HealthPartners

Fast Facts

NOVEMBER 2020

News for Providers from HealthPartners Provider Relations & Network Management

Administrative

Credentialing website

HealthPartners Provider Home Page has a site to answer many of your common credentialing questions. You can access this site through the HealthPartners website at **healthpartners.com/credentialing** *(path: Provider Portal/Credentialing and Enrollment).*

You will find the following information on the HealthPartners Credentialing website:

- Frequently asked questions—with detailed answers
- Convenient link to the ApplySmart web-based credentialing application
- 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 via paper, fax or email may be returned to the submitter.

If you do not have an ApplySmart account, **Get Started** now. *(path: mncred.org/getstarted)*

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

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

INSIDE THIS ISSUE

	Page
Administrative Information	
Credentialing website	1
Initial credentialing process	1
Make sure patients can find you	2
2020 Clinical Indicators Report	2
Need a prior authorization?	2
Discussing denied authorizations	2
HealthPartners policy – financial incentives	2
HealthPartners provider resource materials	3
Fraud, waste and abuse	3
HealthPartners programs and important info	4
Physician Incentive Plans (PIP) disclosure	5
Disclosure of Ownership/Control Interest Form	5
Medical Policy updates	6
Pharmacy Medical Policy updates	9
Cultural competency training and accessibility	11
Member ID cards	11
Provider Portal – Your one-stop shop	11
Government Programs	
2021 HealthPartners MSHO supplemental benefits	12
Enrollment with MHCP	13
Skilled nursing facility reminders	13
Medicare member product changes	14
PIP Fax Back Form	16
Provider Directory & Subdirectory Questionnaire	17

Make sure patients can find you

Patients are often seeking to connect with providers. For many, seeing a provider who shares their race, ethnicity or gender is important. This is true for many specialties, but we hear it particularly from those seeking behavioral health providers.

To ensure patients can easily find clinicians in your practice who meet their needs, please update your practice's information in our Provider Data Profile application.

Follow these quick and easy steps:

- Log in at **healthpartners.com/provider** using your username and password
- Click on *Provider Data Profiles*
- Make updates by clicking on *Edit Practitioner*, including race, country of origin and personal profile

If you need access to the Provider Data Profile application, contact your delegate (located in the help center after you log onto the portal).

2020 Clinical Indicators Report

The 2020 HealthPartners Clinical Indicators Report and Technical Supplement will be available online mid to late November 2020. The Clinical Indicators Report features comparative provider performance on clinical measures and cost and quality 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 2020 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/).

Need a prior authorization?

Have you tried our new tool to check whether a prior authorization (PA) is required? All you need are the service codes (CPT/ICD10). The tool will determine if a PA is required and provide a link to the *medical coverage policy criteria*. Additionally if a PA is required, the tool also links you to the resource needed to begin the PA request process.

No need to log in!

You can find this *Verify Prior Auth* tool on our **home page** or by visiting *healthpartners.com/verifyPArequirements*.

Discussing denied authorizations for healthcare services

If an authorization request for healthcare services or items was denied based on coverage criteria, the member or provider has the right to discuss the denial with the clinician involved in making the decision in our prior authorization program. 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 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**

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 HealthPartners Service Specialist.

Fraud, waste and abuse

HealthPartners is committed to working on preventing, detecting and reporting fraud, waste and abuse. According to a 2019 JAMA (the Journal of the American Medical Association) study, the estimated annual cost of waste in the U.S. Health Care System ranged from $760 billion to $935 billion, accounting for approximately 25 percent of all health care spending that is lost to waste.

Fraud, waste and abuse in healthcare can take many forms, which makes it hard to spot. Here are a few of the most common types:

- Falsifying records or claims, including:
  - Up-coding, or billing for more expensive services than those provided or performed
  - Unbundling, or billing each step of a procedure as if it were a separate procedure to get more money
  - Billing for services that were never provided
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary, including unnecessary genetic testing
- Accepting kickbacks for patient referrals
- Collecting and selling patient information
- Doctor "binging" – visiting many doctors, emergency rooms and pharmacies to obtain multiple prescriptions for the same medicine
- Poor care coordination, resulting in added services and medical costs that could otherwise be avoided

There are also reported cases of COVID-19 health care fraud, such as:

- Labs marketing unapproved tests (COVID-19, antibody, etc.)
- Coding COVID-19 for other respiratory ailments
- Medical providers obtaining patient information for COVID-19 testing and then using that information to fraudulently bill for other tests, procedures and equipment
- Fake providers contacting people by phone and email to offer telehealth services or to demand payment for treatment provided to a friend or relative

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.

HealthPartners programs and important information

HealthPartners makes many useful resources available to support care for your patients with HealthPartners coverage. These resources and administrative policies may change throughout the year. In an effort to remain transparent, we notify you regarding changes via our bi-monthly and Special Edition Fast Facts communications, emails and postal mail. HealthPartners encourages you to visit our website as it hosts all of our current policies and procedures. Information available online at **healthpartners.com/provider** includes, but is not limited to:

ACCESS TO ONLINE TOOLS & REPORTS

- Provider measurement
- Quality measurement
- Forms for providers

ADMINISTRATIVE PROGRAM

Provider Resource Materials

- Fast Facts newsletters – current and past
- Policies and procedures, including:
  - Credentialing rights – practitioners
  - Medical record standards
  - Member complaint processes and procedures
  - Member rights and responsibilities

PROGRAM DESCRIPTIONS

Annual Evaluation of Quality Improvement and information on meeting our goals

- Case management – how to refer a patient
- Disease management – how to use services and how we work with your patients

UTILIZATION MANAGEMENT

- Access to utilization management staff
- Affirmative statement – no incentives used to encourage barriers to care or services
- Clinical guidelines and updates
- Coverage criteria policies
- How to contact a Medical Director

HealthPartners maintains a database of provider administrative roles and contact information. If there are any changes to your organization's administrative roles, please update the information online by using the Provider Data Profiles application available at **healthpartners.com/provider**, or communicate the changes to your HealthPartners Service Specialist. We appreciate your continued partnership.

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 HealthPartners Service Specialist.

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 containing information that needs 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) require 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 2020 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

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. **INFO** *(path: healthpartners.com/provider-public/regulatory-requirements/)*

Please submit the **FORM** to HealthPartners in one of the following ways:
(path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_043027.pdf)

Email: **Disclosure of Ownership** (DisclosureofOwnership@HealthPartners.com)

Fax: **952-853-8708**

Mail: HealthPartners
Business Analyst – Contracted Care Compliance
Mail Stop 21108C
8170 33rd Ave. S.
Bloomington, MN 55440

Medical Policy Updates – 11/1/2020

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
Pectus excavatum and pectus carinatum	Effective 9/1/20, policy is retired.
Gender reassignment surgery	Effective 9/1/20, policy has been revised: • Age requirement of 18 years or older was removed. • Surgeries/procedures completed to enhance physical appearance or to more closely meet secondary sex characteristics are eligible for coverage providing the service is completed for treatment of gender dysphoria. Prior authorization is required. These services are subject to contract definitions of medical necessity and appropriateness, as well as contract benefits.
Gender confirming surgery – Minnesota Health Care Programs	Effective 9/1/20, policy is retired.
Genetic Testing	Effective 1/1/21, policy will be revised. Human leukocyte antigen (HLA) testing, chromosome analysis, molecular cytogenetics, fluorescence in situ hybridization (FISH), and certain other genetic tests will be covered without prior authorization for many common diagnoses. Refer to the Coverage Lists for these topics to find out whether prior authorization is required for a specific indication. Prior authorization requirements will be based on both the procedure code (CPT) and primary diagnosis code (ICD-10-CM) associated with the genetic testing. Check with Member Services for information regarding specific coverage for these services. Other diagnoses may require prior authorization or may be non-covered services. When prior authorization is required, documentation must demonstrate that the test is medically necessary and expected to directly impact management of the condition being evaluated.

Coverage Policies	Comments / Changes
Genetic Testing: Pharmacogenetics	Effective 1/1/21, prior authorization is not required for many common pharmacogenetic tests. Refer to the Coverage List for this topic to find out whether prior authorization is required for a specific indication. Prior authorization requirements will be based on both the procedure code (CPT) and primary diagnosis code (ICD-10-CM) associated with the genetic testing. Check with Member Services for information regarding specific coverage for these services. Testing related to other diagnoses may be non-covered services. When prior authorization is required, documentation must demonstrate that the test is medically necessary and expected to directly impact management of the condition being evaluated.
Genetic Testing: Blood and Cardiovascular Disorders	Effective 1/1/21, this combined policy will replace the coverage policies *Genetic Testing: Arrhythmias and Cardiomyopathies* and *Genetic Testing: Coagulation Disorders and Cardiovascular Risk Assessments.* The new policy will additionally address coverage of genetic testing for hemoglobinopathies, pulmonary artery hypertension, sudden cardiac death/unexplained cardiac arrest, and acute cardiac allograft rejection. Coverage of genetic testing for Factor V Leiden *(F5 gene)* and prothrombin *(F2 gene)* will be based on both the procedure code (CPT) and primary diagnosis code (ICD-10-CM) associated with the genetic testing. Check with Member Services for information regarding specific coverage for these services.
Genetic Testing: Carrier Screening, Prenatal Screening, Prenatal Diagnosis, and Infertility Evaluation	Non-invasive prenatal screening (NIPS): The coverage policy will be revised on 1/1/21 to clarify that twin zygosity testing that is billed separately (e.g., CPT 0060U) is not medically necessary, as it is considered to be included as part of NIPS in multiple-gestation pregnancies.
Cosmetic surgery/treatments Cosmetic surgery/treatment – Iowa – North Dakota – South Dakota	Beginning 1/1/21, the cosmetic surgery/treatments policy will include the following cosmetic services in the list of indications that are not covered. 17340 Cryotherapy (CO2 slush, liquid N2) for treatment of acne 17360 Chemical exfoliation for acne (e.g., acne paste, acid) 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue, when used to describe microneedling. (Microneedling may also be called collagen induction or remodeling.) NOTE: All requests for coverage of cosmetic surgery/treatment require prior authorization. Submission of GA modifier wavier is required when requesting services which are always considered a cosmetic service and therefore never covered. The cosmetic procedures listed above currently require prior authorization, as they are generally considered cosmetic, and therefore not covered.

Coverage Policies	Comments / Changes
Eyewear for children	Effective immediately, policy revised. Coverage of disposable vs non-disposable contact lenses was clarified for plans with the pediatric eyewear benefit.
Investigational services – list of non-covered services	Effective immediately, the following services have been determined to be investigational/non-covered and were added to the policy: K1001 – Electronic sleep therapy devices for treatment of positional sleep apnea (e.g., Philips NightBalance Lunoa, Night Shift Sleep Positioner) 0563T – Evacuation of Meibomian glands, bilateral, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression 0404T – Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency (e.g., Sonata system)
Home health service	Effective 9/1/20, respiratory therapy provided in the home requires prior authorization after 25 visits per calendar year. Management of this service is now aligned with other disciplines such as skilled nursing, home health aide, and physical/speech/occupational therapy.
Epidural steroid injections (ESI) for low back pain	Effective immediately, policy is retired.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
In-Home Mental Health Psychotherapy services	This policy has been retired and prior authorization is no longer required effective 6/1/2020.
In-Home Mental Health Psychotherapy services – Minnesota Health Care Programs	This policy has been retired and prior authorization is no longer required effective 6/1/2020.
Designated network for children's psychiatric residential treatment services	Policy is retired effective 7/31/2020.
Targeted case management eligibility - adult – Minnesota Health Care Programs	Policy is retired effective 7/31/2020.
Targeted case management eligibility - child – Minnesota Health Care Programs	Policy is retired effective 7/31/2020.
Neuropsychological testing	Policy is retired effective 10/1/2020.
Neuropsychological testing – MN Health Care Programs	Policy is retired effective 10/1/2020.

Pharmacy Medical Policy updates – 10/1/2020

Formulary updates

COMMERCIAL DRUG FORMULARY FOR JANUARY 2021

- Sulfacetamide w/sulfur 8%-4% topical suspension. Prior authorization is being added. Lower cost alternatives are available, such as sulfacetamide w/sulfur 10%-5%.

MEDICARE UPDATES INCLUDE:

- Levothyroxine (Synthroid brand) will be removed from the formulary. Generic alternatives are available on formulary at tier-2 (levothyroxine and Euthyrox).
- Nystatin cream. A quantity limit of 30 gram per 30 days has been added. This quantity is intended to allow all standard uses.

2021 Medicare Drug Formulary *(path: https://www.healthpartners.com/hp/insurance/medicare/prescription-drug-coverage/drug-list/index.html)*

MINNESOTA HEALTHCARE PROGRAMS (MHCP)

Drug Formulary updates are similar to Commercial, included in the link below. These policy updates apply only to State Programs and do not apply to members with Commercial or Part D plans.

Please see the HealthPartners online formulary for details and a complete list of updates at **healthpartners.com/formularies**. For additional information, please contact **peter.s.marshall@healthpartners.com**.

Quarterly formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics Committee policies are available at **healthpartners.com/provider/admin tools/pharmacy policies**, including the **Drug Formularies**.

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

Commercial Groups, effective January 1, 2021.

Coverage Policies	Comments / Changes
Afamelanotide (Scenesse)	This new medication for erythropoietic protoporphyria is covered with criteria.
Brexucabtagene (Tecartus)	This new medication for refractory lymphoma is covered with criteria.
Eculizumab (Soliris)	This medical policy has been updated, requiring previous therapy with inebilizumab (Uplizna) and satralizumab (Enspryng) for the neuromyelitis optica spectrum disorder indication.
Ibalizumab (Trogarzo)	The medical policy for this HIV medication has been updated, requiring previous therapy with fostemsavir (Rukobia).
Inebilizumab (Uplizna)	This new medication for neuromyelitis optica spectrum disorder is covered with criteria.
Nusinersen (Spinraza)	This medical policy has been updated, requiring previous therapy with risdiplam (Evrysdi).
Teprotumumab (Tepezza)	This medical policy has been updated, including a more specific clinical activity scoring table.
Viltolarsen (Viltepso)	This new medication for Duchenne muscular dystrophy is covered with criteria.
Oncology drug coverage	Prior authorization is required for oncology drugs listed on this policy. Drugs recently added to this policy include: • Belantamab (Blenrep) • Lurbinectedin (Zepzelca) • Pertuzumab/ trastuzumab/ hyaluronidase (Phesgo) • Tafasitamab (Monjuvi) Additional criteria may apply – see the coverage policy for more information.

Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing codes. Policies will be searchable on, or in some cases before, the effective date of January 1, 2021.
healthpartners.com/public/coverage-criteria

Cultural competency training and office accessibility

HealthPartners and all health plans are required to maintain accurate information in our provider directories including information regarding Cultural Competency Training for providers and whether provider locations are accessible for members with disabilities. Please take a moment to complete the **Questionnaire** included as part of this edition of Fast Facts. Instructions are included on the form for returning the information to HealthPartners or you may send to **providercompliance@healthpartners.com**.

Member ID cards

Members often call HealthPartners Member Services and request a new ID card at the start of the year. Please note, if there has been no change to a member's plan or benefits, they do not need a new card and can use their current card. In other words, HealthPartners does not send new cards out at the start of a plan year if benefits remain the same.

Provider Portal

YOUR ONE-STOP SHOP

If you haven't familiarized yourself with the HealthPartners Provider Portal, take a minute and see all the helpful information available at your fingertips.

You can do everything from referencing helpful information, such as medical policy updates and clinical resources, to submitting claims, appeals and adjustment requests. Other features include checking claims status, eligibility and benefits, accessing forms and remits, as well as getting credentialed and much more.

GET ANSWERS NOW

Member Services or Claims are available for assistance with complex matters, but most common questions can be addressed by using the provider portal with no wait times.

Check it out at **healthpartners.com/provider**.

Government Programs

HealthPartners Minnesota Senior Health Options (MSHO) 2021 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 2021 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 health club, health and weight management classes, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Independent Living Skills*
- Home delivered meals
- Unlimited visits to virtuwell®, a 24/7 online medical clinic
- An animatronic cat that gives companionship and joy; lowers anxiety and loneliness*

SAFETY & PREVENTION

- Motion sensor night lights (2)
- 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 and at-home fitness kits
- Healthy aging and cooking classes
- Wearable activity tracker
- Pocket hearing amplifier

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

- 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.

Enrollment with Minnesota Health Care Programs (MHCP)

Did you know that eventually all contracted HealthPartners Minnesota Health Care Programs (MHCP) network providers must be screened and enrolled with the State in order to be eligible for program reimbursement?

This requirement is part of the 21st Century Cures Act (Cures Act). HealthPartners and staff from other health plans have been actively engaged with the Minnesota Department of Human Services (DHS) as they launched the web-based online application process through their Minnesota Provider Screening and Enrollment (MPSE) portal. The portal allows providers to manage enrollment records and submit enrollment-related information. The MPSE portal page can be found here **MPSE Portal.** *(path: mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mpse/)*

Currently, only providers who are in the fee-for-service (FFS) network are able to use the MPSE portal. HealthPartners encourages our network providers who are also serving FFS members to use the MPSE portal for enrollment-related requests. If providers already participate in FFS, they can check their MN-ITs mailbox for communications related to enrollment.

Watch for future updates on the HealthPartners provider portal and Fast Facts newsletter.

Information regarding enrollment on the Minnesota Department of Human Services (DHS) website can be found at **Enrollment with Minnesota Health Care Programs (MHCP).**
(path: dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ENROLL-HOME#process)

Skilled nursing facility reminders

MN DEPARTMENT OF HUMAN SERVICES (DHS) NURSING FACILITY (NF) COMMUNICATION FORM

HealthPartners and other health plans provide documentation to DHS via the NF Communication Form (DHS-4461), demonstrating the health plan has paid for 100 days (SNBC) or 180 days (MSHO or MSC+) of covered skilled nursing facility services. Our claims area has identified an improvement that will result in faster processing of claims, payments to providers, and general efficiency for all parties.

We appreciate your attention to the following reminders:

- Make sure you use the most current **NF Communications Form (DHS-4461)**.
  (path: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4461-ENG)
- Please fax completed forms to HealthPartners at **952-853-8712**.
- Typed forms are preferred, however if hand written, please ensure the forms are legible.
- Send updated forms for any changes, including discharges, the next business day after a change in status.
- Ensure form and member tracking information are complete. HealthPartners has been receiving many forms with missing information. The common missing information is:
  - Rug rate or code
  - Dates
  - Reason Codes

We appreciate your attention to these reminders and are hopeful these steps will improve the timeliness of DHS notifications that HealthPartners sends once our health plan liability has been met and claim payments are sent to providers.

RESOURCES FOR CLAIMS QUESTIONS

When your facility has a claim issue or concern and the information found on the secured provider portal does not answer those questions, please contact the Claims Customer Service Team for assistance:

- Medicare and Minnesota Health Care Programs (Medicaid): **952-883-7699 / 888-663-6464**
- Commercial: **952-967-6633 / 866-429-1474**

If there are unresolved questions or concerns, please reach out to your HealthPartners Service Specialist and, if needed, your Contract Manager who will be able to further investigate. Some facilities are reaching out directly out to DHS with claims questions without first contacting HealthPartners to inquire about their concern. DHS is not able to replace the relationship between a network provider and the health plan to answer these types of questions. The best path for resolution is to follow the steps outlined above to contact HealthPartners so we can assist.

MEMBER SERVICES NURSE NAVIGATORS DIRECT NUMBER

Skilled nursing facility benefit questions? Just a quick reminder that you may reach the nurse navigators quicker by calling their direct phone number **844-732-3544** to reduce hold times and call transfers you would have by calling the main Member Services number on the back of the member cards.

Medicare group member plan changes

SKILLED NURSING FACILITY ALERT

HealthPartners currently offers a Medicare group plan called Retiree National Choice. Effective January 1, 2021, many members enrolled in that plan will switch to the HealthPartners Journey Medicare Advantage (MA) plan. Under the current Retiree National Choice plan, Medicare is primary for covered stays; however under the Journey MA plan, HealthPartners is primary for covered stays. The Journey MA plan requires prior notification for covered skilled nursing facility stays. Please note, not all members on the Retiree National Choice plan are changing plans for 2021. For those members, there will be no changes.

QUESTION/ANSWERS (Q&A)

Q: What does this mean for you as a contracted skilled nursing facility?

A: If you have any Retiree National Choice members on a covered stay in December that may carry over into January and are moving to the Journey MA plan, we ask that you submit the Skilled Nursing Facility Admission Request Form to HealthPartners so that we may enter an authorization in our system for those members for the quickest claims processing.

Q: How do we identify Retiree National Choice members?

A: Below is an example of a Retiree National Choice member ID card:

If you are in doubt or don't have a copy of the ID card on file, please check with Member Services as they will be able to see upcoming changes in the system to confirm for you if the member is changing plans for January 1, 2021.

Q: Will HealthPartners deny the claim for no prior notification if the skilled nursing facility misses identifying a member who changes to the Journey MA plan?

A: No, HealthPartners will not deny the claim. The claim will pend while a request gets sent internally to our medical policy area to enter an authorization. Please note they may need to reach out to your facility for additional information. This will result in extending the process.

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

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

8170 33rd Avenue South
PO Box 1309
Minneapolis, MN 55440-1309

Fax Transmission Form

Confidential

Date ____________________

Time ____________________

Number of pages including cover page ____________________

Fax to:	**Fax from:**
Name ____________________	*Name* ____________________
Company/Department ____________________	*Department* ____________________
Fax number ____________________	*Fax number* ____________________
Telephone number	*Telephone number*

Urgent　For your review　Per your request　Please comment　Reply ASAP

Comments:

Confidentiality Notice

The document(s) accompanying this fax may contain confidential information that is legally protected. The information is for the use of the intended recipient named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this fax in error, please notify the sender immediately by telephone to arrange for return of the original documents.

Provider Directory and Subdirectory Questionnaire

Purpose:

Managed Care Federal Regulations require providers to confirm their compliance cultural competency training and accessibility for people with disabilities.

Instructions:

Please complete this form for each office location and fax the form back to 952-853-8708.

If you have any questions regarding this form, please contact us at HealthPartners at **844-732-3537.**

Sole Practitioner Name (First, Middle Initial, Last)____

Clinic/Facility Name____

Office Location Address____

City ____________________________State______________________Zip Code__________________

NPI Number____

Clinic/Facility/Sole Practitioner Website URL____

Clinic/Facility/Sole Practitioner Phone Number (including area code)________________________

Is your office accepting new patients? Yes ☐ No ☐

Cultural Competency:

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural and linguistic needs. The ultimate goal is a health care delivery system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion or socioeconomic status.

Has staff in your office completed cultural competency training in the past 12 months?

Yes ☐ If yes, please provide month/year___________________________________

No ☐

Accessibility:

The following provider types do not need to complete the accessibility portion of this questionnaire: Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation.

The Americans with Disabilities Act (ADA) requires public accommodations to take steps to ensure that persons with disabilities have equal access to their goods and services. For example, the ADA requires public accommodations to make reasonable changes in their policies, practices and procedures; to provide communication aids and services; and to remove physical barriers to access when it is readily achievable to do so. Visit **www.ada.gov.**

Is your office, including parking, entry ways, and other relevant space, accessible for people with disabilities? Yes ☐ No ☐

Are your office exam rooms accessible for people with disabilities? Yes ☐ No ☐

Does your office have equipment accessible for people with disabilities? Yes ☐ No ☐

Please provide a contact name and phone number in case there are questions regarding your responses to this questionnaire:

______________________	______________________
Signature	Date
______________________	______________________
Print Name	Phone Number