

Fast Facts

DECEMBER SPECIAL EDITION 2020

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

Provider Updates – language spoken, race, country of origin and gender

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

To ensure patients can easily find providers in your practice who speak their language or share their race, country of origin or gender preference, please update your provider and practice 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* and then select a practitioner in the practitioner tab.
- Click Profile information to make updates to language, race, country of origin, gender and personal profile description.

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

Medicare Outpatient Observation Notice (MOON)

REQUIREMENT REMINDER TO HOSPITALS INCLUDING 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: /Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf (PDF))

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New prior authorization bill

HEALTHPARTNERS UTILIZATION MANAGEMENT

At HealthPartners, we're committed to improving the utilization management experience for our members and providers, including successfully implementing Minnesota's new prior authorization bill.

To better support our providers, we are:

- Improving awareness of expectations
- Enhancing our provider portal
- Providing an easy way, using the [Verify PA tool](#), to determine whether a prior authorization needs to be submitted
- Making it simple and easy to submit all necessary information with the initial request by streamlining [prior authorization submission forms](#)
- Reducing the need to request further information by leveraging what we already have available to us in EPIC and claims
- Partnering with experts in our provider groups and community to ensure best practice
- Providing transparency in [coverage policies](#) to all stakeholders
- Managing services at point of care when feasible, such as clinician decision support

We are making the following changes, as applicable,* to comply with the new prior authorization legislation:

Requirements	Previous law	New law effective 1/1/2021	Impact to providers	Resources and tools
Turnaround time (TAT) for standard review	10 business days	5 business days	It's critical that all supporting clinical information be submitted with initial request	<ul style="list-style-type: none"> • Streamlined and structured fillable pdf request forms • Verify PA tool • Robust reconsideration process • Quick feedback regarding incomplete requests • Clear and concise updated provider admin policies <ul style="list-style-type: none"> ○ <i>Prior Authorization Review Process for Commercial Products</i> ○ <i>Prior Authorization Review Process for Medicare & Medicaid Products</i>
TAT for expedited review	72 hours	48 hours, including one business day		
Obtaining additional information	Extension of timeframe to obtain additional information	No extension of timeframes		
Adverse determination specialty reviewer	Licensed and knowledgeable	Same or similar specialty as typically treats or manages the condition	Will take additional time to send to external review	

* The new legislation applies to our Minnesota fully-insured plans along with some plans covering government employees. Contact your Service Specialist if you have questions.



Our goal is to ensure our members have **timely and easy access** to needed, **evidence-based care**, within the **context of their benefit plan**, to support them in their **specific health journey**.

Formulary Updates

MEDICARE UPDATES:

ADDING PA FOR CONTINUOUS GLUCOSE MONITORING SYSTEMS (DEXCOM AND FREESTYLE LIBRE)

Prior authorization (PA) will be added February 1, 2021. Current users will be grandfathered through 2021. This PA will apply to new starts only.

PA criteria include frequent (four or more times a day) testing; and multiple (three or more) daily injections of insulin or an insulin infusion pump.

Criteria are described in the [Glucose Monitors Local Coverage Determination \(LCD\) L33822](#). (path: [cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33822&ver=26&Date=04%2f01%2f2020&DocID=L33822&SearchType=Advanced&bc=FAAAAaAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33822&ver=26&Date=04%2f01%2f2020&DocID=L33822&SearchType=Advanced&bc=FAAAAaAAAA&))

Please see the HealthPartners Formulary for details and a complete list of updates at healthpartners.com/formularies.

For additional information, please contact peter.s.marshall@healthpartners.com.

Click here for the [2021 Medicare Drug Formulary](#)

(path: <https://www.healthpartners.com/hp/insurance/medicare/prescription-drug-coverage/drug-list/index.html>)

CMS memo regarding COVID-19 vaccine

The Centers for Medicare & Medicaid Services (CMS) has announced that Medicare payment for COVID vaccinations administered to Medicare Advantage and Medicare Cost beneficiaries during calendar years 2020 and 2021 will be reimbursed through the Medicare FFS program at no cost to beneficiaries. Beneficiaries can receive the vaccination through any FFS provider or supplier that participates in Medicare and is eligible to bill under Part B. Claims from providers should be submitted to the CMS Medicare Administrative Contractor (MAC) for payment.

To review the memo from CMS, click here:

[CMS Memo-COVID-19 Vaccine-Significant Cost Determination](#)

(path: <https://www.cms.gov/files/document/hpms-memo-covid-19-vaccine-significant-cost-determination.pdf>)

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.

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