# Fast Facts

HealthPartners

NOVEMBER 2021

News for Providers from HealthPartners
Provider Relations & Network Management

# Administrative

## 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).

## Clinical Indicators Report - Retired

The HealthPartners Clinical Indicators Report has officially been retired. The Clinical Indicators Report featured comparative provider performance on clinical measures and consumer satisfaction results. The report provided valid and reliable information for providers to use in their efforts to improve patient care and outcomes. HealthPartners used this information to support internal quality improvement initiatives, which included provider incentive and tiering programs.

Thank you for your years of partnership, and an extra thank you to the medical records departments. Our chart audits wouldn't be nearly as successful without their cooperation.

To view prior year reports, click **HERE** or go to **healthpartners.com/quality** and click on Clinical Indicators Results.

## INSIDE THIS ISSUE

# Reimbursement at Observation Level of Care for Specified Diagnoses policy

Effective January 1, 2022 providers will be required to submit clinical documentation to the HealthPartners Utilization Management team when a patient moves from an observation status to an inpatient status under the new **Reimbursement at Observation Level of Care for Specified Diagnoses Policy***.

Upon notification of the inpatient admission, the HealthPartners Utilization Management team will request clinical documentation to support the inpatient admission when a patient is admitted with a specified diagnosis. Please refer to the **Reimbursement at Observation Level of Care for Specified Diagnoses policy*** for a complete list of diagnoses requiring supporting clinical documentation of the inpatient admission.

The specified diagnosis will be considered an observation stay and will be paid as an observation visit unless clinical information is submitted supporting the inpatient admission. Failure to submit the supporting clinical documentation once requested may result in denial to provider liability. Providers will be held financially responsible and may not bill members for the cost of service when the supporting documentation is not provided to support the admission.
*(*Path: healthpartners.com/provider-public/administrative-policies/--* then scroll to the appropriate policy*)*

# Multiple Procedure Payment Reduction (MPPR) rules update

Effective 1/1/2022, HealthPartners will begin applying the MPPR rules through our claims editing software rather than through our modifier table. This will more closely align with the professional claim payment methodology used by the Centers for Medicare and Medicaid Services (CMS) and commercial industry standard procedures.

The MPPR rules apply to all professional claims. At this time the MPPR rules will not be applied to anesthesia claims and institutional claims on a UB or 837 institutional formats.

CMS guidelines for professional claims will be applied when multiple procedures are performed for the same patient, on the same date of service (session) by the same provider. Below is a summary of the MPPR rules, many of which HealthPartners already has in place and applies through a different mechanism.

### MULTIPLE SURGERIES/PROCEDURES

Procedures that are eligible for the Multiple Surgery reduction are defined by a value of 2 or 3 in the multiple surgery indicator of the CMS professional fee schedule. The services with the highest RVU value will be processed at 100 percent of the allowed amount. All subsequent services will receive a reduction of 50 percent.

### BILATERAL

Services defined as bilateral by a bilateral indictor of 1 or 3 in the CMS professional fee schedule are subject to a payment adjustment when submitted in a manner that defines the service as bilateral. The claims submission does not require a modifier to be classified as bilateral.

### ASSISTANT SURGEONS

HealthPartners will apply MPPR rules dependent upon the modifier used. A reduction of 86 percent will be applied to services billed with the “AS” modifier. A reduction of 84 percent will be applied to services billed with modifiers “80,” “81” and “82.”

## CARDIOLOGY

Procedures eligible for the Multiple Cardiovascular procedure reduction are defined by a multiple procedure indicator of 6 in the CMS professional fee schedule. For the technical component, HealthPartners will process the services with the highest RVU value at 100 percent of the allowed amount. All subsequent services will receive a reduction of 25 percent of the technical component.

## ENDOSCOPY

MPPR identifies multiple endoscopy procedures, reported within the same family, and applies the multiple endoscopy reduction per CMS guidelines. Procedures eligible for the Endoscopic Reductions are defined by a multiple surgery indicator of 3 in the CMS professional fee schedules. HealthPartners will process the procedure with the highest value RVU in the endoscopic family at 100 percent of the allowed amount and any additional endoscopy procedures in the same family at a reduced amount based on the value of the CMS professional fee schedule designated endoscopic base code. In addition, if more than one endoscopy family is reported and/or surgery procedures are reported, the endoscopy codes may be subject to both the endoscopic and multiple procedure reductions.

## OPHTHALMOLOGY

Procedures eligible for the Multiple Ophthalmology procedure reduction are defined by a multiple procedure indicator of 7 in the CMS professional fee schedule. HealthPartners will process the services with the highest RVU value at 100 percent of the allowed amount. All subsequent services will receive a reduction of 20 percent of the technical component.

## RADIOLOGY

Procedures eligible for the Multiple Diagnostic Imaging reduction are defined by a multiple procedure indicator of 4 in the CMS professional fee schedule. HealthPartners will process the services with the highest RVU value for the professional and technical component at 100 percent of the allowed amount. All subsequent professional component services will receive a reduction of 5 percent. All subsequent technical components will receive a reduction of 50 percent.

## PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY

Procedures eligible for the Multiple Therapy reduction are defined by a multiple procedure indicator of 5 in the CMS professional fee schedule. HealthPartners will apply MPPR to rehabilitative services provided by an individual therapist, a group practice or "incident to" a physician's service. All services furnished to a patient on the same day may have reductions applied. The reductions may apply regardless of whether the services are provided in one therapy discipline or multiple disciplines (physical therapy, occupational therapy or speech pathology).

HealthPartners identifies claim lines which should receive the reduced reimbursement on certain therapy procedures following CMS guidelines. When multiple therapy procedures are performed, the primary procedure should receive reimbursement at 100 percent. All secondary and subsequent procedures should have the non-facility Practice Expense reduced by 50 percent.

## MODIFIERS

HealthPartners will follow one modifier table, sourced from CMS and industry standards, for all lines of business. HealthPartners will accept and apply up to four billed modifiers and apply reductions and/or increases to the claim.

For more information, please see HealthPartners **Provider Resource Materials, Claims Information** *(Path: healthpartners.com/provider-public/provider-resource-materials/)* or go to the **Administrative Policies** page on the Provider Portal and scroll down to the MPPR Policy *(Path: healthpartners.com/provider-public/administrative-policies/).* Additionally click **Fee schedule updates** to see the 2022 information.*(Path: healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry_237656.pdf)*

# Medical Policy updates – 11/1/2021

## 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 |
|---|---|
| Spinal fusion, lumbar | Effective immediately:<br><br>The following two items are considered experimental or investigational, and therefore not covered:<br><br>• Interspinous fixation device (IFD) (examples include, but are not limited to, Aspen™, Coflex-F®, Minuteman® fusion plate, Medtronic CD Horizon Spire™) as adjunct to fusion or as stand-alone procedure.<br>• Minimally invasive fusion approaches using only indirect visualization (surgeon does not have visualization of the surgical site with the naked eye). This would include endoscopic fusion and percutaneous fusion techniques using video or fluoroscopic imaging alone. An example includes, but is not limited to, Oblique Lateral Lumbar Interbody Fusion (OLLIF).<br><br>Documentation of less than 30 percent improvement in the Oswestry Disability Index (ODI) or Focus On Therapeutic Outcomes (FOTO) scores between starting conservative treatment and the day a decision to have surgery is made is no longer required.<br><br>Other revisions and minor reformatting were made for clarity. Please refer to the published policy for details.<br><br>Effective 1/1/2022, criteria are revised as follows:<br><br>Documentation of current tobacco or nicotine status as follows:<br><br>• the member is a non-tobacco and/or non-nicotine user as reported by the member and documented in the clinical notes; or<br>• the member is a daily tobacco or nicotine user and has refrained from tobacco and/or nicotine for a minimum of four weeks prior to the prior authorization request. A physician's statement indicating the date the member reports stopping tobacco or nicotine use is required. |
| Outdoor/wilderness therapy programs | Effective immediately, policy title has changed. These services are considered investigational for all indications. |

| Coverage Policies | Comments / Changes |
|---|---|
| Weight loss surgery re-operations | Effective: 11/01/2021<br><br>Change to criteria regarding a conversion of a laparoscopic adjustable gastric banding (LAGB) procedure:<br><br>New criteria allows for conversion of an LAGB to a second bariatric procedure when the original LAGB has failed due to presence of medical/surgical complications and/or malfunction of an implanted device and when revision of the original LAGB is not possible.<br><br>Please refer to the published policy for details. |
| Orthotics, braces and shoes | Effective immediately, the following item is considered experimental/investigational:<br><br>A myoelectric or power-enhanced upper limb orthotic (e.g., MyoPro® or Myomo e100) is not covered as it is considered investigational/experimental. (L3999, L8701, L8702). There is insufficient reliable evidence to establish the safety and efficacy of these devices or their effect on health outcomes.<br><br>Prior authorization is not applicable.<br><br>Please refer to the published policy for details. |

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

# Pharmacy Policy updates

### COMMERCIAL UPDATES:

| Coverage Policies | Comments / Changes |
|---|---|
| Medical Injectable Site-of-Care program | • Pembroliozumab (Keytruda), nivolumab (Opdivo), and trastuzumab (Herceptin and biosimilars) are being added.<br>• Omalizumab (Xolair), romosozumab (Evenity), and tildrakizumab (Ilumya) have been added. |
| Pegfilgrastim (Neulasta and biosimilars) | Additional clinical prior authorization (requiring NCCN recommendation of 1 or 2A) requirements are being added. |
| Hydroxyprogesterone caproate (Makena) | Not covered. Makena failed post marketing studies and the FDA has recommended removing from the market. |
| Adacunumab (Aduhelm) | Not covered (investigational). This policy is effective 9/7/2021. |
| Pegcetacoplan (Empaveli), ravulizumab (Ultomiris) and eculizumab (Soliris) | Revised requiring trial and failure of Ultomiris prior to Soliris for paroxysmal nocturnal hemoglobinuria and atypical hemolytic uremic syndrome diagnoses. |
| Pulmonary hypertension | Updated to include new indication for Tyvaso. This policy is effective 10/1/2021. |

| Coverage Policies | Comments / Changes |
|---|---|
| Ustekinumab (Stelara) SQ | Stelara SQ has been added to the CMS self-administered drug list, starting on January 1, 2022.<br>• Stelara coverage will be processed through the pharmacy benefit, and patients will be required to self-inject subcutaneous Stelara.<br>• Stelara will continue to require prior authorization for coverage.<br>This update applies to both Commercial groups and to Medicare. |
| Recent Food and Drug Administration (FDA) approved medications covered policy | Prior authorization is required for recently approved drugs listed on this policy.<br>Drugs added to this policy:<br>• Anifrolumab (Saphnelo)<br>• Avalglucosidase (Nexviazyme)<br>• Selexipag (Uptravi) IV/ PAH<br>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. |
| Oncology drug coverage | Prior authorization is required for oncology drugs listed on this policy.<br>Drugs recently added to this policy:<br>• Asparaginase (Rylaze)<br>Additional criteria may apply – see the coverage policy for more information. |

# Drug Formulary updates

## COMMERCIAL DRUG FORMULARY

Updates for January 1, 2022 include:

- Canagliflozin (Invokana) is being removed from the formulary. Empagliflozin (Jardiance) remains on-formulary as the preferred alternative.
- Emtricitabine/tenofovir (Descovy) will require prior authorization. Emtricitabine/tenofovir (Truvada generic) will be preferred. Members using Descovy will be asked to update to generic Truvada or work with their providers to submit a PA if medically necessary. Descovy is reserved for patients with decreased bone mineral density OR decreased renal function OR 65 years of age and older.
- Weight loss medications have been updated. Phentermine/topiramate (Qsymia) and naltrexone/bupropion (Contrave) have been added to formulary with PA. Liraglutide (Saxenda) and semaglutide (Wegovy) remain non-formulary, with Qsymia or Contrave as preferred alternatives.
- Dexcom and Freestyle Libre continuous glucose monitoring systems coverage criteria have been updated, including step-therapy from insulin. If you've used insulin within the previous 6 months, Dexcom will be covered. Dexcom is also available for patients with type 2 diabetes and documented hypoglycemia, variability or barriers to glucose testing.
- True Metrix glucose test strips are being removed. Accu-Chek remains as the preferred alternative.
- Interferon beta (Rebif) will require prior authorization. Avonex and Plegridy are preferred.
- Ustekinumab (Stelara) is now covered with PA as a pharmacy claim for members who are self-injecting. Member costs and deductibles may be affected.
- Apremilast (Otezla) PA criteria have been updated, from Step-1 to Step-2. This update applies to new starts only.

Please see the formulary for details, at **HealthPartners.com/formularies**. Updates will be posted by January 1, 2022.

### MINNESOTA HEALTHCARE PROGRAMS (MHCP) DRUG FORMULARY

Updates are available in our on-line drug formulary. These policy updates apply only to State Programs, and do not apply to members with Commercial or Part D plans.

### MEDICARE DRUG FORMULARY

Updates for January 1, 2022 include:

- Formulary removals, including Invokana, Dulera, Bydureon, Tobradex and Qnasl.
- Quantity limits per standard dosing.
- Tier increases, including travaprost, Omnipod and V-Go.
- Tier decreases, lowering co-pays to members, including metoprolol, rosuvastatin and levothyroxine.

A complete list of our 2022 Medicare Drug Formulary is available **HERE**.

Pharmacy Medical Policies can 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, 2022. **healthpartners.com/public/coverage-criteria**.

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. For additional information, please contact **HealthPartnersClinicalPharmacy@HealthPartners.com**.

## 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 withHealthPartners 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**.

# Disease, Case and Lifestyle 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 (BMI 30 or greater)
- 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: 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.

# 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.

## Fraud, waste and abuse

HealthPartners is committed to working on preventing, detecting, and reporting fraud, waste, and abuse (FWA), and conducting its business operations in compliance with all applicable federal and state statutes, regulations, and laws. Providers are also responsible for exercising due diligence in the detection and prevention of fraud, waste and abuse as well, in accordance with our Fraud, Waste and Abuse (FWA) policies.

Fraud, waste and abuse in healthcare can take many forms, which makes it hard to spot. Health care fraud can be committed by medical providers, patients, and others who intentionally deceive the health care system to receive unlawful benefits or payments. 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
  - Double billing, or submitting multiple claims for the same service
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary, including unnecessary genetic testing
- Fraud involving prescriptions, such as:
  - Forgery, i.e. creating or using forged prescriptions
  - Drug diversion, or diverting legal prescriptions for illegal uses
  - Doctor shopping, or visiting multiple providers to get prescriptions for controlled substances, or getting prescriptions from medical offices that engage in unethical practices
- Accepting kickbacks for patient referrals
- Collecting and selling patient information
- Poor care coordination, resulting in added services and medical costs that could otherwise be avoided

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 email to **reportfraud@healthpartners.com**.

Please review the **Preventing, Detecting & Reporting Fraud, Waste & Abuse policy** 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.

## 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**.

## 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 email with a link to the form. There will be information that will need 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 2021 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** *(path: healthpartners.com/providers/Admin Tools/Tools and Forms/Forms for Providers)* and scroll down to Disclosure of Ownership & Management Information.

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.

Please submit the form to HealthPartners in one of the following ways:

- Email: **disclosureofownership@healthpartners.com**
- Fax: **952-853-8708**

# 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

### ADMINISTRATIVE PROGRAM *(path: healthpartners.com/provider-public/administrative-policies/)*

- Provider Resource Materials
- Fast Facts Newsletters – current and past
- Policies & Procedures, including:
- Credentialing Rights – Practitioners *(path: healthpartners.com/provider-public/credentialing-and-enrollment/)*
- Medical Record Standards
- Member Complaint Processes & Procedures
- Member Rights & Responsibilities

### PROGRAM DESCRIPTIONS *(path: healthpartners.com/provider-public/disease-and-case-management/)*

- 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 *(path: healthpartners.com/hp/important-information/)*

- Access to Utilization Management staff
- Affirmative Statement – no incentives used to encourage barriers to care or services
- Clinical Guidelines & Updates
- Coverage Criteria Policies
- How to Contact a Medical Director

## 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.

## 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 on the form for returning the information to HealthPartners or send to **providercompliance@healthpartners.com**.

## Physera by Omada – New virtual MSK care program

Physera by Omada is a virtual Musculoskeletal (MSK) care program that empowers people to achieve their health goals and treat and prevent their muscle and joint pain. Members in the Physera by Omada for MSK treatment program are connected to a licensed physical therapist (PT) who assesses the member's condition, creates an individualized care plan and supports the member throughout their complete health journey. Members in the prevention program progress at their own pace through a self-directed care plan based on their individual risk screener responses.

Effective October 1, 2021 this program is available to HealthPartners Commercial members age 13+ at **physera.com/go/healthpartnersproviders**.

For questions about Physera by Omada or its program offerings, please contact **support@omadahealth.com**.

## No Surprises Act

The No Surprises Act becomes effective January 1, 2022. This law represents a significant change in the way non-contracted and out-of-network providers can bill and be reimbursed by HealthPartners. The Act prohibits balance billing of members by non-contracted and out-of-network providers for the following:

- Out-of-network emergency items and services
- Covered medical items and services (nonemergency) performed by an out-of-network provider at an in-network HealthPartners contracted facility
- Out-of-network air ambulance (rotary and fixed wing) items and services

Find more information at **FAQs on No Surprises** on the CMS website.
*(path: cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf)*

## Supervisor (or supervisee) billing

Beginning 11/1/2021 HealthPartners is allowing all providers to bill for services within their scope of practice that are rendered by supervisees, as permitted by their state licensing regulations.

If you engage in supervisor (or supervisee) billing, please note the following:

As long as you follow the HealthPartners administrative policy that will be posted **HERE***, you may bill for services rendered by a supervisee. **(Path: healthpartners.com/provider-public/administrative-policies/* and scroll to *Reimbursement for Services Provided by Pre-licensed Practitioners and Postdoctoral Fellows*).

Highlights of this policy are found below.

- Covered services rendered by the trainee must be billed under the supervising licensed clinician's NPI number, in accordance with all other standard billing requirements.
- Direct personal supervision is required, which means the supervising contracted provider must be available 100 percent of the time the trainee is providing direct services, enabling the supervisor to provide direction and intervene in the event of an emergency.
- Trainees must receive the required minimum individual face-to-face supervision in compliance with applicable state licensure requirements, specific to the trainee's level of licensure.
- Supervisors and any trainee should work within the same organization/system.
- This change does not replace the need for fully licensed providers to follow HealthPartners credentialing requirements.

If you have questions, please reach out to your HealthPartners Service Specialist

## Prior authorization program: Oncology medications

Cancer care continues to grow in complexity as new drug options regularly come to market. Due to the constant change in oncology drug pathways and the challenges over which treatment plan best suits the patient's needs, it is difficult for health plans to maintain expertise and keep policies updated. To enhance our oncology expertise, HealthPartners will be making changes to our prior authorization process for medical injectable oncology medications. Effective January 1, 2022, HealthPartners will be expanding our partnership with OncoHealth to include utilization management review of all medical injectable oncology medications and supportive therapy drugs requiring prior authorization.

OncoHealth's dedicated team of renowned oncologists and specialized pharmacists will consider all therapeutic options based upon objective assessments of efficacy, safety and cost-effectiveness to drive to the best possible outcome in cancer care. All new oncology regimens beginning January 1, 2022 or later will be reviewed by OncoHealth and must be submitted using OncoHealth's digital prior authorization platform. Although OncoHealth will determine medical necessity of the prior authorization request, HealthPartners will continue to issue final determination after reviewing the member's network and plan benefits. Any previously issued authorizations prior to January 1, 2022 will remain effective until the authorization expiration date.

Access to OncoHealth's digital prior authorization platform will be established through HealthPartners' Provider Portal. You must have a HealthPartners Provider Portal account to access OncoHealth's digital platform. If you do not have a HealthPartners Provider Portal account, please register by visiting **healthpartners.com/provider** and clicking on "Register Here."

# Prior authorization program: Oncology medications (continued)

**ONLINE EVENTS COMING SOON**

## HealthPartners Oncology Prior Authorization Changes for 2022

Please join us on Thursday, November 18 from 2 pm – 3 pm CST for a brief overview of OncoHealth and the changes to HealthPartners medical injectable oncology prior authorization process for 2022.

**Register by clicking on the link below:**

**Register Today**

## OncoHealth Digital Prior Authorization Platform training

HealthPartners will be hosting training webinars designed to teach users how to access and submit a prior authorization using OncoHealth's digital platform. Each training session will last approximately 1 hour and will occur every Tuesday and Thursday throughout the months of December and January.

**If you would like to register for a training webinar, please click on the link below to provide your email address:**

**Register for OncoHealth's Platform Training**

# Government Programs

## HealthPartners Minnesota Medicare Advantage service area

HealthPartners is pleased to announce we are expanding our service area for our Minnesota Medicare Advantage product into all of the western counties of Minnesota and select counties in central Minnesota, effective January 1, 2022.

Our current service is 14 counties (Table 1). In 2022, we are adding 44 new counties (see Table 2).

| Table 1<br>Medicare Advantage Counties in 2021 and 2022 | |
|---|---|
| Anoka | Morrison |
| Benton | Ramsey |
| Carver | Scott |
| Chisago | Stearns |
| Dakota | Todd |
| Hennepin | Washington |
| Isanti | Wright |

| Table 2<br>Medicare Advantage Counties Added for 2022 | | | |
|---|---|---|---|
| Becker | Kandiyohi | Murray | Rice |
| Beltrami | Kittson | Nobles | Rock |
| Big Stone | Lac Qui Parle | Norman | Roseau |
| Cass | Lake of the Woods | Otter Tail | Sherburne |
| Chippewa | Le Sueur | Pennington | Sibley |
| Clay | Lincoln | Pipestone | Stevens |
| Clearwater | Lyon | Polk | Swift |
| Crow Wing | Mahnomen | Pope | Traverse |
| Douglas | Marshall | Red Lake | Wadena |
| Grant | McLeod | Redwood | Wilkin |
| Hubbard | Meeker | Renville | Yellow Medicine |

Medicare's annual open enrollment period is October 15 – December 7. If your patients ask about our plans and products, please direct them to call the HealthPartners Medicare Sales Team at **877-525-6390** to talk about options.

## HealthPartners Minnesota Medicare Cost service area reduction

As a result of the Medicare Advantage service area expansion, we are reducing the service area for our HealthPartners Minnesota Medicare Cost product.

The counties in Table 1 will be removed for 2022.

| Table 1<br>Medicare Cost Counties Removed for 2022: | |
|---|---|
| Le Sueur | Rock |
| McLeod | Sibley |
| Meeker | Stevens |
| Pipestone | Traverse |
| Rice | Yellow Medicine |

Cost members who are impacted by our service area reduction will have two HealthPartners plan options available with multiple plans under each option to pick from:

- Medicare Advantage plans
- Medicare Supplement plans (impacted Cost members will have guaranteed issue rights) – offered statewide currently

Medicare's annual open enrollment period is October 15 – December 7.

Cost members impacted by our service area reduction also have a special election period that runs through February 28, 2022. However, we will encourage members to enroll in a new plan by December 31, 2021 so they do not experience a gap in coverage.

If your patients ask about our plans and products, please direct them to call the HealthPartners Medicare Sales Team at **877-525-6390** to talk about options.

## COVID-19 vaccine billing for Medicare Advantage enrollees

Effective January 1, 2022, the Centers for Medicare and Medicaid Services (CMS) does not allow member cost sharing for COVID-19 vaccine(s) or the booster dose.

For more information about COVID-19 vaccine policies and guidance, please see the toolkits found at **cms.gov/COVIDvax**.

Additionally, CMS encourages Medicare Advantage organizations (MAOs) and Medicare-Medicaid plans (MMPs) to consider in-home vaccine administration payments and other activities to reach homebound enrollees in CY 2022.

## Medicare open enrollment is here – October 15-December 7

Medicare Annual Enrollment Period (AEP) is here, which means anyone with Medicare has until December 7, 2021 to shop for a new plan for 2022. Members don't have to switch plans every year, but it helps to review their benefits, know their options and make sure they choose a plan that's right for their health care needs.

### MEDICARE ADVANTAGE

HealthPartners has expanded our service area for Medicare Advantage plans to an additional 44 counties in western and central Minnesota. We're pleased to offer these high-quality, affordable plans to even more Minnesotans in 2022.

Our Medicare Advantage plans are convenient, simple and affordable. They combine medical and prescription drug coverage with extra perks and benefits that go beyond what's provided by Original Medicare alone. And this year, our Medicare Advantage plans are better than ever, offering more benefits at lower costs.

Learn more about plan benefits and improvements for 2022:

- **Medicare Advantage (Metro-Central) e-Packet**
- **Medicare Advantage (Greater MN) e-Packet**

### 2022 STAR RATINGS

Every year, the Centers for Medicare and Medicaid Services (CMS) award Star Ratings to Medicare plans based on key performance measures. Plans are rated on a 1 to 5-star scale, with 5 stars representing excellent performance. Medicare members use Star Ratings to compare plans.

Read more about **HealthPartners Medicare Star Rating results for 2022**.

### RESOURCES FOR PATIENTS WITH MEDICARE

Connecting Medicare-eligible patients with the right health plans, especially Medicare Advantage plans, is one way you can help provide high-value, coordinated care.

If your patients ask about HealthPartners Medicare plans, you can direct them to any of these helpful resources:

- Call HealthPartners Medicare experts at **952-883-5090** or **844-363-8979** (TTY 711)
- Find a meeting or interactive learning guide at **healthpartners.com/meetings**
- Find tips and updates on the HealthPartners **Medicare blog**
- Visit **healthpartners.com/medicare**

## HealthPartners Minnesota Senior Health Options (MSHO) 2022 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. Members can contact Member Services with questions about these and other benefits. The Supplemental Benefits for 2022 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 SilverSneakers® 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 or dog 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)
- First aid kit

### 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
- FarmboxRx fresh produce boxes with nutrition education (delivered up to two times each month)
- SilverSneakers® fitness program
- Healthy aging and cooking classes
- Wearable activity tracker
- Pocket hearing amplifier

## FOR 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.

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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HealthPartners®

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# Fax Transmission Form

*Confidential*

*Date* _____

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| **Fax to:** | **Fax from:** |
|---|---|
| *Name* Narayanee Ananth | *Name* |
| *Company/Department* Provider Operations | *Department* |
| *Fax number* 952-853-8708 | *Fax number* |
| *Telephone number* | *Telephone number* |

☐ Urgent ☐ For your review ☐ Per your request ☐ Please comment ☐ Reply ASAP

Comments:

Please send Physician Incentive Plan disclosure forms to me upon receipt of this e-mail to the fax number above so our information can be updated.

HealthPartners

*Last updated: 10-2021*

# Provider Directory Cultural Competency and ADA Accessibility Questionnaire

**Purpose:**

Managed Care Federal Regulations require providers to confirm their cultural competency training and office 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 **844-732-3537.**

Clinic/Facility Name_____

Office Location Address_____

City_____State_____Zip Code_____

NPI Number(s)_____

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 ☐ Please provide type of training and the month/year_____it was completed.

No ☐

**Cultural Capabilities:**

Cultural capabilities include cultural awareness, cultural safety and cultural competence offered by health care providers to better adapt and serve members' backgrounds, values, and beliefs to meet social, cultural, and language needs.

Do any staff in your office possess the following cultural capabilities (select all that apply)?

Cultural Awareness ☐
Please Describe

_____

_____

Cultural Safety ☐
Please Describe

_____

_____

Cultural Competence ☐ (Always select if you answered Yes to Cultural Competency Training)
Please Describe

_____

_____

**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 |