Fast Facts

HealthPartners®

NOVEMBER 2018

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

IMPORTANT – New outreach locations or telemedicine services?

UPDATE YOUR PROVIDER AND LOCATION INFORMATION

Do you have new outreach locations or telemedicine services? If so, please contact your HealthPartners Service Specialist and provide details so the information can be added to our system.

Directory information can be reviewed and edited through our Provider Data Profiles 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.

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

If you have further questions regarding updating directory information, please call your HealthPartners Service Specialist.

INSIDE THIS ISSUE

HealthPartners programs and important information

Information is available for your review regarding key HealthPartners programs, policies and procedures, important member information, and other pertinent information at **healthpartners.com/provider.**

To directly access information about:

- Utilization Management
- Pharmaceutical Management Procedures
- Click here: **Quality Improvement & Utilization Management** *(path: healthpartners.com/hp/important-information/)*

To access information regarding our Disease and Case Management program including how to use Disease Management services and how we will work with your patients in our Disease Management program:

- Click here: **Disease and Case Management** *(path: healthpartners.com/provider-public/disease-and-case-management/)*

To access administrative policies including:

- Access to Utilization Management Staff
- HealthPartners Affirmative Statement Regarding Incentives
- How to Contact a Medical Director regarding Utilization Management
- Medical Record Standards
- Member Rights & Responsibilities
- Member Complaint Processes and Procedures
- Utilization Management Coverage Criteria Policies
- Click here: **Administrative policies** *(path: healthpartners.com/provider-public/administrative-policies/)*

To access information about Credentialing/Enrollment and HealthPartners Credentialing Plan including practitioner's rights:

- Click here: **Credentialing and enrollment** *(path: healthpartners.com/provider-public/credentialing-and-enrollment/)*

To access Confidentiality/Privacy policies:

- Click here: **Website privacy policy** *(path: healthpartners.com/provider-public/privacy/)*
- **Privacy Practices for Providers** *(path: healthpartners.com/provider-public/administrative policies/)*

2018 Clinical Indicators Report

The 2018 HealthPartners Clinical Indicators Report and Technical Supplement will be available online after November 7, 2018. The Clinical Indicators Report features comparative provider performance on clinical measures and consumer satisfaction results. The primary purpose is to provide valid and reliable information for providers to use in their efforts to improve patient care and outcomes. HealthPartners uses this information to support internal quality improvement initiatives, which may include provider incentive and tiering programs. The 2018 Clinical Indicators Technical Supplement includes measurement detail, optimal component rates and trended plan rates over time.

To view the report click **HERE**, or go to healthpartners.com/quality and click on Clinical Indicators Results *(path: healthpartners.com/provider-public/quality-and-measurement/clinical-indicators/).*

HealthPartners policy regarding financial incentives

It is the policy of HealthPartners that utilization review decisions are made based only on appropriateness of care, service and existence of coverage. Financial incentives, if any, that are offered by HealthPartners (or any entity that contracts with HealthPartners to provide utilization management services) to individuals or entities involved in making utilization management decisions will not encourage decisions that result in underutilization or inappropriate restrictions of and/or barriers to care and services.

This means that HealthPartners and entities contracting with HealthPartners to provide utilization management services will not specifically reward, hire, promote, compensate, retain, or terminate practitioners or other individuals conducting utilization review based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial or benefits.

If you have any additional questions, please contact Susan Gunderson at **952-883-5576**.

Physician Incentive Plans (PIP) disclosure

The Centers for Medicare and Medicaid Services (CMS) requires health plans to request information from their contracted providers regarding the existence of physician incentive plans. The information should also include any physician incentive plans that exist between your organization and downstream subcontractors.

Physician Incentive Plan disclosure is required even if there are no incentive arrangements or the arrangements have a low level of risk either through referrals or low utilization.

If your information has changed since your organization last submitted this form, please submit the fax back form that's attached to this edition of Fast Facts to HealthPartners and a Summary Data Form will be sent to you for completion.

Thank you in advance for your assistance in keeping physician incentive plan information up to date. For more information from CMS on Physician Incentive Plans, please click **CMS Relationships With Providers** and review Section 80 *(path: cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c06.pdf).*

If you have questions or need more information, please contact your Service Specialist.

Discussing denied authorizations for healthcare services

If an authorization request for healthcare services or items was denied based on coverage criteria, the member or the provider has the right to discuss the decision with the clinician in our prior authorization program involved in making the decision. Staff is available 8 AM to 5 PM Central Standard Time, Monday through Friday, excluding national holidays.

Call Member Services for assistance at **952-883-5000**.

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. 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.

Connecting patients with free HealthPartners Disease Management services

HealthPartners Disease Management RNs and CDEs provide support and coaching to patients with asthma, CAD, COPD, CHF, diabetes, cancer, low back pain and to women who are pregnant. The team also supports patients with 14 additional rare neurological, pulmonary, rheumatologic and hematologic diseases. CHF patients may be eligible for the added benefit of in-home telemonitoring for risk management at no cost to the patient.

Using fully integrated systems, processes and information platforms, these services have been shown to optimize health and care, reduce hospital admissions and readmissions, and maximize appropriate use of available resources—all while delivering an exceptional experience to patients and physicians.

HOW THE SERVICES WORK

Using personalized health coaching techniques and behavioral strategies including motivational interviewing, health coaching and shared decision making, HealthPartners disease managers provide tailored interventions designed to:

- Enhance self-management of condition
- Support medication adherence
- Identify and close gaps in condition-specific care
- Support the physician's plan of care
- Strengthen the patient's relationship with their provider and clinic

A multidisciplinary team of registered nurses, registered dietitians, pharmacists, behavior health specialists and social workers ensure that each patient receives the support and level of service appropriate to their circumstances. The team collaborates with the patient's physicians frequently throughout the duration of the patient's participation in the program, including care plan updates and reports of the patient's progress towards goals.

We've now made it easier for you to connect your patients with our services. We replaced the online PDF/print form with a new automated web-based form located on the Provider portal at **healthpartners.com**. You can find the new form—*Disease, Case & Lifestyle Management Service*s—under "Forms for Providers," or you can check it out 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.

We appreciate your partnership in meeting the needs of our members. If you have any questions, please contact the HealthPartners Connect team at **952-883-5469** or toll-free at **800-871-9243**.

Fraud, waste and abuse

As an organization, HealthPartners is committed to working to prevent, detect and report fraud, waste and abuse. It is estimated that health care fraud is close to $100 billion a year in the US. The most common types of health care fraud include:

- Billing for services that were never rendered
- Billing for more expensive services or procedures than were actually provided ("up coding")
- Performing unnecessary services solely for the purpose of insurance payments
- Misrepresenting noncovered treatments as medically necessary covered procedures
- Falsifying patient diagnosis to justify tests and other procedures
- Billing separately for each step of a procedure, or billing labs separately ("unbundling)

- Billing the patient for more than the co-pay under the terms of a managed care contract
- Accepting kickbacks for patient referrals
- Waiving patient co-pays or deductibles for medical or dental care and over-billing the insurance carrier or benefit plan

Everyone has the right and responsibility to report possible fraud, waste or abuse. To report suspected fraud, waste or abuse, you may call the HealthPartners Integrity and Compliance Hotline at **1-866-444-3493**, or the HealthPartners Fraud and Abuse Hotline at **952-883-5099**, or send an e-mail to **reportfraud@healthpartners.com**.

Please review the Preventing, Detecting & Reporting Fraud, Waste & Abuse policy at HealthPartners **Provider Administrative Policies** *(path: healthpartners.com/provider-public/administrative-policies)* and share it with others within your organization who may need to be aware of this information. Feel free to call Steve Bunde, Health Plan Compliance Officer at **952-883-6541** if you have any questions or concerns.

Coding Corner Update: Clear Claim Connection (C3) now available

You now have access to a new tool on our Provider Portal called Clear Claim Connection (C3). You can access this tool by logging into your Provider Portal account. The Clear Claim Connection application was added to all Provider Portal accounts that currently have access to the Claim Estimator tool.

WHAT IS CLEAR CLAIM CONNECTION (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 allows providers the ability to test *"what if"* claim scenarios before actually submitting a claim for payment.

WHAT ARE THE BENEFITS OF C3?

- Access prospective coding and supporting Clinical Edit Clarifications for services before submitting claims.
- Proactively determine appropriate code or code combinations for services provided to ensure accurate billing.
- Retrospectively assess Clinical Edit Clarifications on a denied claim for billed services.

WHAT IS THE DIFFERENCE BETWEEN THE HEALTHPARTNERS CLAIM ESTIMATOR TOOL AND C3?

- The Claim Estimator Tool provides estimates for professional services using anticipated claim information and uses real-time contractual and member benefits to provide the most accurate estimates including anticipated payments and member liabilities.
- C3 will not provide payment information; it illustrates how claims could process in relation to specific claim edits, modifiers billed and clinical policies.

If you need access to this new tool, please contact your Provider Portal site delegate.

Disclosure of Ownership and Control Interest Form

HealthPartners has automated the process for providers to submit their Disclosure of Ownership information. The primary contact on file for your organization will receive an e-mail with a link to the form and there will be information that will need to be verified, updated and attested to, along with a place for a signature and date. The Minnesota Department of Human Services (DHS) and the Centers for Medicare and Medicaid Services (CMS) requires health plans, including HealthPartners, to collect information from their contracted providers regarding ownership and control interests, management information, significant business transactions, and the identity of any individuals or entities excluded from participating in government funded health care programs.

If your primary contact has not received the link and submitted a 2018 Disclosure of Ownership and Control Interest Form yet, please click on the link below to print a copy of the form for completion. The form is required to be completed on an annual basis or when changes to ownership occur.

- **Disclosure of Ownership Form - HealthPartners**
  (path: healthpartners.com/providers/Admin Tools/Tools and Forms/Regulatory Requirements and Reporting

If you are a participating provider with other Minnesota payers, any payer will accept this form, so it can be completed once and submitted to any payer with whom you are contracted.

Please submit the form to HealthPartners in one of the following ways:

- Email: **Disclosure of Ownership**
  (path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_043027.pdf)
- Fax: 952-853-8708
- Mail: HealthPartners
  Business Analyst – Contracted Care Compliance
  Mail Stop 21108C
  8170 33rd Ave. S.
  Bloomington, MN 55440

Coming soon – Authorizations, requests and referrals made easier!

HealthPartners recognizes the increasing complexity around authorizations, in-network requests and referrals and is working on a solution to help simplify this process. We are currently conducting panel interviews from the provider community for feedback into this new process. If you'd like to participate, contact **bye.x.lor@healthpartners.com**. We expect to roll out a new authorization and referral experience early 2019. Stay tuned and watch for additional updates.

Medical Injectable Site of Care Review update

Prior authorization requests for medications under HealthPartners Medical Injectable Site of Care Review are reviewed for medical necessity, which includes the setting where the drug is provided. If the setting is not considered medically necessary, members will be required to transition care to a more appropriate setting.

Effective January 1, 2019, the following drugs will be added to the HealthPartners Medical Injectable Site of Care Review process:

Condition	HCPC Code	Description	Common Drug Name
Multiple Sclerosis	J0638	Canakinumab Injection, 1 mg	Ilaris
Respiratory	J2182	Mepolizumab Injection, 1 mg	Nucala
Multiple Sclerosis	J0202	Alemtuzumab Injection, 1 mg	Lemtrada
Neurology	J1428	Eteplirsen Injection, 10 mg	Exondys 51
Blood Modifier	J2505	Pefilgrastim Injection, 6 mg	Neulasta, Neulasta Onpro
Respiratory	J2786	Reslizumab Injection, 1 mg	Cinqair
Enzyme Deficiency	J2840	Sebelipase Alfa Injection, 1 mg	Kanuma
Blood Modifier	Q5108	Pegfilgrastim Injection, biosimilar, 0.5 mg	Fulphila

Five additional drugs, which are currently listed under miscellaneous drug codes J3490 and J3590, will be added to the Medical Injectable Site of Care Review process once HCPC codes have been assigned. Watch for additional information on these drugs in future Fast Facts publications.

Condition	HCPC Code	Description	Common Drug Name
HIV	J3590	Ibalizumab Injection	Trogarzo
Respiratory	J3590	Benralizumab Injection, 1 mg	Fasenra
Neurology	J3490	Edaravone Injection, 1 mg	Radicava
Enzyme Deficiency	J3590	Vestronidase Alfa-Vjbk Injection	Mepsevii
Enzyme Deficiency	J3590	Burosumab-Twza Injection	Crysvita

NEW TO MARKET DRUGS

When a new drug comes to market for one of the conditions covered by the Medical Injectable Site of Care program, the new drug will be reviewed for inclusion into the program. Inclusion will occur once drugs are assigned HCPC codes. The conditions currently covered by the Medical Injectable Site of Care program are: Blood Modifiers, Fabry Disease, Gastroenterology, Gaucher Disease, Hematology, Hereditary Angioedema, Immune Globulin, Inflammatory Disease, Mucopolysaccharidoses, Multiple Sclerosis, Pompe Disease, Pulmonology, and Rheumatology. Notifications of new drug additions to the Medical Injectable Site of Care program will be sent in future Fast Facts publications.

MEDICAL INJECTABLE SITE OF CARE REVIEW TARGET DRUGS

The following medications are currently under our Medical Injectable Site of Care Review:

Condition	HCPC Code	Description	Common Drug Name
Fabry Disease	J0180	Agalsidase Beta Injection	Fabrazyme
Gastroenterology	J3380	Vedolizumab	Entyvio
Gaucher Disease	J1786	Imiglucerase Injection	Cerezyme
Gaucher Disease	J3060	Taliglucerase	Elelyso
Gaucher Disease	J3385	Velaglucerase	Vpriv
Hematology	J1300	Eculizumab, 10 mg Injection	Soliris
Hereditary Angioedema	J0597	C-1 Esterase, Berinert	Berinert
Hereditary Angioedema	J0598	C-1 Esterase, Cinryze	Cinryze
Hereditary Angioedema	J1744	Icatibant Injection	Firazyr
Hereditary Angioedema	J0596	C-1 Esterase, Ruconest	Ruconest
Immune Globulin	J1556	Immune Globulin Injection, Bivigam 500mg	Bivigam
Immune Globulin	J1555	Immune Globulin Injection	Cuvitru
Immune Globulin	J1572	Flebogamma Injection	Flebogamma
Immune Globulin	J1460	Gamma Globulin Injection	Gamastan
Immune Globulin	J1560	Gamma Globulin Injection	Gamastan

Condition	CPT	Description	Common Drug Name
Immune Globulin	J1569	Gammagard Liquid Injection	Gammagard
Immune Globulin	J1557	Gammaplex Injection	Gammaplex
Immune Globulin	J1561	Immune Globulin 500 mg	Gamunex, Gammaked
Immune Globulin	J1559	Hizentra Injection	Hizentra
Immune Globulin	J1575	Immune globulin	Hyqvia
Immune Globulin	J1566	Immune Globulin, Powder	Immune Globulin Powder
Immune Globulin	J1568	Octagam Injection	Octagam
Immune Globulin	J1459	IVIG Injection, Privigen 500 mg	Privigen
Inflammatory Disease	J3262	Tocilizumab Injection	Actemra
Inflammatory Disease	J0717	Certolizumab Pegol Injection	Cimzia
Inflammatory Disease	Q5103	Injection, infliximab, biosimilar, 10 mg	Inflectra
Inflammatory Disease	J0129	Abatacept Injection	Orencia
Inflammatory Disease	J1745	Infliximab Injection	Remicade
Inflammatory Disease	Q5104	Injection, infliximab, biosimilar, 10 mg	Renflexis
Inflammatory Disease	J1602	Golimumab for IV use, 1mg	Simponi Aria
Inflammatory Disease	J3357	Ustekinumab Injection	Stelara
Inflammatory Disease	J3358	Ustekinumab for intravenous injection	Stelara
Mucopolysaccharidoses	J1931	Laronidase	Aldurazyme
Mucopolysaccharidoses	J1743	Idursulfase	Elaprase
Mucopolysaccharidoses	J1458	Galsulfase	Naglazyme
Mucopolysaccharidoses	J1322	Elosulfase	Vimizim
Multiple Sclerosis	J2350	Ocrelizumab	Ocrevus
Multiple Sclerosis	J2323	Natalizumab	Tysabri
Pompe Disease	J0221	Alglucosidase Alfa, 10 mg Injection	Lumizyme
Pompe Disease	J0220	Alglucosidase Alfa, 10 mg Injection	Myozyme
Pulmonology	J0257	Glassia Injection	Glassia
Pulmonology	J0256	Alpha 1 Proteinase Inhibitor	Prolastin, Aralast, Zemaira
Rheumatology	J0490	Belimumab Injection	Benlysta
Rheumatology	J2507	Pegloticase	Krystexxa

For addition information about the medications or policy updates, please see the Pharmacy Medical Policy updates section.

Medical Policy Updates – November 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
Wheelchairs - Mobility assistive equipment (MAE) -(includes manual, power & scooter) – Medicare	Effective immediately, language regarding coverage of mobility assistive equipment in a skilled nursing facility (SNF) or long-term care (LTC) facility has been added.
Orthotics, braces and shoes	Effective immediately, policy revised. "Off-the-shelf foot orthotics" and "supports, braces or sleeves made entirely of elastic" were removed from this policy and added to the DME grid as not covered. The statements regarding replacement of lost or stolen items and duplicate/similar items not being covered were removed, as these replicate member contract language.
Sacroiliac joint pain treatment procedures	Effective immediately, policy revised to allow coverage for minimally invasive sacroiliac joint fusion. Prior authorization will be required. Please refer to policy for criteria.
Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnea	Effective immediately, policy revised to allow for diagnosis of obstructive sleep apnea by a sleep specialist following either home sleep study or polysomnogram. Previously, diagnosis by a sleep specialist following polysomnogram was required.
DME benefits grid	• Effective 1-1-19, blood pressure monitors added as a noncovered item. • Effective immediately, braces, sleeves or supports made entirely of elastic added as non-covered, available over-the-counter items. • Effective immediately foot orthotics, shoe inserts and arch supports obtained over the counter added as noncovered items.
Bio-identical hormone replacement and saliva hormone testing	Effective 9/13/2018 policy retired. Information can be found on the Investigational policy. No change in coverage.
Sacral nerve stimulation for fecal incontinence	Effective immediately, policy is retired.
Autologous chondrocyte implantation (ACI)	Effective 1/1/19, policy will require prior authorization. The following revisions will also be effective 1/1/19: age limit increased to 55 years, coverage added for patellar defects, and location of femoral condyle defects was clarified to include medial, lateral and trochlear.

Coverage Policies	Comments / Changes
Investigational Services – List of noncovered services	Effective immediately, the following codes have been added to the policy: • 0263T: Autologous intramuscular stem cell therapy with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance if performed. • 0506T: Heterochromatic Flicker Photometry for measurement of macular pigment ocular density in patients with macular degeneration. • 0446T, 0447T, 0448T: Implantable, interstitial, continuous blood glucose monitor (e.g., Eversense CGMS). • 0507T: Near infrared dual imaging of Meibomian glands (e.g., LipiView). • 0508T: Pulse echo ultrasound bone density measurement or ultrasound densitometry (e.g., osteoporosis evaluation via the Bindex BI-2 system). Effective immediately, the following codes have been removed from the policy: • 0406T, 0407T Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant.
Prosthesis - Upper Limb Prosthesis – Lower Limb	Effective 1/1/19, the following changes have been made to both policies: Prosthetic sleeves have been added to the list of components for which prior authorization is not required. Replacement of a complete prosthesis or its components will be reviewed according to the following criteria: • Replacement of a prosthetic limb component (other than those specifically listed as not requiring prior authorization) is eligible for coverage when clinical documentation indicates: o There is a change in the physiologic condition or functional level of the member which necessitates replacement of the requested component(s); or o There is an irreparable change in the condition of the component that is not a result of misuse or neglect; and o The component is not covered under warranty. • Replacement of a complete prosthesis is eligible for coverage according to the criteria listed in #1-7 above when clinical documentation indicates: o There is a change in the physiologic condition or functional level of the member which causes the prosthesis to become nonfunctional; or o The condition of the prosthesis requires repairs which would exceed the estimated expense of purchasing a new prosthesis. • Replacement of a functional prosthesis or its components solely for the purpose of upgrading or acquiring newer technology is considered not medically necessary.
Transplants	Effective 1-1-19, prior to selecting a transplant provider, submission of a transplant pre-consultation prior authorization form from the referring physician is required. This prior authorization will support the initiation of care and benefit coordination.

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

Pharmacy Policy Updates – November 2018

HEALTHPARTNERS DRUG FORMULARY

COMMERCIAL AND STATE PROGRAMS

- Pazopanib (Votrient), Lapatinib (Tykerb), Erlotinib (Tarceva), Sunitinib (Sutent), Sorafenib (Nexavar), Vandetanib (Caprelsa), and Everolimus (Afinitor/Disperz) will now require prior authorization before use. This is a result of the high cost of these medications.
- Dasatinib (Sprycel), Nilotinib (Tasigna), and Bosutinib (Bosulif) will be reserved for members with high Sokol scores at initiation or for those progressing on imatinib (Gleevec).
- Epoetin alfa products, Procrit and Epogen, will be reserved after Retacrit. (Providers submitting claims through the medical benefit will be able to submit claims for any epoetin alfa therapy at this time.)
- Hydroxyprogesterone caproate (Makena and generics) will be considered specialty drugs and dispensed by our specialty pharmacy network. Only single-dose formulations will be covered. There will be a quantity limit of two per dispense to prevent waste.
- Chenodiol (Chenodal) will be considered a specialty drug.

COMMERCIAL PRODUCTS ONLY

- Octreotide will have a quantity limit, per FDA labeling.
- Pegfilgrastim (Fulphilia) will be available for retail pharmacy dispensing. It will not be restricted to specialty pharmacy.

MEDICARE

Many of these changes were previously announced and implemented for Commercial and State Programs. Medicare changes become effective in January. Updates include:

- Teriparatide (Forteo) for osteoporosis will be reserved after abaloparatide (Tymlos).
- Levemir (insulin detemir) is being removed from the formulary. Alternatives include Basaglar.

SEVERAL OPIOID UPDATES

- New users will be limited to a 7-day supply. Certain exceptions can be overridden at the pharmacy.
- Concurrent use of opioids and benzodiazepines may reject at the pharmacy when multiple providers are prescribing. Rejections can be overridden at the pharmacy.
- Oxycontin/Oxycodone ER is being removed from the formulary. Alternatives include morphine ER.
- Long-acting opioids such as morphine ER and fentanyl patch will require prior authorization.
- Two or more concurrent long-acting opioids will reject at the pharmacy. Certain exceptions can be overridden at the pharmacy.
- Ezetimibe-simvastatin is being removed from the formulary. Alternatives include individual products.

Please see the formulary for details and a complete list, at **healthpartners.com/formularies.**

Quarterly Formulary Updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, 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, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®)	Revised coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Severe axillary hyperhidrosis will now require appropriate first-line therapies.
Hereditary angioedema (HAE) drug therapy (Haegarda®, Ruconest®, Berinert®, Cinryze®, Kalbitor®, and Firazyr®)	Revised coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Prior authorization now requires submission of an HAE treatment plan.
Peg-filgrastim (Neulasta®, Neulasta Onpro®, Fulphilia®)	New coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Prior authorization from Pharmacy Administration will be required for all hospital use. Authorization will not be required for use in a clinic or office setting. Coverage criteria will require use of the most appropriate and cost-effective level of care. In some circumstances, members prescribed Neulasta or Neulasta Onpro may be required to use Fulphila. Fulphila can be dispensed at a pharmacy for self-administration or brought to a clinician for professional administration. Claims received without prior authorization may be denied on 01/01/2019.
Ado-Trastuzumab (Kadcyla®), Pertuzumab (Perjeta®), and Trastuzumab (Herceptin®)	New coverage policy effective 1/1/2019. Adding prior authorization to Trastuzumab (Herceptin®). Ado-Trastuzumab (Kadcyla®), Pertuzumab (Perjeta®) previously required prior authorization. No prior authorization will be required for most FDA-approved uses. Some combination therapy and off-label use will require prior authorization and is generally not covered. Claims requiring prior authorization received without prior authorization may be denied.
Bevacizumab (Avastin) *(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045654)*	Revised coverage policy effective 1/1/2019. Claims requiring prior authorization received without prior authorization may be denied.

Coverage Policies	Comments / Changes
Oncology Drug Coverage Policy *(path: https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_190828)*	Prior authorization from Pharmacy Administration is required for select oncology medications. Levoleucovorin (Fusilev) was added to the policy effective 1/1/2019. Claims for drugs on this policy received without prior authorization may be denied. Recently FDA-approved medications that are new to market may be added to this policy on an ongoing basis.
Recently FDA-Approved Medications Coverage Policy *(path: https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046122)*	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 as this policy was published in November 2011.

Patient Perspective

Help your patients prepare for 2019 expenses

The high cost of health care can prevent people from seeking behavioral health treatment. For many people, the fall season is the time they sign up for health insurance and plan for ongoing or potential future healthcare expenses. Many employers offer the opportunity to set aside tax free money for health care costs through one of three types of accounts:

- a Flexible Spending Account (FSA),
- a Health Saving Account (HSA) or
- a Health Reimbursement Account (HRA).

For patients with ongoing needs, the amount needed to cover future health care expenses can be estimated from current expenditures.

Some important things to know about these accounts:

- For Flexible Spending Accounts (FSA) and Health Saving Accounts (HSA), in general, the service or care provided **does not** need to be a covered service under the medical benefits. However, it is always best for the patient to contact the administrator of their plan to double check.
- It is the opposite for people with a Health Reimbursement Account (HRA). Generally, the service or care provided **does** need to be a covered benefit. However, it is always best for the patient to contact the administrator of their plan to double check.

Helping your patients plan for future expenses can be a value-add service.

Resources for Colorectal Cancer screening

Earlier this year, The American Cancer Society updated their screening guidelines for colorectal cancer screening. They now recommend screening to begin at age 45; however the United States Preventive Services Task Force (USPSTF) continues to recommend beginning screening at 50 years of age. The **US Multisociety Task Force on Colorectal Cancer** *(path: ncbi.nlm.nih.gov/pubmed/28555630)* also recommends screening African Americans beginning at age 45.

These mixed messages can be confusing to patients, so it is incumbent on the health care system to ensure that our patients know when they should be screened for colon cancer.

The National Colorectal Cancer Roundtable has published **Colorectal Cancer Screening Best Practices: A Handbook for Hospitals and Health Systems** *(path: nccrt.org/resource/colorectal-cancer-screening-handbook-for-hospitals-and-health-systems/)* as well as a new **Risk Assessment and Screening Toolkit** *(path: nccrt.org/resource/risk-assessment-and-screening-toolkit-to-detect-familial-hereditary-and-early-onset-colorectal-cancer/)*. Both of these resources aim to support care systems and clinicians to improve colorectal cancer screening. For more information visit the NCCR website at **nccrt.org/**.

Government Programs

Medicare crossover claims for Medigap plans now being accepted

HealthPartners previously implemented a coordination of benefits (COB) crossover process for Medicare Cost, Medicaid and Commercial products. Beginning Sept 2018, we will also be receiving claims for Medigap products (Medicare Supplement and Senior Health Advantage) through the crossover agreement.

The COBA ID numbers for our lines of business are:

- Medicare Cost and Commercial (combined): 00593
- Medicaid: 77150
- Medigap: 30396

Please contact your HealthPartners Service Specialist for questions.

Update: Reducing chronic opioid use in Medicaid community

HealthPartners is collaborating with the other PMAP, SNBC and MSHO health plans in Minnesota on a project to reduce chronic opioid use among our members. This project is focused on opioid-naïve patients to prevent more people from becoming chronic users of opioids.

TOOLKIT

The health plan collaborative has created an Opioid Toolkit for Providers. This toolkit is a compilation of tools, trainings and resources for clinics and pharmacies related to opioid prescribing. It is available on the project page of the **Stratis Health website** *(path: stratishealth.org/pip/opioids.html).*

WEBINARS

The project will be offering occasional webinars relevant to the topic of opioids and best practices for patients. To view recordings of past webinars and see any that are upcoming, visit the project page on the **Stratis Health website**.

UPCOMING WEBINAR

Opioids and Behavioral Health - For some people who take opioids and have a mental health condition, there can be increased risk for opioid misuse. This webinar will discuss the intersection of Substance Use Disorder (SUD) and behavioral health issues, and the role that social determinants of health play in both areas.

- Presented by Jessie Everts, PhD, LMFT and Vice President of Clinical Programs at Wayside Recovery Center.
- Tuesday, November 13, 2018 12:00 – 1:00 PM.
- For more information and to **REGISTER** visit the Stratis Health Website.
  (path: stratishealthevents.webex.com/stratishealthevents/onstage/g.php?MTID=ec79c59affcf2912bb4bcaae6a039a687)

PROVIDER MONITORING

HealthPartners is monitoring the prescribing rates for *Medicaid members* who receive care at our network of providers. These rates are posted on our provider portal so clinic systems can compare themselves to other systems. Under Clinical Resources, click on **Meeting the Challenges of Opioids and Pain** *(path: healthpartners.com/provider-public/condition-resources/opioids/).* You will find clinical resources such as the **MN Opioid Prescribing Guidelines** *(path: mn.gov/dhs/assets/mn-opioid-prescribing-guidelines_tcm1053-337012.pdf)*, as well as the quarterly provider rates for HealthPartners Medicaid members. These rates will be updated quarterly.

For more information on this project, contact Patty Graham at **patty.r.graham@healthpartners.com**.

Medicare updates for 2019

As you probably already know, there are some major changes coming to Medicare Plans in 2019, namely that Medicare Cost plans will no longer be sold in many counties in Minnesota. The HealthPartners Medicare Cost plan, Freedom, can no longer be sold in many counties in Minnesota in 2019. HealthPartners will offer a Medicare Advantage Plan, Journey, in the Twin Cities and St. Cloud areas. HealthPartners will still offer a Cost Plan in 21 counties in Minnesota, as well as a Medicare Supplement plan.

Below is a summary of HealthPartners Medicare Plans for 2019.

MINNESOTA

- Medicare Cost (HealthPartners Freedom) plans end December 31, 2018 in 66 Minnesota counties
- Medicare Cost (HealthPartners Freedom) plans remain in 21 Minnesota counties - Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, St. Louis, Sibley, Stevens, Traverse and Yellow Medicine counties
- Medicare Advantage (HealthPartners Journey) product available in 8 metropolitan counties – Anoka, Benton, Carver, Dakota, Hennepin, Ramsey, Stearns and Washington counties
- Medicare Supplement Plan available in all 87 counties (no network)

WISCONSIN:

- Medicare Cost plan remains (HealthPartners Freedom Cost)
- Medicare Advantage plan begins (Robin Medicare Advantage)

NORTH DAKOTA:

- Medicare Cost plan remains (HealthPartners Sanford Medicare Cost ND/SD)

SOUTH DAKOTA:

- Medicare Cost plan remains (HealthPartners Sanford Medicare Cost ND/SD)

ILLINOIS:

- Medicare Advantage plan remains (HealthPartners UnityPoint Health)

IOWA:

- Medicare Advantage plan remains (HealthPartners UnityPoint Health)

To check to see if you or another medical provider, dentist, clinic, urgent care or hospital participates in a certain network, click one of the network options below:

- **Find a doctor or clinic in the Freedom (Cost) network** *(path: healthpartners.com/public/find-care/rd/freedompractitioner.html)*
- **Find a doctor or clinic in the Journey (PPO) network** *(path: healthpartners.com/public/find-care/rd/journey19.html)*
- **Find a doctor in the Sanford (Cost) network** *(path: healthpartners.com/public/find-care/rd/sanfordcost.html)*
- **Find a doctor in the Robin (PPO) network** *(path: healthpartners.com/public/find-care/rdb/robinma.html)*
- **Find a doctor in the HealthPartners UnityPoint Health (PPO) network** *(path: healthpartners.com/public/find-care/rdb/hpuphmedadv.html)*

For further information, please click the links below:

- **Medicare and Medicaid Resources** *(path: healthpartners.com/provider-public/medicare-and-medicaid-resources/)*
- **Medicare resources HealthPartners** *(path: healthpartners.com/hp/insurance/medicare/medicare-resources/index.html)*
- **Medicare changes** *(path: medicarechanges.healthpartners.com/)*

MEDICARE PLAN DEFINITIONS:

Medicare Cost plan: A type of Medicare plan that lets a member receive health care services through the cost plan's provider network or members may go to a non-network provider and the services will be covered by Original Medicare. Medicare is the primary payer for Part A services and the plan is primary for Part B services for care received in-network. The HealthPartners Freedom and Sanford plans are Medicare Cost plans.

Medicare Advantage plan ("Part C" or "MA"): A type of Medicare plan that gives the member coverage for Medicare Parts A and B and often includes Part D. This means the member will get their hospital, medical and prescription coverage all in one plan. Medicare Part A and B services are paid for by the plan, not Original Medicare. HealthPartners Journey, HealthPartners Robin, and HealthPartners UnityPoint Health plans are Medicare Advantage Plans.

Medicare Supplement plan ("Medigap"): A type of Medicare plan that helps fill in the gaps Original Medicare doesn't cover, like deductibles and coinsurance. Medicare is the primary payer for Part A and B services. Medicare Select plans are a type of Medigap policy sold in some states and require the member to use a specific provider network.

Group retiree plans: A type of coverage through an employer or union group. Plan types include Medicare Advantage, Medicare Cost, Commercial, Prescription Drug Plan (PDP), and Medicare Supplement. Coverage beyond Original Medicare depends on the terms of the plan. HealthPartners options include:

- Medicare Advantage: HealthPartners Journey
- Medicare Cost: HealthPartners Freedom
- Retiree National Choice (Commercial plan that wraps around Medicare and is paired with a Part D prescription drug plan)

If you have additional questions regarding our Medicare products, please contact your Service Specialist in Professional Services Network Management or Hospital & Regional Network Management.

2019 MN / WI Freedom Medicare Cost Cards


39A

HealthPartners

Plan (80840)
ID 12345678 Group 0066 Renewal Mo. January
Name JANE A DOE
Care Type HealthPartners Freedom Cost

Office	20%
RxBIN 003585 RxPCN 24002	See Contract
ER	$100.00
Urgent	20%

CMS - H2462 ###


23A

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.

Claims Submission
Medical: HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Preventive Dental: HealthPartners Dental Claims, PO Box 1172, Minneapolis, MN 55440-1172

Member Services HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN, 55440-9463, phone **952-883-7979 or 800-233-9645** (TTY 711)

Minnesota Commissioner of Health Appeals: phone 651-201-5100 or 800-657-3916

healthpartners.com Offered by Group Health, Inc.


39

HealthPartners

Plan (80840)
ID 12345678 Group 0066 Renewal Mo. January
Name JANE A DOE
Care Type HealthPartners Freedom Cost

Prescription Drug Plan

Office	$0.00
RxBIN ##### RxPCN ???????	See Contract
RxGrp MHN##	
ER	$50.00
Urgent	$0.00

CMS - H2462 ###

MedicareRx


23A

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.

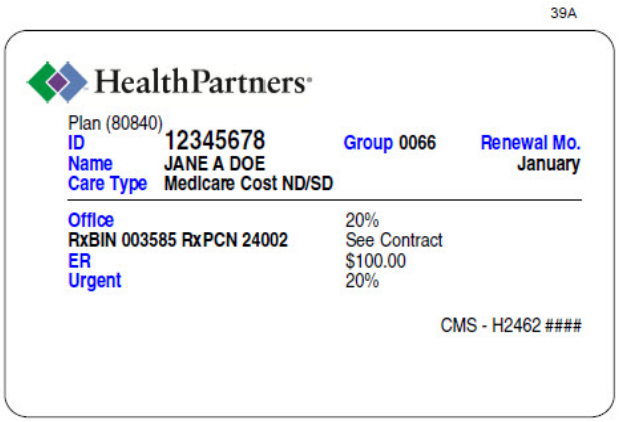
Claims Submission
Medical: HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289
Preventive Dental: HealthPartners Dental Claims, PO Box 1172, Minneapolis, MN 55440-1172

Member Services HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN, 55440-9463, phone **952-883-7979 or 800-233-9645** (TTY 711)

Minnesota Commissioner of Health Appeals: phone 651-201-5100 or 800-657-3916

healthpartners.com Offered by Group Health, Inc.

2019 ND / SD HealthPartners Sanford Medicare Cost Card


39A

HealthPartners

Plan (80840)
ID 12345678 Group 0066 Renewal Mo. January
Name JANE A DOE
Care Type Medicare Cost ND/SD

Office	20%
RxBIN 003585 RxPCN 24002	See Contract
ER	$100.00
Urgent	20%

CMS - H2462 ####


23DK

Emergency & Urgently Needed Care
For emergencies, call 911 and/or get medical attention immediately. For medical advice call the CareLine℠ nurse service any time at 800-551-0859.

Claims Submission
HealthPartners Claims, PO Box 1289, Minneapolis, MN 55440-1289

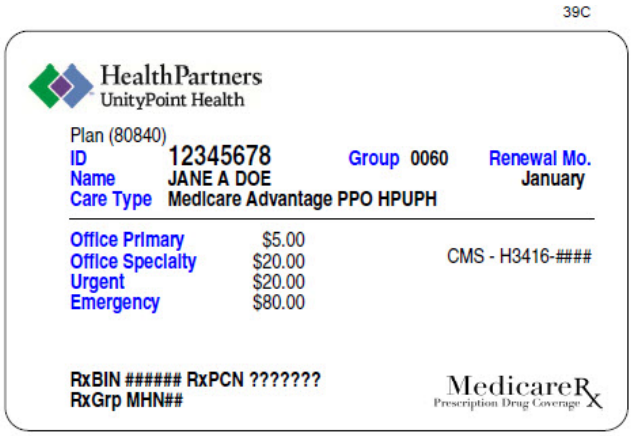
Member Services
HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463
Phone **800-233-9645** (TTY 711)

healthpartners.com Offered by Group Health, Inc.

2019 MN Journey Medicare Advantage Card

2019 Northeast WI Robin Medicare Advantage Card

2019 Iowa & Illinois HPUPH Medicare Advantage Card



2019 Medicare Supplement Card

1SP

HealthPartners

ID 99999999 Group 60754 Renewal Mo. January
Name JANE K DOE
Care Type Medicare Supplement

Office Visit $##.00
Urgent $##.00

healthpartners.com

MEDICARE PRIMARY

23SP

07/18

Member Services
Phone **952-967-7877 or 833-256-7044 (TTY 711)**
HealthPartners Member Services P.O. Box 9463, Minneapolis, MN, 55440-9463

Emergency & Urgently Needed Care
For emergencies, 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.

Claims Submission
This coverage is secondary to Medicare.
Submit charges to Medicare for processing first.
HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289

Offered by HealthPartners

2019 Medicare Select Plan Card

1

HealthPartners

ID 12345678 Group 7008 Renewal Mo. January
Name JANE A DOE
Care Type HealthPartners Senior Health Advantage

Office	$0.00
Rx BIN 003585 RxPCN 24002	NO COV PART D
ER	$0.00
Urgent	$0.00
Deductible	$0.00

	PCP Code PCP or Network	PCP Phone
Medical	ABC ABC CLINIC	###-###-####

23

Emergency & Urgently Needed Care
For emergencies, 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.

Hospital Admissions Contact CareCheck℠ at 866-275-8555 for any admission at an out-of-network hospital or facility.

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

Member Services HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN, 55440-9463
Phone: **952-883-7979 or 800-233-9645 (TTY 711)**
Minnesota Commissioner of Health Appeals: 651-201-5100 or 800-657-3916

healthpartners.com Offered by HealthPartners

2019 Retiree National Choice Medicare Card

13RN

HealthPartners

ID 12345678 Group 12345 Renewal Mo. January
Name JANE K DOE
Care Type Retiree National Choice Dental Pkg: P####

Office Visit $##.00
Urgent $##.00

healthpartners.com

MEDICARE PRIMARY

For Part D: **RxBIN 015574 RXPCN ASPROD1**
RxGrp HMN08

68RN

09/18

Member Services
Phone **952-883-7373 or 877-816-9539 (TTY711)**
HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463

Emergency & Urgently Needed Care
For emergencies, 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.

Claims Submission
This coverage is secondary to Medicare.
Submit charges to Medicare for processing first.
Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289
Prevent Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172

Offered by HealthPartners Insurance Co.

2019 Retiree National Choice Medicare Part D Rx Card

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 Editors: Mary Jones and David Ohmann

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