to the webinar, please contact Minnesota Management and Budget at **SEGIPNetwork.mmb@state.mn.us**.

Link to webinar: **MN Advantage Health Plan Webinar**

(path: https://
deloitteevents.webex.com/ec3200/eventcenter/recording/recordAction.do?theAction=poprecord&siteurl=deloitteevents&entappname=url3200&internalRecordTicket=4832534b0000000495565941df4fc279d18062784360158489c406dc118944d81c7612dd6e45ad7f&renewticket=0&isurlact=true&format=short&rnd=5647200737&RCID=96f269be2d094ed9acf3a8abe21c63d1&rID=13117107&needFilter=false&recordID=13117107&apiname=lsr.php&AT=pb&actappname=ec3200&&SP=EC&entactname=%2FnbrRecordingURL.do&actname=%2Feventcenter%2Fframe%2Fg.do).

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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