

Fast Facts

MARCH 2020

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

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 into the [HealthPartners Provider Portal](https://healthpartners.com/provider-public/) (*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 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 new patients
- Clinic services available

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

New forms for providers

CARECHECK AND HOSPITAL ADMISSION/DISCHARGE

In the past we had one form for providers called CareCheck/Pre-certification. Effective immediately, there are now two separate forms – CareCheck and Hospital Admission/Discharge.

Please use the [CareCheck form](#) to request pre-certification for care that will take place at an out-of-network facility/provider. You may fax this form to **952-853-8721**.

Use the [Hospital Admission/Discharge form](#) to notify HealthPartners of an inpatient hospital admission or discharge. You may fax this form to **952-853-8705**.

You can find both forms on the Provider Portal under Forms for Providers under the Medical tab.

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Credentialing website

HealthPartners provider home page has a section to answer many of your common credentialing questions. You can access this information through the [HealthPartners website](#) (*path: Provider Portal/Credentialing and Enrollment*), where you will find information on:

- Frequently asked questions—with detailed answers
- Convenient link to the [ApplySmart web-based credentialing application](#) (*path: www.credentialsmart.net/mcc/*)
- HealthPartners credentialing plan, which includes our credentialing criteria for acceptance into the HealthPartners network
- Practitioner’s rights as they pertain to the credentialing process

Initial credentialing process

HealthPartners requires all Minnesota-based clinics to submit *initial* credentialing applications through the ApplySmart system. Clinics in Wisconsin, Iowa, North Dakota and South Dakota may use ApplySmart or they may continue submitting paper applications. Initial applications submitted by Minnesota clinics by paper, fax or email may be returned to the submitter.

If you have questions or concerns about this requirement, please contact Marilee Forsberg at **(952) 883-6210** or at marilee.j.forsberg@healthpartners.com.

If you do not have an ApplySmart account, click [Get Started](#) now. (*path: www.mncred.org/GetStarted.aspx*)

If you have questions about the ApplySmart system, contact supportmcc@credentialsmart.net or call **847-425-4616**.

Annual Statewide STI Testing Observance – April 1-10


DATE: APRIL 1 - 10, 2020


This is an opportunity for clinics/sites across the state to host a Sexually Transmitted Infection (STI) testing day any one day (or multiple) during the dates of April 1-10. The CRUSH steering committee is a partnership of clinics, youth-serving organizations, state and local public health agencies, and community members aiming to address the increasing rates of STIs in Minnesota. The purpose is to come together as a whole to promote prevention and testing, as well as heighten the awareness about the epidemic of STDs/STIs and related cancers in Minnesota. CRUSH provides support and guidance to the Statewide STI Testing observance each year.


To register, please visit the [Statewide STI Testing Day Clinic Registration 2020 webpage](#).

(*path: https://docs.google.com/forms/d/e/1FAIpQLSffkPmZBodChXOJ9TKVFTuif1sxrM3pdCcyuLAVPz6Ah1wCzA/viewform*)

Looking for HPV champions!

 Are you a strong supporter of immunizations?

 Do you encourage all your patients to complete all their immunizations...including HPV?

 Are you willing to share your views on this topic?

YOU ARE AN HPV CHAMPION!

In collaboration with the Minnesota Department of Health, American Cancer Society and other organizations promoting human papillomavirus (HPV) immunizations and cancer prevention, we are collecting a list of champions who are willing to share the message about the importance of these immunizations. Then when there is a need for a spokesperson, such as a request for comment from the media or a need to submit a letter to the editor of a local or statewide newspaper, we have a list of experts willing to step up and lend their voice.

To be included, please take this short [SURVEY](#) which will tell us the ways in which you are willing to be involved. Thank you in advance!

Medical Policy updates – 3/1/2020

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
Walkers – Minnesota Health Care Programs	<p>Effective immediately, policy revised to align with the MHCP provider manual. Added:</p> <ul style="list-style-type: none"> Information to clarify coverage of walkers for members living in nursing and intermediate care facilities for persons with developmental disabilities. Crutch substitutes are covered for members who have difficulty using standard crutches. Pediatric walkers should be billed with most appropriate HCPCS code. Walkers with trunk support are covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who require trunk support. Standers in combination with a gait trainer are not covered. Per MHCP, this is not a policy change; it has always been documented on the MHCP provider manual stander page.
Sleep studies	Effective immediately, policy is retired. It is replaced by the “Site of service – attended polysomnography for evaluation of obstructive sleep apnea (OSA)” policy.
Breast-specific gamma imaging	Effectively immediately, policy is retired. The topic has been added to the investigational services – list of noncovered services policy. There is no change to coverage stance.
Peripheral nerve block injections for treatment of diabetic neuropathy	Effectively immediately, policy is retired. The topic has been added to the investigational services – list of noncovered services policy. There is no change to coverage stance.
Spinal unloading devices	Effectively immediately, policy is retired. The topic has been added to the investigational services – list of noncovered services policy. There is no change to coverage stance.
Cardiovascular risk assessments	<p>Effectively immediately, the following topics were moved from the investigational services list to the cardiovascular risk assessments policy. There are no changes to coverage stance:</p> <ul style="list-style-type: none"> 83704- NMR LipoProfile test 86141 HS-CRP – high sensitivity C-reactive protein testing 83090 Homocysteine testing 93799 Non-invasive peripheral arterial tonotony for evaluation of endothelial function (e.g., Endo-PAT 2000 System) 0126T, 93895 – Common carotid intima-media thickness (IMT) testing 93050, 93922 – Computerized Pulse Waveform Analysis for vascular disease screening (e.g., CVProfior, SphygmoCor, SCOR-PX and MaxPulse)
Upper airway/hypoglossal nerve stimulation for treatment of obstructive sleep apnea (OSA)	Effective 2/1/2020, there is a new medical coverage policy in place for upper airway/hypoglossal nerve stimulation for treatment of OSA. Coverage is provided in accordance with the member’s plan documents when medical coverage criteria are met. Prior authorization is required.

Coverage Policies	Comments / Changes
<p>Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, back and sacroiliac joint pain</p>	<p>Effective immediately, the title of the radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck and back has been changed. It now addresses RFA for the treatment of sacroiliac joint pain. RFA for sacroiliac joint pain was previously addressed on the sacroiliac joint pain procedures policy.</p> <p>RFA for sacroiliac joint pain is still considered investigational and remains a noncovered service.</p> <p>Criteria concerning trial of diagnostic medial branch block (MBB) injections have been revised. MBB injections no longer must be spaced two weeks apart. Revised criteria are:</p> <p>1C. Two trials of diagnostic medial branch block injections must be received as described below:</p> <ul style="list-style-type: none"> i. The first trial of diagnostic MBB injection relieves at least 70 percent of the pain; ii. The second trial of diagnostic MBB injection relieves at least 70 percent of the pain; iii. The first and second MBB injections were performed under fluoroscopic guidance; iv. The first and second MBB injections were performed within the six months prior to the planned RFA procedure. <p>*Note: Intra-articular injections of the paravertebral facet (zygapophyseal) joint are not considered diagnostic for the purposes of assessing suitability for RFA.</p>
<p>Wheelchairs – mobility assistive equipment (MAE) – commercial and Medicare</p>	<p>Effective 5/1/2020, the following wheelchair options will require prior authorization:</p> <ul style="list-style-type: none"> • Manual wheelchair standing system (E2230) • Power wheelchair standing system (E2301) • Power wheelchair seat elevation system (E2300) • Power tilt (E1002) • Power recline (E1003, E1004, E1005) • Combination of power tilt and recline (E1006, E1007, E1008) • Power wheelchair attendant control (E2331) • Electronic connection between wheelchair controller and one power seating system motor (E2310) • Electronic connection between wheelchair controller and two or more power seating system motors (E2311) <p>Prior authorization continues to be required to purchase a manual wheelchair, and to rent or purchase a power wheelchair or scooter.</p>
<p>Wheelchairs – mobility assistive equipment (MAE) – Minnesota Health Care Programs</p>	<p>Effective 5/1/2020, the following wheelchair options will require prior authorization:</p> <ul style="list-style-type: none"> • Manual wheelchair standing system (E2230) • Power wheelchair standing system (E2301) • Power wheelchair seat elevation system (E2300) • Power tilt (E1002) • Power recline (E1003, E1004, E1005) • Combination of power tilt and recline (E1006, E1007, E1008) • Power wheelchair attendant control (E2331) <p>Prior authorization continues to be required to purchase a manual wheelchair, and to rent or purchase a power wheelchair or scooter.</p>

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

Pharmacy updates – 3/1/2020

MEDICARE SAFETY ALERTS

HealthPartners is continuing to use safety alerts* for Medicare Part D members as part of the CMS effort to reduce opioid overutilization.

These edits include:

- an opioid cumulative dose limit of 90 MME (morphine equivalent dose);
- doses greater than 200 MME require a traditional prior authorization (these are not eligible for safety-edit overrides by pharmacies);
- a 7-day supply limit for new users of opioids;
- limits on the concurrent use of opioids and benzodiazepines;
- limits on two or more long-acting opioids.

* Safety alerts are different than prescribing limits. Safety alerts will generate a stop at the pharmacy, but the pharmacist can override the alert (allowing a covered prescription) by providing additional information. Pharmacists are encouraged to reach out to prescribers for care coordination if needed.

Exemptions include members who are in a long-term care facility, hospice care, receiving palliative or end-of life care, being treated for active cancer pain, and patients with sickle-cell disease. These are automated if this information is available.

Prescribers may also request prior authorization and/or exceptions, if needed, through the standard process.

COMMERCIAL FORMULARY UPDATES INCLUDE:

- Insulin degludec/liraglutide (Xultophy) and insulin glargine/lixisenatide (Soliqua) have been added to the formulary.
- Semaglutide (Rybelsus), an oral GLP-1 medication, has been added to formulary.
- The cost threshold for compounded medications has been decreased from \$200 to \$150. Compound medications with a cost over \$150 require prior authorization.
- A quantity limit of #300 test strips per month is being added for all glucose test strips, including Accu-Chek and True Metrix. Greater quantities require prior authorization.
- Elexacaftor/tezacaftor/ivacaftor (Trikafta), an oral CFTR modulator for cystic fibrosis, has been added to the formulary with prior authorization.
- Diroximel (Vumerity) an oral disease modifying agent for multiple sclerosis has been added to the formulary.
- New formulations of hepatitis C antivirals (45mg ledipasvir/200mg sofosbuvir and 200mg sofosbuvir) have been added to the formulary with prior authorization restricting to pediatric patients.

Please see the [Drug Formularies](#) for details and a complete list. For additional information, please contact peter.s.marshall@healthpartners.com.

Quarterly formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics (P&T) Committee policies are available [HERE](#)

(*path: healthpartners.com/provider/admin tools/pharmacy policies*), including the [Drug Formularies](#) (*path: healthpartners.com/formularies*).

Pharmacy Medical Policy

CLARIFICATION ON INFLIXIMAB

The January Special Edition of Fast Facts included a Pharmacy medical policy update on Infliximab (Infliximab Remicade and Renflexis) requiring the use of Inflectra (infliximab-dyyb), an infliximab biosimilar. This policy will not be posted on the provider portal until 4/1/2020, when this change will go into effect.

The only change in the policy is a statement that use of the biosimilar product, Inflectra, is required for actively treated patients and new starts. All clinical criteria will remain the same, as well as approval durations. Please reference the [January Special Edition Fast Facts](#) to read the full update. On 4/1/2020, visit the provider portal [Coverage policy search page](#), where you can search by drug name or billing codes.

(*path: healthpartners.com/public/coverage-criteria/*)

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 4/1/20.</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 oncology drugs listed on this policy.</p> <p>Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> • Erwinaze • Asparlas <p>Additional criteria may apply – see the coverage policy for more information.</p>
<p>Recently FDA-Approved Medications Coverage 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"> • Tepezza • Enhertu • Padcev • Vyondys-53 <p>As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice</p>
<p>Nusinersen (Spinraza)</p> <p>Medical policy will be live on the web by 4/1/20.</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>Criteria updated to cover therapy for patients 15 years old or younger and who meet all other clinical coverage criteria.</p> <p>See the coverage policy for full clinical criteria and prior authorization restrictions.</p>

Eating disorder partial hospitalization program

PRIOR AUTHORIZATION REQUIRED

Effective 5/1/20, eating disorder criteria will be updated to include that prior authorization will be required for any partial hospitalization program (with or without lodging) for the treatment of eating disorders (e.g., H0035, S0120, rev codes 912, 913).

This updated coverage policy will apply to fully insured, self-insured, Medicaid and MSHO plans.

Coming Soon – Provider Survey

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**.

Patient Perspective

Pain Management and Opioids Guide for your patients

Helping your patients understand and successfully manage their pain is important and can be challenging. A new patient resource is now available!



HealthPartners invites you to review the [Pain Management and Opioids Guide for Consumers*](#) located on the Stratis Health website and share with your patients as you see fit. The Guide can also be printed from the website for consumer ease.

HealthPartners is part of a collaborative of Minnesota Medicaid health plans working together to reduce the rate of chronic opioid use in Minnesota. The [Pain Management and Opioids Guide for Consumers*](#) provides information about pain, pain medication and ways to manage pain with self-care. A second section of the guide aims to provide information on opioids, side effects, risks and how to store and dispose of opioids properly. The guide is geared for consumer use, so is written in person-centered plain language. *(path: stratishealth.org/pip/consumer-pain-opioid-guide.html)

Government Programs

Certify your provider data through the National Plan & Provider Enumeration System (NPPES)

The Centers for Medicare and Medicaid Services (CMS) has announced that beginning January 2020, the National Plan and Provider Enumeration System (NPPES) will now allow providers to certify their National Provider Identifier (NPI) data. CMS believes the use of NPPES data will serve as an important resource to improve provider directory reliability and accuracy.

CMS is encouraging plans to work with their contracted providers to review and update their data in NPPES. In addition, CMS will continue their efforts in monitoring and enforcement activities around provider directory accuracy.

Click [Frequently Asked Questions \(FAQs\)](#) regarding the use of NPPES for more information.

(path: cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index)

Medicare Opioid Treatment Program (OTP) services reminder

As of January 1, 2020, Original Medicare covers Opioid Treatment Program (OTP) services. Under the new OTP benefit, Medicare covers:

- U.S. FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

HealthPartners Medicare Advantage and Medicare Cost plans also cover the OTP services benefit. In covering the OTP benefit, Medicare Advantage/Cost plan enrollees must use only OTP providers that meet the same requirements as those providing services under Original Medicare Part B (including enrollment with Medicare). Billing and coding for these services will also follow Medicare billing requirements.

For dually-eligible members currently receiving OTP services under their Medicaid benefits, OTP providers should continue to bill appropriately for services as they are today until further notice, so as to prevent any disruption in treatment.

Providers should read the [12/17/19 CMCS informational bulletin](https://medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib121719.pdf) (path: medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib121719.pdf) to review the potential options for coordination of benefits while waiting for updates from the State Medicaid Agency. In addition, refer to the [MHCP provider news and updates](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/index.jsp) (path: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/provider-news/index.jsp>) webpage. HealthPartners continues to monitor updates from the MN Department of Human Services regarding changes to billing and reimbursement for Medicare OTP Services furnished to dual-eligible enrollees.

If you are an eligible OTP provider, we encourage you to enroll with Medicare as soon as possible so that you are able to furnish OTP services to HealthPartners Medicare Advantage and Medicare Cost members. See the [CMS OTP webpage](https://www.cms.gov/index.php/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program) (path: <https://www.cms.gov/index.php/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program>) for more information.

Contact your Service Specialist with any questions.

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