

Fast Facts

MAY 2019

News for Providers from HealthPartners Provider Relations and Network Management

Administrative

IMPORTANT – Outreach locations or telemedicine services?

KEEP PROVIDER & LOCATION INFORMATION UP TO DATE

The information you provide to HealthPartners for providers and locations is what members see when they search for care using our online search tool, Find Care. It is critical our members have access to accurate and up-to-date information when seeking care in our networks.

HealthPartners now requires that you notify us of a practitioner leaving your clinic within ten (10) days after departure.

Directory information can be reviewed and edited through our Provider Data Profiles (PDP) tool. Log in at healthpartners.com/provider-logon (path: healthpartners.com/provider-public/). If you don't have access to the PDP 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

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.

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

INSIDE THIS ISSUE

Page

Administrative Information

IMPORTANT: Update provider information	1
Apply now – HealthPartners 2019 Innovation in Health Care and Preventive Care Screening Recognition Awards	2
Coming soon – Provider survey Provider data attestations by BetterDoctor	2
Opioid resources	3
Medical Policy updates	4
Pharmacy Medical policy updates	6
Modifier policy update	7
NEW change to HealthPartners Transplant COE network programs	7

Patient Perspective

HealthPartners colorectal cancer screening member outreach	7
---	---

Government Programs

Medicare claims crossover	8
---------------------------	---

Special Attachment

Decision Support program changes for High Tech Diagnostic Imaging and Lumbar Epidural Steroid Injections	9
--	---

Attention all Specialty and Primary Care Providers – Apply Now! HealthPartners 2019 Innovation in Health Care and Preventive Care Screening Recognition Awards

Are you an industry leader in facilitating change for health care delivery? Or has your organization implemented a novel quality improvement process regarding the way your patients are being screened for preventive care that is now yielding greater results? If so, HealthPartners would like the opportunity to recognize you for your efforts.

Applications and information for both the Innovation in Health Care and Preventive Care Screening Recognition Awards will be available under **Partners in Quality** online. If you have questions, please email HPAwards@HealthPartners.com.

INNOVATION IN HEALTH CARE AWARD

We know that innovative efforts of any one dedicated primary care or specialty clinic can ripple outward to improve care and change business as usual in the care delivery system. This work is transformational for us all. We created the Innovation in Health Care Award to recognize and celebrate these contributions. If you work on or know of an innovative project that focuses on a specific disease or condition, care process, patient population or the entire care delivery model, we encourage you to apply for the award. To do so, **CLICK HERE** ([path: healthpartners.com/provider-public/quality-and-measurement/partners-in-quality](http://healthpartners.com/provider-public/quality-and-measurement/partners-in-quality)).

PREVENTIVE CARE SCREENING RECOGNITION AWARD

Quality improvement is a vital activity in the pursuit of the Triple Aim. We created the Preventive Care Recognition Award to honor primary care and specialty groups for the implementation of projects that result in persistent, sustainable positive change for preventive care screening. The Preventive Care Screening Recognition Award focuses on process and performance improvement results in preventive care screenings as relevant to the patient population served. **CLICK HERE** to apply for the award ([path: healthpartners.com/provider-public/quality-and-measurement/partners-in-quality](http://healthpartners.com/provider-public/quality-and-measurement/partners-in-quality)).

IMPORTANT

Submissions for both awards are due by August 9, 2019. Unlike other years, late submissions will *not* be accepted and the deadline will *not* be extended.

Coming Soon...

Provider survey

In May HealthPartners will mail a short survey to a sample of primary and specialty care physicians and psychiatrists. The survey assesses satisfaction in two key areas where we continue to focus improvement activities – Continuity/Coordination of Care across care settings and experience with the Utilization Management process for services requiring prior authorization.

If you receive a survey, we encourage you to complete it. Your feedback is important in helping us to identify potential areas of improvement.

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

Provider data attestations by BetterDoctor

HealthPartners is partnering with Quest Analytics' BetterDoctor to manage provider data attestations and network adequacy.

Coming soon provider contacts will begin receiving email invitations from BetterDoctor to review, update and attest to your data.

Watch for updates in coming Fast Facts publications.

Opioid Resources

CAMPAIGN ENCOURAGES DOCTORS TO “FLIP THE SCRIPT” AND OFFER PATIENTS ALTERNATIVES TO OPIOIDS

A new education campaign developed by the Department of Human Services (DHS) in collaboration with the medical community aims to change the narrative regarding prescription opioid therapy, pain management and prescription opioid misuse in Minnesota. More information can be found in a **VIDEO TESTIMONIAL*** and a **NEWS RELEASE.***

*(path:<https://mn.gov/dhs/opip/>)

ECHO PROJECT

Project ECHO links opioid addiction medicine experts and physicians with primary care providers in local communities via telecommunications. Primary care providers become part of the teaching community, where they receive mentoring and feedback from a team of experts. Working together, community providers get the help and support they need to provide care to their opioid-addicted and recovering patients. CMEs are offered for participation.

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities.

The heart of the ECHO model™ is its hub-and-spoke knowledge sharing networks led by expert teams who use multi-point videoconferences to conduct virtual clinics with community providers. In this way, primary care doctors, nurses and other clinicians learn to provide excellent specialty care to patients in their own communities.

- CHI St. Gabriel’s Family Medical Center acts as a hub in the ECHO model, educating our spokes weekly on a mixture of recommended opioid and controlled substance prescribing practices, community collaboration recommendations, pharmacological and physiological effects of both prescribed and illicit substances, as well as the set up and management of a rural buprenorphine clinic. St. Gabriel’s ECHO holds weekly web sessions on most Wednesdays. Click **CHI St. Gabriel’s ECHO** (path: chistgabriels.com/echo/) for more information.
- Hennepin Healthcare also has an ECHO project linking opioid addiction medicine experts and physicians with primary care providers in local communities via telecommunications. Click **Hennepin Healthcare ECHO** (path: hennepinhealthcare.org/project-echo/) for more information.

PROVIDER TOOLKIT

HealthPartners and the other Medicaid health plans in Minnesota have 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).

Upcoming Webinar

Meeting the Challenges of Opioids and Pain: How Pharmacists are working to address the Opioid Crisis will be held on:

Thursday, May 16
Noon – 1:00 pm

Information is available on the project page of the **Stratis Health website**

(path: stratishealth.org/pip/opioids.html).

Medical Policy updates – 5/1/2019

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
Neuromuscular electrical stimulation (NMES) and functional electrical stimulation (FES)	Effective immediately, the standalone Neuromuscular electrical stimulation (NMES) and Functional electrical stimulation (FES) policies have been combined into one coverage policy. No changes to criteria were made.
Deep brain stimulation and responsive neurostimulation for neurological movement disorders	Effective 7/1/19, policy revised. Criteria for responsive neurostimulation have been added and policy title updated to reflect this. Directional deep brain stimulation added as noncovered.
Preventive	Effective immediately, policy revised. Topic: Cervical Cancer Screening. Additional coverage added for hrHPV (high-risk HPV) testing alone for women 30-65.
Ambulance and medical transportation	Effective immediately, policy revised. Clarified that ambulances are vehicles that comply with state or local laws governing the licensing and certification of emergency medical transportation vehicles, which include having appropriate equipment and personnel capable of responding to medical emergencies. Clarified that transportation to a different hospital is not covered because the patient and/or patient's family prefer a specified hospital or physician.
Protective helmets	Effective immediately, policy retired.
DME benefits grid	Effective immediately, policy revised. Protective helmets have been added as noncovered.
In-network benefit request	Effective 4/1/2019, information from the behavioral health policy titled "Access to Out-of-Network Behavioral Health Services" was combined with the medical policy titled "In-network benefit request." This policy addresses requests for reimbursement of out-of-network care at in-network benefit levels for both medical and behavioral health services.
Artificial insemination (AI) or intra-uterine insemination (IUI)	Effective immediately, policy retired.
Hospital bed	Effective immediately, policy revised. Prior authorization is no longer required for manual hospital beds. Other types of hospital beds continue to require prior authorization.
Continuous airway pressure (CPAP) device	Effective immediately, policy retired.
Panniculectomy – MHCP	Effective immediately, policy retired.

Coverage Policies	Comments / Changes
Genetic Testing: Cancer Predisposition	Effective immediately, prior authorization is not required for single-site or site-specific testing for a known familial genetic alteration. This applies to the cancer predisposition syndromes listed within the coverage policy. Prior authorization requirements have not changed for other services.
Genetic Testing: Pharmacogenetics	Effective immediately, <i>CYP2C9</i> genotyping is covered when related to siponimod therapy. Prior authorization is not required.
Breast surgery	Effective immediately, policy revised. Clarified that coverage criteria in the 'Implant Removal and/or Replacement' and 'Indications that are not covered' sections are not applicable when member has had a covered mastectomy or lumpectomy. Clarified that surgical revision of tissue protruding at the end of a scar (sometimes referred to as a "dog ear" or standing cone) is covered when related to a covered mastectomy/lumpectomy. Code list was revised to more clearly identify which procedures require prior authorization.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
Residential-Psychiatric residential treatment facility (PRTF) – Minnesota Health Care Programs	Effective immediately, policy developed to reflect Minnesota Health Care Programs (MHCP) provider manual criteria. Prior authorization is required.
Autism-Applied behavior analysis for treatment of autism spectrum disorders – SD	New policy, covered when criteria are met. Prior authorization is required, effective 7/1/2019.
Autism-Early intensive developmental and behavioral intervention (EIDBI) – Minnesota Health Care Programs	Effective immediately, policy revised to reflect Minnesota Health Care Programs (MHCP) provider manual criteria. Prior authorization is required.
Access to Out-of-Network Behavioral Health Services	Effective 4/1/2019, policy retired.
Residential – children's residential treatment services	Effective 7/1/2019, policy adding the use of Milliman Residential Acute Behavioral Health Level of Care Criteria – Child or Adolescents criteria and CASII requirement. Prior authorization is required.

Pharmacy Policy updates – 5/1/2019

STATE PROGRAMS

Starting July 1, 2019, all Managed Care Organizations that offer drug benefits for Minnesota Health Care Programs (MHCP) members must use the DHS Preferred Drug List (PDL). Changes are likely for many of these members. The DHS drug list is expected in late May. Additional member and provider communications are expected in June. Click **DHS FAQs** for more information (*path: https://mn.gov/dhs/assets/pdl-faq-providers_tcm1053-378520.pdf*).

HEALTHPARTNERS DRUG FORMULARY – RECENT UPDATES

- Basaglar and Lantus
 - HealthPartners is now preferring Lantus over Basaglar for our Commercial Formularies.
 - Basaglar remains preferred for Medicare and Medicaid.
 - Standing orders are available at many clinics, allowing clinic staff to help with changes.
 - Many providers are adding comments to prescriptions such as "may substitute Lantus and Basaglar based on insurance and member preferences."
- Methylphenidate ER (Concerta) brand is now preferred (over the equivalent generic) for our Commercial Formularies
 - The generic remains preferred for Medicare and Medicaid.
 - These are equivalent products, and this change is less costly to HealthPartners.
 - Members will continue paying a generic co-pay.
- Advair Diskus (fluticasone/salmeterol)
 - A generic option for Advair Diskus is now available and is preferred by HealthPartners.
 - Alternatives vary for the various groups as follows.
 - Commercial groups: Preferred generic inhalers include Advair Diskus (covered at a generic copay) and generic AirDuo. Brands include Advair HFA and Breo.
 - State Programs: Preferred inhalers are generic Advair Diskus and generic AirDuo.
 - Medicare: Preferred generic inhalers include generic Advair Diskus and generic AirDuo. Brands include Advair HFA and Breo.

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](http://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.

Modifier policy update

Effective July 1, 2019 the HPI Medical Claims Policies will be updated to incorporate new and existing modifiers. Updated modifiers include: 73 and SL. A detailed list of changes will be available on the Provider Portal at healthpartners.com/provider. Please find the link under the HPI Administrative Program for Medical Providers/Fee Schedule Updates.

NEW change to HealthPartners Transplant Centers of Excellence (COE) network programs

EFFECTIVE IMMEDIATELY

We are making a change to our COE network as it relates to UMMC Blood and Marrow Transplant (“BMT”) program designation – specifically Adult Blood and Marrow program participation.

Effective immediately, UMMC Adult BMT program has reestablished their “designated status” to participate in the HealthPartners Transplant Centers of Excellence (COE) Network.

This means that members referred for BMT evaluations now have the option to use Mayo or UMMC in Minnesota, as well as any other center that is in our transplant COE network.

A revised Regional Transplant Center of Excellence list can be found under the **COE Network list**

(path: <https://www.healthpartners.com/provider-public/condition-resources/transplant/>).

Patient Perspective

HealthPartners colorectal cancer screening member outreach

ANNOUNCING HEALTHPARTNERS 2019 FIT PROGRAM

In May we will launch our 2019 FIT program. As in past years, eligible members who are overdue for a colorectal cancer screening will receive a FIT kit in the mail.

Results from last year’s program – including a 24 percent overall return rate – indicate this program is having a positive impact on member health by catching issues early. This program supports the health of our members and patients and supports providers by improving performance on publically reported measures such as Minnesota Community Measures.

WHO IS INCLUDED IN THE PROGRAM?

Outreach will include Medicare/MSHO members and most commercial groups that cover preventive care at 100 percent. Members need to have at least two years of continuous enrollment in the plan and be overdue for their colorectal cancer screening. We plan to send the kits in three phases, starting in May. All kits will be dispersed by the end of July 2019.

The outreach population includes:

- Commercial unattributed members (phases 1 and 2)
- All Medicare/MSHO members (phase 3)

WHAT HAPPENS WITH THE TEST RESULTS?

We will mail a results letter to all members who return a test kit. The member's attributed provider group (if known) will also be mailed a copy of this letter. The member letter encourages them to schedule an appointment with their primary care provider to review the results and discuss ways to stay healthy.

In addition, if the member has a positive test result:

- HealthPartners will send the member a certified letter stating that their result was positive and that it is important for them to schedule an appointment with their doctor soon.

WHAT'S THE COST?

There is no cost to the member for the kit and the lab fees. The care is covered under the preventive office visit benefit (100 percent coverage).

If a FIT comes back positive and the member needs a colonoscopy, that procedure will be considered preventive – not diagnostic. We process colonoscopies under the preventive benefit unless a member is experiencing symptoms. Since the FIT looks for hidden blood in the stool, it's unlikely a member will have symptoms before that.

WHAT DOES THE FUTURE LOOK LIKE?

We'll use the results of the 2019 campaign to guide our strategy going forward. We also continue to pilot at-home test programs for other preventive care screenings, and we'll keep monitoring results to decide whether to roll them out on a larger scale.

Questions? Contact **Anne Book** or **Sylvia Bobbitt**.

Government Programs

Medicare claims crossover

HealthPartners identified that some of our eligibility transactions to the CMS contractor, the BCRC, were not picked up successfully. This resulted in some members not being set up for Medicare claims to cross over correctly. It also means that some members who termed their coverage with HealthPartners continued to be included, causing claims to come to HealthPartners and subsequently deny for no coverage. All lines of business were affected with the biggest impact being to Medicare Cost and Supplement members.

For any member whose claim is not crossed over automatically, providers should submit a secondary claim to HealthPartners in the same method that they did prior to Medicare claims crossover being set up. As a reminder, providers can determine if a claim was crossed over by looking for HealthPartners to be listed as the trading partner on the Medicare remittance.

For further questions, please contact your HealthPartners Service Specialist.

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at **healthpartners.com/fastfacts**.

Fast Facts Editors: Mary Jones and David Ohmann

Decision Support program changes for High Tech Diagnostic Imaging and Lumbar Epidural Steroid Injections

Beginning May 1, 2019, HealthPartners will discontinue both High Tech Diagnostic Imaging (HTDI) and lumbar Epidural Steroid Injection (ESI) decision support requirements.

As we evaluate future options to ensure that your patients receive the right care at the right time for HTDI services and lumbar ESIs, we believe that provider engagement will be essential. To that end, we anticipate future outreach to many of you to gain greater insight into approaches that would be meaningful for your patients and your practices.

HIGH TECH DIAGNOSTIC IMAGING (HTDI) DECISION SUPPORT

- **Background**
 - In 2007 HealthPartners implemented a decision support program for HTDI services, including MRI, CT, PET and nuclear medicine.
 - HealthPartners sponsors provider use of a decision support tool for HTDI called the Medicalis Consult Portal.
 - In cases where provider groups choose not to utilize the Medicalis Consult Portal, they participate in decision support by building and utilizing their own decision support tool.
 - The Protecting Access to Medicare Act (PAMA) will require physicians ordering HTDI services to consult Appropriate Use Criteria via use of a decision support mechanism starting with the January 1, 2020 Education and Operations Testing Period and then moving to full implementation starting January 1, 2021.
- **Changes**
 - **Effective May 1, 2019, HealthPartners will no longer require use of a decision support tool for HTDI services.** Additionally, HealthPartners will no longer sponsor provider use of the Medicalis Consult Portal.
 - Given the upcoming PAMA-driven program for HTDI decision support, we will seek to understand how our provider partners are approaching this broad requirement to inform future policies related to HTDI.

LUMBAR EPIDURAL STEROID INJECTION (ESI) DECISION SUPPORT

- **Background**
 - In 2013 HealthPartners implemented a decision support requirement for lumbar ESIs.
 - That same year, HealthPartners began sponsoring lumbar ESI decision support consults completed via the Medicalis Consult Portal.
 - Similar to HTDI, providers had an option to build their own decision support tool if they chose not to utilize the Medicalis Consult Portal.
- **Changes**
 - **Effective May 1, 2019, HealthPartners will no longer require use of a decision support tool for lumbar ESIs.** Additionally, HealthPartners will no longer sponsor provider use of the Medicalis Consult Portal.
 - With this change, we will be evaluating future solutions to ensure lumbar ESI ordering practices remain aligned with evidence-based clinical guidelines.

FREQUENTLY ASKED QUESTIONS

What does this mean for physician groups that order HTDI services or lumbar ESIs?

Starting May 1, 2019, physicians that order HTDI services or lumbar ESIs will no longer be obligated to consult a decision support tool.

What does this mean for rendering facilities that bill for HTDI services or lumbar ESIs?

Starting May 1, 2019, rendering facilities (clinics, hospitals, or imaging centers that bill for these services) will no longer be obligated to obtain a decision support number for claim submission to HealthPartners. In cases where rendering facilities have also completed the decision support process on behalf of ordering physicians, they will no longer need to do so.

What does this mean for physician groups that built their own decision support solution or used a decision support vendor other than Medicalis?

If your organization built its own decision support solution or used a decision support vendor other than Medicalis, you will no longer be required to submit a data file for health plan review.

Do I still need to follow HealthPartners coverage criteria for lumbar ESIs?

The [Epidural steroid injections \(ESI\) for low back pain](#) medical policy for lumbar ESIs is still in place. However, prior notification via a decision support tool is no longer required.

Do I still need to follow HealthPartners coverage criteria for HTDI services?

The [Computed Tomography \(CT\), Magnetic Resonance Imaging \(MRI\), and Positron Emission Tomography \(PET\) Scans](#) policy remains in place. However, prior notification via use of a decision support tool is no longer required.

Other policies that reference high tech diagnostic imaging services include:

- [Dental services - cone beam computed tomography \(CBCT\) scan for medically-related dental services](#)
- [Breast specific gamma imaging \(BSGI\)](#)
- [Preventive services](#)

What about the Protecting Access to Medicare Act (PAMA) requirement that will require referring providers to consult appropriate use criteria for advanced diagnostic imaging services beginning in 2020?

Although HealthPartners is eliminating its current HTDI decision support requirements for the time being, we continue to evaluate opportunities to align any future utilization management requirements with PAMA procedures.

HealthPartners looks forward to conversations with the provider community to ensure that future work in this area incorporates your clinical feedback.

For more information on PAMA appropriate use requirements, please [CLICK HERE](#).

Paths for links above

ESI for low back pain: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045905

Computed Tomography: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045860

Dental services: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045861

Breast specific gamma imaging: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046416

Preventive services: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046106

PAMA requirements: www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/appropriate-use-criteria-program/index.html