

# Fast Facts

JANUARY 2020

News for Providers from HealthPartners Professional Services and Hospital Network Management

## Administrative

**Happy New Year!**  
**Now is a great time to review your provider information for directories**

Directory information can be reviewed and edited through our Provider Data Profiles tool. Log in at [healthpartners.com/provider](https://healthpartners.com/provider) (path: [healthpartners.com/provider-public/](https://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 TO REVIEW:

- 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.

### Claim edit updates

Effective March 1, 2020, HealthPartners is enriching its claim edit logic to maintain robust claim adjudication and processing aligned with AMA coding guidelines. These enhancements include incidental and mutually exclusive events, place-of-service parameters, drug screening frequencies, and additional frequency logic across date spans and/or across providers.

For questions relating to coding edits, please log into [healthpartners.com/provider](https://healthpartners.com/provider) and use the Clear Claim Connection application to review claim editing rules, payment policy and clinical rationale.

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# Newly revised Childhood Blood Lead Clinical Treatment Guidelines for Minnesota

The revised childhood blood lead clinical treatment guidelines for Minnesota is now available on the Minnesota Department of Health **website** and includes both a **two-page summary** and a longer **reference manual**. The 2019 revision was updated based on national recommendations, alignment with the case management guidelines, and input from a multi-disciplinary workgroup.

Paths:

<https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJldWxsZXRpbG9saW5rX2lkjoxMDAsInVyaSI6ImJwMjpbGjJaylslmJ1bGxldGluX2lkjoiMjAxOTExMDUuMTI0NzUxMTEiLCJ1cmwiOiJodHRwczovL3d3dy5oZWZsdGguc3RhdGUubW4udXMvY29tbXVuaXRpZXMvZW52aXJvbm1lbnQvbGVhZC9wcm9mL2hjcHJvZi5odG1slm0.QvCXZlJLmkbL1Gowe4ITgF29oeXYLn4SgqNRNyITPM/br/70945620750-I>

[https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJldWxsZXRpbG9saW5rX2lkjoxMDEsInVyaSI6ImJwMjpbGjJaylslmJ1bGxldGluX2lkjoiMjAxOTExMDUuMTI0NzUxMTEiLCJ1cmwiOiJodHRwczovL3d3dy5oZWZsdGguc3RhdGUubW4udXMvY29tbXVuaXRpZXMvZW52aXJvbm1lbnQvbGVhZC9kb2NzL3JlcG9ydHMvY2JsdHJlYXRzdW1tYXJ5LnBkZiJ9.kdWrcw3CptcRcERQB3nwj\\_kCYw5D5uEOK0xHXL0KNWY/br/70945620750-I](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJldWxsZXRpbG9saW5rX2lkjoxMDEsInVyaSI6ImJwMjpbGjJaylslmJ1bGxldGluX2lkjoiMjAxOTExMDUuMTI0NzUxMTEiLCJ1cmwiOiJodHRwczovL3d3dy5oZWZsdGguc3RhdGUubW4udXMvY29tbXVuaXRpZXMvZW52aXJvbm1lbnQvbGVhZC9kb2NzL3JlcG9ydHMvY2JsdHJlYXRzdW1tYXJ5LnBkZiJ9.kdWrcw3CptcRcERQB3nwj_kCYw5D5uEOK0xHXL0KNWY/br/70945620750-I)

[https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJldWxsZXRpbG9saW5rX2lkjoxMDIsInVyaSI6ImJwMjpbGjJaylslmJ1bGxldGluX2lkjoiMjAxOTExMDUuMTI0NzUxMTEiLCJ1cmwiOiJodHRwczovL3d3dy5oZWZsdGguc3RhdGUubW4udXMvY29tbXVuaXRpZXMvZW52aXJvbm1lbnQvbGVhZC9kb2NzL3JlcG9ydHMvY2JsdHJlYXRtYW51YWwucGRmlm0.3rKqxivDnizT\\_J14FW5CfdOZ4g4dbxPyNvCvgvbQ6PU/br/70945620750-I](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJldWxsZXRpbG9saW5rX2lkjoxMDIsInVyaSI6ImJwMjpbGjJaylslmJ1bGxldGluX2lkjoiMjAxOTExMDUuMTI0NzUxMTEiLCJ1cmwiOiJodHRwczovL3d3dy5oZWZsdGguc3RhdGUubW4udXMvY29tbXVuaXRpZXMvZW52aXJvbm1lbnQvbGVhZC9kb2NzL3JlcG9ydHMvY2JsdHJlYXRtYW51YWwucGRmlm0.3rKqxivDnizT_J14FW5CfdOZ4g4dbxPyNvCvgvbQ6PU/br/70945620750-I)

## Disease & Case Management services

Our experienced care navigators take each member's unique preferences, health status, and social determinants of health, language and cultural background into account when offering one-on-one support. An important strength of our approach is helping members understand and maximize their health plan benefits. Our medical management team works closely with Member Services to ensure members understand their coverage, network structure and potential costs in relation to their health needs.

### SERVICES WE OFFER

HealthPartners offers telephonic support for members of all ages who use high-cost services, have multiple health issues, have deteriorating health, or are at-risk for a hospitalization in the next six to 12 months.

These include:

- Medical disease management (asthma, COPD, CAD, heart failure, diabetes, rare diseases)
- Complex case management (multiple conditions)
- Behavioral health case management
- Medication therapy management (4+ medications)
- Tobacco cessation
- Adult obesity counseling
- High-risk pregnancy support

### HOW IT WORKS

HealthPartners case management nurses, pharmacists and behavioral health clinicians work with members between clinic visits to provide complementary support to reinforce provider-established care plans. This includes educating, motivating and engaging them in being activated participants in their own care. We make referrals simple and easy.

- Online: Use our **online referral form** (path: <https://www.healthpartners.com/provider-public/forms-other/programs-form.html>)
- Email: **hpconnectreferrals@healthpartners.com**; include patient name, DOB and reason for referral.
- Phone: **1-800-871-9243**; leave a voicemail on this confidential line if the call is not immediately answered.

## Provider communication for diabetic nephropathy

First of all, thanks so much for your hard work in improving your diabetic optimal measures for HealthPartners patients. It's making a big difference.

We wanted to call out a couple of details of diabetic care that relate to our work together.

For Diabetic Nephropathy, we have found that there has been less attention to testing for protein/albuminuria. There is good evidence that early identification of proteinuria is critical to help prevent progression of protein wasting nephropathy.

Annual urine screening for proteinuria is recommended as part of best practice.

Another important consideration in preventing diabetic nephropathy relates to antihypertensive choice. There is good evidence the ACE/ARB class of hypertensives are shown to not only be effective in controlling blood pressure, but also are renal protective and can delay nephropathy.

Highlighted below is an ICSI Guideline for Diabetic Nephropathy:

1. ACE inhibitor or ARB should be used in all non-pregnant patients with micro or macro-albuminuria. For patients with T2DM, ACE inhibitors or ARBs can reduce progression of macrovascular complications (Lewis, 2001; Heart Outcomes Prevention Evaluation Study Investigators, The, 2000).

Click **HERE** to reference the ICSI Guidelines

(path: [www.icsi.org/guidelines\\_\\_more/catalog\\_guidelines\\_and\\_more/catalog\\_guidelines/catalog\\_endocrine\\_guidelines/diabetes/](http://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_endocrine_guidelines/diabetes/))

Thank you for your consideration in optimal diabetes care for Diabetic Nephropathy. It will continue to help both our senior patients and help ensure that our care groups continue to perform successfully in the Medicare environment.

## Fixed Wing Air Ambulance Provider Reimbursement policy

HealthPartners created a Fixed Wing Air Ambulance Provider Reimbursement policy for transparency around the reimbursement of these services. The policy is effective January 1, 2020.

There are several air ambulance transport companies that do not contract with insurance carriers and balance bill the patient. These claims often exceed the allowed amount by tens or hundreds of thousands of dollars.

When a patient requires fixed wing air ambulance transportation, please call **952-883-6277** or **1-800-255-1886** (24 hours per day, 7 days per week) to request prior authorization. As part of this process, HealthPartners will help connect the member to a contracted transport company to avoid being balance billed significant out-of-network charges.

The new policy will be placed on the Provider Portal soon. Go to **Administrative Policies** on the Provider Portal and select the policy for Fixed Wing Air Ambulance Provider Reimbursement. (path: <https://www.healthpartners.com/provider-public/administrative-policies/>)

### RECENT ARTICLES ON EXTERNAL FIXED WING AIR AMBULANCE:

**Why Air Ambulance Bills Are Still Sky-High**, Bluth, R. (2019, June), *Shots Health News From NPR*.

(path: [npr.org/sections/health-shots/2019/06/14/732174170/why-air-ambulance-bills-are-still-sky-high](http://npr.org/sections/health-shots/2019/06/14/732174170/why-air-ambulance-bills-are-still-sky-high))

**Air Ambulance Advisory Panel on Surprise Billing Takes Shape**, Liss, S. (2019, September), *Healthcare Dive*.

(path: [healthcaredive.com/news/air-ambulance-advisory-panel-on-surprise-billing-takes-shape/562891/](http://healthcaredive.com/news/air-ambulance-advisory-panel-on-surprise-billing-takes-shape/562891/))

**Air Ambulance Costs More than Doubled Between 2007 and 2018**, Masson, G. (2019, November), *Hospital Review*.

(path: [beckershospitalreview.com/patient-flow/air-ambulance-costs-more-than-doubled-between-2007-and-2018.html](http://beckershospitalreview.com/patient-flow/air-ambulance-costs-more-than-doubled-between-2007-and-2018.html))

## Updated Noncontracted, Out-of-Network Ambulatory Surgery Center policy

### WHAT YOU SHOULD KNOW

HealthPartners is aware of contracted physician practices using several noncontracted, out-of-network Ambulatory Surgery Centers (ASCs) for surgeries and treatments. When a contracted provider uses a noncontracted, out-of-network ASC, it creates higher member and employer costs. Services at the noncontracted, out-of-network ASC can also cost the member several thousand dollars more than the same service at an in-network ASC.

HealthPartners previously rolled out an administrative policy, Prior Notification for Noncontracted, Out-of-network Ambulatory Surgery Centers (ASC) effective July 1, 2018. We are now updating this policy to Noncontracted, Out-of-Network Ambulatory Surgery Center, effective October 1, 2019.

HealthPartners is still asking contracted providers to engage members through a written notice prior to scheduling a service at an out-of-network noncontracted ASC. We are no longer asking the physician's practice to submit a prior notification to notify HealthPartners that the member is being scheduled at a noncontracted, out-of-network ASC. However, HealthPartners is requiring that the provider group give written notice to the HealthPartners member that the ASC they are referring to is out-of-network and that additional out-of-pocket costs will apply. HealthPartners will also assist the member in finding in-network options for care as needed.

Failure to follow this Noncontracted, Out-of-Network Ambulatory Surgery Center Policy will result in denial of any physician claims related to the services administered at the noncontracted, out-of-network ASC.

All provider groups contracted with HealthPartners have agreed to maintain privileges at an in-network facility.

The new policy will be placed on the Provider Portal soon. Go to **Administrative Policies** on the Provider Portal and select the policy for Noncontracted, Out-of-Network Ambulatory Surgery Center. (path: <https://www.healthpartners.com/provider-public/administrative-policies/>)

## Medical Policy Updates – January 2020

### 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
Physical, Occupational and Speech – Habilitative Therapy and Feeding/oral function therapy, pediatric	Effective immediately, prior authorization is required after the 40 <sup>th</sup> visit per calendar year per modality. Prior authorization before 40 visits is not required. However, services with specific coverage criteria may be reviewed retrospectively or concurrently to determine if criteria are being met. Retrospective denial may result if criteria are not met.

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

## Pharmacy Policy Updates – January 2020

### NEW P&T MEMBERS NEEDED

HealthPartners is adding new Pharmacy and Therapeutics (P&T) Committee members. The P&T Committee promotes the appropriate use of high quality and cost-effective pharmaceuticals. This committee maintains the Drug Formulary and pharmacy-related medical policies for medications used in clinic settings. This committee meets quarterly. Please contact [peter.s.marshall@healthPartners.com](mailto:peter.s.marshall@healthPartners.com) if interested.

### PHARMACY PRIOR AUTHORIZATION CRITERIA – WHERE ARE THEY?

Recent surveys show that many do not know how to find pharmacy prior authorization criteria.

Coverage criteria are available in several ways including a formulary search tool. The search tool returns the formulary status and coverage criteria. A “Find Alternatives” is clickable and shows preferred alternatives. This lookup tool is available at [healthpartners.com/formulary](http://healthpartners.com/formulary).

### NALOXONE CO-PRESCRIBING

Consistent with guidelines, HealthPartners is encouraging prescribing naloxone to patients who are at an increased risk for opioid overdose. Studies show that the co-prescribing of naloxone with prescription opioids significantly lowers emergency department visits and decreases the number of opioid-related deaths by 50 percent.

HealthPartners provides open access to naloxone (including Narcan nasal spray). Naloxone co-prescribing is recommended for high-risk patients such as:

- High-dose opioid prescriptions
- Opioids taken with benzodiazepines
- History of substance use disorder
- Misusing prescription opioids or using illicit drugs (either opioids or potentially contaminated with opioids)

### COMMERCIAL FORMULARY UPDATES

- Repatha and Praluent are no longer considered specialty medications and can be filled at retail pharmacies.
- Several quantity limits have been added.
- New formulations of glucagon have been added (Baqsimi and Gvoke).
- Upadacitinib (Rinvoq) has been added with prior authorization, as a preferred option for rheumatoid arthritis.
- Dispensing of specialty medications treating pulmonary arterial hypertension (Remodulin, Opsumit, etc.) will be limited to Accredo specialty pharmacy for starting 1/1/2020.

### STATE PROGRAM FORMULARY UPDATES

State program formulary updates are similar and also include:

- Triamcinolone nasal spray (OTC) has been added.

## MEDICARE FORMULARY UPDATES

The 2020 formulary is available online.

Please see the formulary for details and a complete list at [healthpartners.com/formularies](http://healthpartners.com/formularies). For additional information, please contact [peter.s.marshall@healthPartners.com](mailto:peter.s.marshall@healthPartners.com).

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) (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
<p>Oncology drug coverage policy</p> <p>Medical policy will be live on the web by 1/1/20.</p> <p>Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing codes: <a href="http://healthpartners.com/public/coverage-criteria/">healthpartners.com/public/coverage-criteria/</a></p>	<p>Prior authorization is required for oncology drugs listed on this policy.</p> <p>Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> <li>• Istodax</li> <li>• Libtayo</li> <li>• Poteligeo</li> </ul> <p>Additional criteria may apply – see the coverage policy for more information.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p> <p><b>CLICK HERE*</b> to view this policy</p> <p>COVERAGE POLICY can also be found in the medical coverage policy search page, searchable by drug name or billing codes.</p> <p><i>Path: healthpartners.com/public/coverage-criteria/</i></p>	<p>Prior authorization is required for recently approved drugs listed on this policy.</p> <p>Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> <li>• Beovu</li> <li>• Reblozyl</li> <li>• Adakveo</li> <li>• Givlaari</li> </ul> <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>

Coverage Policies	Comments / Changes
<p>Nusinersen (Spinraza)</p> <p>Medical policy will be live on the web by 1/1/20.</p> <p>Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing codes:  <a href="http://healthpartners.com/public/coverage-criteria/">healthpartners.com/public/coverage-criteria/</a></p>	<p>Criteria updated to define treatment with Spinraza after a patient has received Zolgensma as investigational.</p> <p>See the coverage policy for full clinical criteria and prior authorization restrictions.</p>
<p>Omadacycline (Nuzyra) Minnesota Healthcare Programs</p> <p>Medical policy will be live on the web by 1/1/20.</p> <p>Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing codes:  <a href="http://healthpartners.com/public/coverage-criteria/">healthpartners.com/public/coverage-criteria/</a></p>	<p>Prior authorization is required. Coverage is restricted to patients meeting the following criteria:</p> <ul style="list-style-type: none"> <li>• Diagnosed with community-acquired bacterial pneumonia or acute bacterial skin and skin structure infections</li> <li>• Susceptible pathogen</li> <li>• Appropriate treatment duration (7-14 days) and dosing</li> </ul> <p>Additional criteria may apply – see coverage policy for more information.</p>
<p>Eculizumab (Soliris) Minnesota Healthcare Programs</p> <p>Medical policy will be live on the web by 1/1/20.</p> <p>Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing codes:  <a href="http://healthpartners.com/public/coverage-criteria/">healthpartners.com/public/coverage-criteria/</a></p>	<p>Prior authorization is required.</p> <p>Coverage has been updated to require patients are treated with Soliris prior to the use of Ultomiris.</p> <p>Additional criteria may apply – see coverage policy for more information.</p>

### MEDICAL INJECTABLE SITE OF CARE REVIEW UPDATES

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 are required to transition care to a more appropriate medically necessary setting.

Effective January 1, 2020, the following drug will be added to the HealthPartners Medical Injectable Site of Care Review process:

Condition	CPT	Description	Common Drug Name
Polyneuropathy associated with hereditary transthyretin-mediated amyloidosis	J0222	Patisiran Injection, 0.1 mg	Onpattro

# Government Programs

## Medicare outpatient observation notice (MOON) requirement

### REMINDER TO HOSPITALS & CRITICAL ACCESS HOSPITALS (CAHs)

Hospitals and CAHs are required to provide a MOON to Medicare beneficiaries (including Medicare Advantage health plan enrollees) informing them they are outpatients receiving observation services and are not inpatients of a hospital or critical access hospital (CAH).

Full **instructions** are available in Section 400 (starting at 400.3.3) of Chapter 30 of the CMS Claims Processing Manual (*path: [cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf) (PDF)*).

## Billing members eligible for both Medicare and Medicaid (QMB Program)

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual-eligible program which exempts individuals from Medicare cost-sharing liability.

These same laws may also apply to other dual-eligible beneficiaries in Medicare Advantage plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing. Low income subsidy copayments still apply for Part D benefits.

Providers that are enrolled in Medicare have access to Medicare's HIPAA Eligibility Transaction System (HETS), which will identify QMB status. Link to HETs website: **HETS Help**

(*path: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index>*)

Providers are responsible for identifying the QMB status of HealthPartners Medicare enrollees and for following QMB billing requirements.

For more information on the QMB program and requirements, see the CMS QMB webpage at: **QMB Program**

(*path: [www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/QMB](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/QMB)*)

Find more information on QMB plans at: **MedLearn Matters Article re QMB**

(*path: [/www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf)*)

## HealthPartners Minnesota Senior Health Options (MSHO) 2020 Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance. HealthPartners also offers supplemental benefits to MSHO members. These benefits may change each year.

The Supplemental Benefits for 2020 are as follows:

### CARE & SUPPORT

- A tablet with education and wellness tools for members with diabetes, heart disease, cognitive impairment or depression\*
- RideCare transportation to/from Silver&Fit healthclub, health and weight management classes, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Independent Living Skills\*



- Home delivered meals
- Unlimited visits to virtuwel<sup>®</sup>, a 24/7 online medical clinic

#### SAFETY & PREVENTION

- Motion sensor night light
- Pedaler
- Readmission prevention
- In-home bathroom safety devices and installation
- Personal Emergency Response System (PERS)

#### DENTAL & VISION

- Adult fluoride
- Periodic exams
- Scaling and root planning
- Periodontal maintenance
- Additional coverage for root canals on molars
- Crowns coverage
- An electric toothbrush
- Eyeglasses tints and coatings

#### HEALTHY LIVING

- Weight management program
- Silver&Fit health club membership or at-home fitness kits
- Healthy aging and cooking classes
- Wearable activity tracker

#### FOR MEMBERS WITH A COGNITIVE IMPAIRMENT DIAGNOSIS, LIKE DEMENTIA OR ALZHEIMER'S

- An animatronic cat that gives companionship and joy; lowers anxiety and loneliness\* (also for members with a severe depressive disorder diagnosis)
- Caregiver support including coaching and counseling through family caregiver services, short-term respite care, psychotherapy and transportation to these services\*
- Adult Day Services\*

\*Available to members with specific diagnoses who meet eligibility criteria.

## Reminder – Training requirement for providers

#### HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE 2020

The MSHO Model of Care provides a description of the management, procedures and operational systems that HealthPartners has in place to provide the access to services, coordination of care and structure needed to best provide services and care to our MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Annual training on the Model of Care is a Centers for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans. The Model of Care contains the following components:

1. Description of the MSHO population
2. Care Coordination
3. MSHO Provider Network
4. MSHO Quality Measurement & Performance Improvement

To access the HealthPartners 2020 MSHO Model of Care Training, click **2020 MSHO MODEL OF CARE TRAINING**.

(path:[https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb\\_041302.pdf](https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_041302.pdf))

## New hearing aid benefit for Medicare Advantage and Medicare Cost members

Effective January 1, 2020, HealthPartners has added a new hearing aid benefit to our individual Medicare Advantage and Medicare Cost plans\* which is administered through a hearing aid vendor, TruHearing. This benefit for HealthPartners members is only available when the TruHearing network is utilized.

If you are not a TruHearing contracted provider, HealthPartners individual Medicare members can still access services through you, but they won't have this hearing aid benefit available.

If you would like to join TruHearing's network, please contact them directly at **855-286-0550**, from 8 a.m. to 6 p.m. central time. While HealthPartners is not requiring you to join the TruHearing network, it is an option if you would like to serve our Medicare Advantage and Medicare Cost members in 2020.

HealthPartners Medicare Advantage and Medicare Cost members are able to purchase hearing aids through TruHearing for a low copayment amount of up to \$699 or \$999 per hearing aid, depending on the model selected.

To access their hearing aid benefit, HealthPartners members will call TruHearing directly and TruHearing will direct the member to one of their contracted providers.

### TRUHEARING DISPENSING PROCESS:

**Step 1:** A member who wants a hearing exam and/or hearing aid(s) calls TruHearing directly.

**Step 2:** TruHearing shares information with the member about the hearing aid benefit and schedules an appointment with an in-network hearing care provider.

**Step 3:** The provider performs a comprehensive hearing evaluation.

**Step 4:** The provider recommends appropriate hearing aids from the options available in the benefit and places an order through TruHearing.

**Step 5:** Hearing aids are shipped to the provider's office, and the member returns for fitting and programming.

**Step 6:** The benefit includes three follow-up visits (the fitting/programming visit and two additional), a 45-day trial period (for return or exchange), a 3-year manufacturer's warranty, and 48 batteries per aid if non-rechargeable aids are purchased.

**Step 7:** The provider does not need to submit claims to HealthPartners for the exam or the hearing aids. All claims are handled by TruHearing.

**Step 8:** TruHearing will send the full allowable exam fee reimbursement to the provider 10 days after the provider indicates in the online portal that a hearing exam was performed.

**Step 9:** TruHearing pays the provider a professional fitting fee at the conclusion of the member's 45-day trial period.

\* Applies to individual Medicare Advantage plans under the plan names HealthPartners Journey, HealthPartners Robin and HealthPartners UnityPoint Health. Applies to the individual Medicare Cost plans under the plan names HealthPartners Freedom and HealthPartners Sanford with the exception of the Basic plans which do not have the benefit.

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](https://www.healthpartners.com/fastfacts).

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