

Fast Facts

JANUARY 2018

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

IMPORTANT – Accurate information in provider directories is essential for members

It is important that your patients and our members have access to accurate information when seeking care in their network. 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 your provider information available online on **healthpartners.com** in our search tool *Find Care*. This same online information 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.

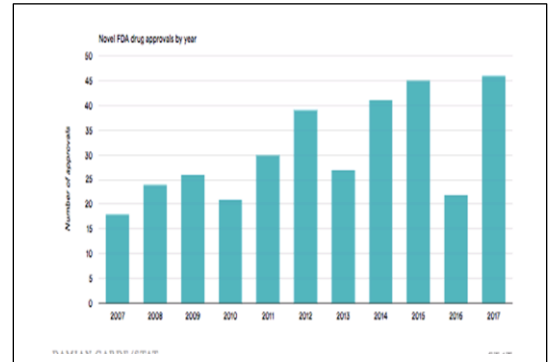
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2018 Pilot Project: Oncology Drug Consultant Review

OPPORTUNITY

- Thirty-four new drugs – treating everything from cancer to rare genetic diseases – have been approved so far this year. That’s on pace to nearly double last year’s approvals. (*Bloomberg, 2017*)
- FDA’s new drug review programs such as “breakthrough status,” “priority review,” “fast-track designation,” and “accelerated approval,” have minimized delays in the entry of effective lifesaving drugs into the market and has struck the right balance between the need to save lives and safety. (*Mayo Proceedings, 2016*)
- However, expedited pathways raise questions about whether physicians and patients can make informed treatment decisions. (*Svensson, 2013. JAMA*)



NEW CONSULTATIVE SUPPORT PILOT

Starting in 2018, we are piloting an approach that uses Oncologists from Oncology Analytics, a third-party organization, for consultation when select medication, non-FDA label, off-NCCN or low evidence NCCN requests are made through our required prior authorization process.

WHAT IS YOUR ROLE IN THE PILOT?

During this pilot, you may be contacted by an Oncology Analytics oncologist to discuss requested regimens if a safety risk or higher cost exists when compared to an alternative regimen.

For further questions, please contact your contract manager.

Consultative reviews may be used for

- Opdivo
- Keytruda
- Imfinzi
- Avastin
- Abraxane
- Lartruvo
- Fusilev

Electronic pharmacy prior authorization (ePA) update

HealthPartners has partnered with three intermediary vendors to support electronic prior authorization (ePA). They include:

- CenterX
- SureScripts
- CoverMyMeds

We encourage you to utilize ePA. Benefits include:

- Faster turnaround times
- Fewer cases with missing information
- Fewer questions to answer – only those needed for a decision are asked

For any questions specific to HealthPartners, please contact our PA Customer Service at **1-800-492-7259**.

Coming soon – C3!

HealthPartners is preparing to upgrade its claims coding software on March 31, 2018. Along with that upgrade, we will implement new software called Clear Claim Connection, or C3.

WHAT IS C3?

C3 is a web-based solution that enables HealthPartners to share claim auditing rules, payment policy and clinical rationale inherent in code auditing. C3 is designed to make claims payment policies, related rules, clinical edit clarifications and other source information easily accessible and available for viewing via the provider portal. This functionality provides the ability to test “what if” claim scenarios before actually submitting a claim for payment.

WHAT’S NEXT?

Additional information and instructions for accessing C3 via the provider portal will be included in the March FastFacts edition and will also be posted on the provider portal closer to the March implementation date.

Medical Policy Updates – 1/1/2018

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 |
|---|--|
| Spinal fusion-lumbar | Effective 3/1/18, policy revised for clarity and has been restructured. Various approaches to fusion surgery have been clarified. Added coverage for rhBMP. Added in requirement for “absence of untreated, underlying contributory mental health conditions or psychological issues (including but not limited to depression, drug or alcohol abuse)” as a requirement for all candidates. Added in non-covered procedure ILIF as this is related to the already non-covered Coflex device. |
| Spinal fusion-lumbar, Iowa | Effective 3/1/18, policy revised for clarity and has been restructured. Various approaches to fusion surgery have been clarified. Added coverage for rhBMP. Added in requirement for “absence of untreated, underlying contributory mental health conditions or psychological issues (including but not limited to depression, drug or alcohol abuse)” as a requirement for all candidates. Added in non-covered procedure ILIF as this is related to the already non-covered Coflex device. |
| Cochlear implants & auditory brainstem implants | Effective 1/8/18, policy retired. Language regarding coverage of cochlear implant external communication equipment has been added to DME Benefits Grid policy. |
| Knee Arthroscopy: Lavage and Debridement for Osteoarthritis | Effective immediately, policy retired. Standard treatment within the community. |
| Electric tumor treatment fields (ETTF) to treat glioblastoma (Optune™)-Minnesota Health Care Programs | Effective immediately, new policy for MHCP. Electrical stimulation devices used for cancer treatment are considered investigative. |
| Prosthetic Eye / Ear | Effective immediately, policy retired. Information is now on the Durable Medical Equipment & Prosthetics policy and coverage has not changed. |

| Coverage Policies | Comments / Changes |
|---|---|
| Blepharoplasty, blepharoptosis repair, and brow lift | Effective 12/1/2017, policy revised. Under Blepharoplasty: removed criteria for photos required for taped and untaped for lid margin. |
| Minimally Invasive & Laser Spine Procedures | Effective immediately, two additional codes (62380 and C2614) are included in the non-covered/investigational services for percutaneous and endoscopic laminectomy and disc decompression procedures of the cervical, thoracic or lumbar spine. |
| Ventricular Assist Devices and Total Artificial Hearts – MHCP | Effective immediately, a new MN Health Care Programs policy for Ventricular Assist Devices and Total Artificial Hearts has been created to reflect current DHS guidance. |
| Transcutaneous electrical nerve stimulator (TENS) unit | Effective 3/1/18, policy revised. TENS contraindications have been updated to include the condition of having an implanted defibrillator. Statement has been added that the H-wave electrical stimulation device (a type of TENS unit) is not covered due to insufficient scientific evidence to support efficacy for this indication. |
| Nerve Conduction Studies (using an automated device) | Effective 3/1/2018, policy retired. |
| Bone stimulator, electronic and ultrasonic | Effective 3/1/2018, policy revised with changes in criteria for Ultrasonic osteogenic stimulator (E0760). See policy for more details. <ul style="list-style-type: none"> • Added criteria for evidence of nonunion: The fracture gap is one centimeter or less • Remove distal radius (Colles' fracture) as an accepted fracture site for coverage of a fresh fracture. • Remove general statement for coverage of nonunion fractures due to fracture location or comorbidity. • Remove language indicating that the fracture must be closed or immobilized. • Add 5th metatarsal and scaphoid as covered fracture sites for fresh fractures. |
| Uvulopalatopharyngoplasty (UPPP) for Obstructive Sleep Apnea | Effective 3/1/2018, policy revised. Added under Indications that are not covered: Uvulectomy as a stand-alone procedure for treatment of snoring or OSA is considered investigational. |
| In-network benefit requests | Effective April 1, 2018. Addresses requests for in-network benefits when an in-network healthcare provider has confirmed that the medical service is not available within the member's network. |

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

Pharmacy Policy Updates – January 2018

HEALTHPARTNERS DRUG FORMULARY

Drug Formulary updates for January 2018 are included as attachments.

STATE PROGRAMS-ONLY

In addition to updates below, these changes will be made for Minnesota Health Care Programs.

- Advair, Dulera and Symbicort will be limited, after fluticasone/salmeterol (AirDuo generic). Fluticasone/salmeterol is approved for asthma, for those 12 years of age and older. It is less costly (\$85 per month versus \$340) and will be preferred. Exceptions will be made for younger children and for treating COPD. This limit will be effective April 1, 2018.

- Hepatitis C Virus preferred products are changing (MHCP only) effective January 1, 2018:
 - Harvoni is being limited (from F-PA to NF-PA): Harvoni will be reserved for patients who have tried and failed Mavyret.
 - Zepatier is being limited (from F-PA to NF-PA): Reserved for patients who have tried and failed Mavyret.
 - Mavyret is being added to the formulary (F-PA) and will be a preferred option for treatment-naïve patients with genotypes 1-6. Mavyret will be a preferred option for genotype 1 retreatments for patients who failed on either NS5A or NS3/4A PI.
 - Vosevi is being added to the formulary (F-PA) and will be a preferred option for treatment experienced patients with genotypes 1-6.

COMMERCIAL AND STATE PROGRAMS

- Many opioid dose limits are being decreased from a morphine-equivalent dose of 120mg per day to a morphine-equivalent dose of 90mg per day, effective January 1, 2018.
- Dapagliflozin (Farxiga) is being limited (from NF to NF-PA): Reserved for patients with an inadequate response to Invokana and Jardiance, effective April 1, 2018.
- Xigduo (dapagliflozin/metformin) is being limited (from NF to NF-PA): Reserved for patients with an inadequate response to Invokamet and Synjardy, effective April 1, 2018.
- Albiglutide (Tanzeum) is being limited (from NF to NF-PA): Reserved for patients with an inadequate response to Victoza, Trulicity and Bydureon. This limit will be effective April 1, 2018.
- Nebivolol (Bystolic) is being limited (from NF to NF-PA): Reserved for patients with an inadequate response or medical contraindications to two preferred products, effective April 1, 2018.
- Diltiazem high-cost products are being limited. There are multiple lower-cost diltiazem products available, including diltiazem ER 24-hour capsules. These limits will be effective April 1, 2018.
- Epinephrine (Epi-pen, brand-only) is being limited (from NF to NF-PA): reserved for patients with a documented allergic reaction to the equivalent generic, effective April 1, 2018.
- Azelaic acid 20% (Azelex) is being limited (from NF, to NF-PA): reserved for patients with an inadequate response to one drug from each of these three categories, retinoids, benzoyl peroxide and oral antibiotics. Azelex is a second-line treatment for acne and more costly than alternatives (about \$500 per Rx).
- Doxepin cream (Zonalon generic) is being limited (from NF to NF-PA-QL): reserved for FDA-approved indications (pruritus). QL: one tube (30 grams) per Rx. This generic cream is over \$2,000 per Rx.
- Brimonidine (Mirvaso) is considered a cosmetic treatment for rosacea and is not covered. Mirvaso is about \$500 per Rx.
- An equivalent generic form of Copaxone 40mg (glatiramer) is available. Per HealthPartners multi-source brand policy, Copaxone 40mg is no longer a preferred product (from F to NF-PA).
- Cosentyx is being added to formulary (from NF-PA to F-PA). First-line therapy must still be tried and failed, effective April 1, 2018.
- Taltz (NF-PA) is being restricted: Reserved for patients who have tried and failed Cosentyx, effective April 1, 2018.
- Hepatitis C Virus preferred products are changing effective January 1, 2018 (Commercial only):
 - Harvoni (F-PA) is being limited: Reserved for patients who qualify for 8-week regimens. Harvoni x 12 weeks will be reserved for patients who have tried and failed Mavyret and Epclusa.
 - Epclusa (F-PA) is being added as a preferred product for genotypes 1-6.
 - Zepatier is being limited (from F-PA to NF-PA): Reserved for patients who have tried and failed Harvoni x 8 weeks and Mavyret and Epclusa.
 - Mavyret is being added to the formulary (F-PA) and will be a preferred option for treatment-naïve patients with genotypes 1-6. Mavyret will be the preferred option for genotype 1 retreatments for patients who failed on either NS5A or NS3/4A PI.
 - Vosevi is being added to the formulary (F-PA) and will be restricted. Vosevi will be reserved for treatment experienced patients with genotypes 2-6, or genotype 1 patients who have failed both an NS5A and NS3/4A PI.
 - Solvaldi is being limited (from F-PA to NF-PA): Reserved for patients who have tried and failed Harvoni x 8 weeks, Epclusa and Mavyret.

MEDICARE

Most of these changes were previously announced and implemented for Commercial and State Programs. Medicare changes become effective January 1, 2018.

- Lantus and Toujeo (insulin glargine) are being removed from the formulary and replaced with Basaglar (insulin glargine). Basaglar is very similar (considered a follow-on product by the FDA) and is less costly.
- Tiotropium (Spiriva) and Stiolto (tiotropium/olodaterol), inhalers for COPD, are being deleted and replaced with umeclidinium (Incruse) and Anoro (umeclidinium/vilanterol).
- Many opioid dose limits are being decreased from a morphine-equivalent dose of 120mg per day to a morphine-equivalent dose of 90mg per day.
- 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.
- Olopatadine eye drops (Pataday and Pazeo), eye drops for allergies, are being removed. Ketotifen OTC (e.g., Alaway, Zaditor) is an alternative. Formulary alternatives include azelastine (Optivar generic) and olopatadine (Patanol generic).
- Dabigatran (Pradaxa), an anticoagulant, is being restricted (on-formulary, with prior authorization). Rivaroxaban (Xarelto) and apixaban (Eliquis) remain on formulary with no prior authorization.

Please see the formulary for details and a complete list 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**

(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, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

PHARMACY MEDICAL POLICIES

| Coverage Policies | Comments / Changes |
|---|---|
| <p>Hereditary Angioedema Therapy</p> <p><i>Path:</i> healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045948</p> | <p>Revised coverage policy effective 3/1/2018.</p> <p>The policy was modified as follows:</p> <ul style="list-style-type: none"> • Haegarda was added to this policy. • Coverage criteria have been revised. • MCHP members will follow the Minnesota Department of Human Services coverage policy available at: https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/firazyr.jsp <p>Claims received without prior authorization may be denied.</p> |
| <p>Recently FDA-Approved Medications Coverage Policy</p> <p><i>Path:</i> healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046122</p> | <p>Revised coverage policy.</p> <p>The requirement for a cost-effective site of care may apply to these drugs effective 1/1/2018.</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:</i> healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf</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> |

Clinical Information

New online tools and training

ONLINE TOOL: LARC LINK

LARC Link (*path: umn.us3.list-manage.com/track/click?u=765d832139b361f1b5b275d37&id=0d481867d9&e=b871703981*) is an online tool for providers who wish to find long-acting reversible contraception (LARC) placement trainings and resources. It can help providers learn how to better incorporate contraceptive counseling, discussions about pregnancy prevention and shared decision-making into an adolescent wellness visit. The website includes resources in contraceptive health care, as well as the latest in family planning.



ONLINE TRAINING: MINNESOTA MINORS' CONSENT LAW

This training (*path: umn.us3.list-manage.com/track/click?u=765d832139b361f1b5b275d37&id=404559ac67&e=b871703981*), from **Better Together Hennepin** (*path: umn.us3.list-manage.com/track/click?u=765d832139b361f1b5b275d37&id=89004b3337&e=b871703981*) is an introduction to the Minnesota Minors' Consent law, and helps clinic staff understand how to protect minors' confidentiality. The training is ideal for staff who have direct access with adolescent patients, including front desk staff, lab staff, clinic support staff, nurses and providers.



Government Programs

New 2018 HealthPartners Medicare Plan Offerings

HealthPartners has expanded our Medicare Cost plan footprint into North and South Dakota for 2018. HealthPartners Sanford (Cost) includes four medical plan options in select North Dakota and South Dakota counties.

In addition to our existing Freedom (Cost) plan offerings in Minnesota and Wisconsin, we are also offering a new Medicare Advantage plan, Journey Stride (PPO), in select counties within the Twin Cities metro area and central Minnesota.

For more information and details about our 2018 Medicare plans, please go to the Provider Portal and click on the **Medicare and Medicaid Resources** page (*path: www.healthpartners.com/provider-public/medicare-and-medicaid-resources/*).

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.

Fast Facts Editor: Mary Jones

Hospital & Regional Network Management Mary.T.Jones@HealthPartners.com