

# Fast Facts

SEPTEMBER 2022

## News for Providers from HealthPartners Provider Relations & Network Management

### Administrative

#### Seeking clinician information

##### HELP SUPPORT DIVERSITY IN OUR COMMUNITY

We have a great opportunity to continue our partnership with you to serve our increasingly diverse members and community.

We're asking clinicians to share information with us, on a voluntary basis, about their race, ethnicity and specific cultural competencies to provide personalized care that members request. We will use this information to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Display your race, ethnicity, and cultural competencies in our online provider directory, with your permission.
- Ensure our provider network is representative of the diversity within our communities.

Providing this information is optional, but we hope clinicians in your practices will complete the [Clinician Information for Diversity and Health Equity form](#) to support our ethnically, racially and culturally diverse communities.

For every form completed, HealthPartners will donate \$1 in charitable donations to one of the following organizations to continue the advancement of provider diversity and health equity in our communities.

- [Diverse Medicine Inc.](#)
- [National Black Nurses Association](#)
- [National Hispanic Health Foundation](#)

Please share [THIS LINK](https://healthpartners.com/healthplanequity) ([healthpartners.com/healthplanequity](https://healthpartners.com/healthplanequity)) to the form with your clinicians so they can complete and submit it, and support the work of these organizations in increasing diversity in medical fields and supporting health equity in our communities. Thank you again for your partnership.

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## 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](mailto:providercompliance@healthpartners.com).

## Falls discussion and prevention

*Fall Prevention Awareness Week* is from September 18-24, 2022, and one way to help our patients avoid falls is through our work on the Medicare **Annual Wellness Visit**.

Falls are the leading cause of injury-related death among adults age 65 and older with an increase of about 30% from 2009 to 2018.

One of the important topics covered in that visit is a falls screening. According to the 2018 CDC Statistics, Wisconsin has the highest death rate at 157 per 100,000 in the nation. Minnesota is fourth highest at 124 per 100,000. [Deaths from Older Adult Falls \(cdc.gov\)](#)

According to 2020 CDC WISQARS data, 67% of all emergency department visits for nonfatal unintentional injuries the US for ages 65+ are related to unintentional falls. [\(CDC Injury Prevention & Control Data and Statistics\)](#)

The Centers for Medicare & Medicaid Services (CMS) have prioritized this area for the simple reason – falls in the elderly have significant consequences. Medicare health plans are required to survey members asking if they have talked to their doctors about falls and how to prevent them. As clinicians, we should all be ready to initiate conversations with our patients. There are some simple **interventions** that we can do to help lessen the risk.

- 1) **Medication review** – You or MTM should focus on reducing or removing those medications that affect alertness and balance. For seniors, fewer medications and lower doses are always a reasonable approach.
- 2) **Physical Activity** – Encourage your patients to remain as active as possible – not only with walking, but also through exercise programs offered by community resources and fitness centers. Balance and strengthening, as well as walking, can make a difference. For more targeted approaches, a physical therapy referral can always be helpful.  
**Fall Prevention Classes (Minnesota Patients)** – Juniper’s programs utilize evidence-based approaches for improving gait and balance, key components to fall prevention. These classes are available to people across Minnesota, online and in person. The classes are free or very low cost and can be found at the landing page for participants at [yourjuniper.org/no-falls](https://yourjuniper.org/no-falls). The Juniper provider materials for the NO|FALLS Minnesota campaign are located on the [toolkits site](#).
- 3) **Vision Screenings** – Encourage your patients to have regular eye appointments.
- 4) **Proper fitting shoes** – Remind your patients of the importance of proper fitting shoes.



Thank you for your involvement in our Annual Wellness Visit work. It will continue to help ensure both our senior patients and our care groups to continue to perform successfully in this new Medicare environment.

Tom von Sternberg, M.D

Visit [Care Delivery Falls Prevention Resources from the National Council on Aging](#) for more information.

## CORE Center for Opioid Resources and Education

Your patients deserve all the means available to them to counter the opioid public health emergency in Minnesota.

Created as part of the Stratis Health Opioid Addiction in Rural (SOAR) Extension for Community Healthcare Outcomes (ECHO) [online learning series](#), the [Center for Opioid Resources and Education](#) (CORE) provides progressive recovery tools and resources for opioid and other substance use disorders to support health care professionals responding to the opioid public health emergency by bridging care gaps in disadvantaged, rural and underserved populations.

## Drug Formulary updates

### COMMERCIAL DRUG FORMULARY

Updates for September 1, 2022 include:

- Tirzepatide (Mounjaro): This new diabetes medication will remain non-formulary, and prior authorization will be added. Mounjaro will be reserved for those who meet the use for FDA indications and have tried and failed two preferred GLP-1 agonists.
- Mavacamten (Camzyos): This new heart medication will remain non-formulary, and prior authorization will be added. Camzyos will be reserved for those with symptomatic obstructive hypertrophic cardiomyopathy (oHM) and a trial and failure to both beta-blockers and calcium channel blockers.
- Baricitinib (Olumiant): This medication for alopecia areata has been added to the “Chronic Inflammatory Disease” policy with prior authorization criteria and a quantity limit.
- Risankizumab (Skyrizi): This medication for Crohn’s disease has been added to the “Chronic Inflammatory Disease” policy with prior authorization criteria.

Please see the formulary for details, at [healthpartners.com/formularies](https://healthpartners.com/formularies). Updates will be posted by October 1.

### MINNESOTA HEALTHCARE PROGRAMS (MHCP) DRUG FORMULARY

Updates are available in our online 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 are available in our online drug formulary. Most updates occur in January of each year.

## Pharmacy Medical Policy updates

### COMMERCIAL UPDATES:

Coverage Policies	Comments / Changes
Aflibercept (Eylea), brolucizumab-dbll (Beovu), ranibizumab (Lucentis and Susvimo), and faricimab (Vabysmo)	Added Vabysmo and Byvooviz to already existing Aflibercept (Eylea), brolucizumab-dbll (Beovu), ranibizumab (Lucentis and Susvimo) policy. Updated language to refer to bevacizumab (rather than brand Avastin). Renamed policy to Ocular VEGF.
Cabotegravir (Apretude)	Updated to defer to providers for the determination of medical necessity for HIV prevention.

Coverage Policies	Comments / Changes
Efgartigimod alfa-fcab (Vyvgart)	New policy
OnabotulinumtoxinA (Botox)	Updated to allow CGRPs to count as a prior preventative agent that has been tried and failed.
Oncology – Bevacizumab (Avastin, Mvasi, Zirabev, AlymSYS)	Added Bevacizumab-maly (AlymSYS) to this policy.
Oncology CAR-T Policy	Updated Tecartus criteria to indicate that prior allogeneic stem cell transplantation criteria only applies to MCL, not ALL (patients with ALL may qualify for Tecartus even if they have had prior allo SCT). This aligns with inclusion/exclusion criteria for the MCL and ALL clinical trials of Tecartus.
Teprotumumab (Tepezza)	Removed requirement for diagnosis to be in the past 9 months as new data supports efficacy in longer-term active disease. Updated language to allow for exception to the IV steroid course requirement for patients with medical contraindications or intolerance to an IV steroid course.
Ustekinumab (Stelara®)	Added Skyrizi to the Stelara policy. Renamed policy to "Biologic for Chronic Inflammatory Disease."
Bezlotoxumab (Zinplava)	Removed requirement for transplant prior to drug use.
Vutrisiran (Amvuttra)	Added to "Recent FDA Approvals" policy.

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 before the effective date at [healthpartners.com/public/coverage-criteria](https://healthpartners.com/public/coverage-criteria).

## PHARMACY PROGRAMS

### Dynamic Refill Too Soon

In an effort to support continued access to affordable prescription drug benefits, HealthPartners has elected to implement a point-of-sale ("POS") edit that helps to prevent medication stockpiling, waste, abuse and drug diversion caused by continuous early refills.

The edit tracks cumulative accumulation of excess supply by Eligible Member and drug. The edit dynamically adjusts the next refill date to slow drug accumulation when excess supply exceeds the minimum threshold set by the edit. The edit does not allow early refill if excess supply exceeds the maximum threshold set by the edit. The next refill date is calculated based on a combination of a prorated percentage of HealthPartners' early refill threshold and parameters that have been set by HealthPartners for the Dynamic Refill Too Soon (DRTS) program, which creates a new Dynamic Refill Too Soon refill threshold. The edit then systematically creates future projected claims to select the earliest next eligible fill for the drug. The next eligible refill date will be populated in the Dynamic Refill Too Soon denial POS message.

This program was implemented on July 1, 2022. Fills prior to this date will not be used to calculate excess medication days (EMD) and will not be a factor in the DRTS program. All medications are subject to the DRTS program, with the exception of ophthalmic medications.

## POLICIES AND CONTACT INFORMATION

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](https://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](mailto:healthpartnersclinicalpharmacy@healthpartners.com).

## Culture Care Connection: New language resources for clinicians

HealthPartners and UCare worked together to identify a collection of language resources for Minnesota health care providers. The language resources are displayed on Culture Care Connection, an online learning and resource center that supports clinical and non-clinical health care professionals to reduce health disparities and promote health equity.

The collection of language resources is intended to support you in advancing culturally responsive care at your practice and provide the health care community with tools to improve communication with individuals and families who speak a language other than English. The sampling of language resources includes patient-facing communication tools and educational resources. There is a language resource available for each threshold language. Threshold languages are languages other than English spoken by 1,000 individuals based on U.S. Census data.

Check out these and many other resources at [Culture Care Connection](#).

# Events

## Meeting the Challenges of Diabetes:

## Transforming Food Shelves to Meet Client Needs with SuperShelf

**Tuesday, September 20, 2022 12:00 pm– 1:30 pm, Central time**

### TOPIC:

Minnesota's SuperShelf partnership is helping to increase access to healthy, appealing, and culturally-connected foods across the state. Learn how food shelves are transforming to meet the food needs and improve the experience of people who are food insecure in Minnesota. This presentation will include an overview of the results of the SuperShelf Evaluation Study (NIH) including the Statewide Food Shelf survey, a unique data set with direct insight from people served by food shelves throughout the state.

**INTRODUCTION:** Teresa Ambroz, Minnesota Department of Health

### PANELISTS:

- Marna Canterbury, MS, RDN Senior Director of Community Health, HealthPartners: Moderator
- Caitlin Caspi, ScD Associate Professor, Rudd Center for Food Policy and Health Institute for Collaboration on Health, Intervention, and Policy, University of Connecticut
- Nathan Hesse, MSW, LGSW Agency Relations Program Manager, The Food Group (multiple roles with SuperShelf and the hunger relief sector since the start)
- Nora Gordan, MPH, Food Programs Analyst, Office of Economic Opportunity, Minnesota Department of Human Services

## WHO SHOULD ATTEND?

Physicians, nurse practitioners, physician assistants, diabetic educators, care coordinators, dietitians, nurses, public health workers, health educators, social workers, therapists, community health workers, those serving people with chronic conditions, and others interested in this topic.

## OBJECTIVES:

- Discuss how food shelves, pantries and other hunger relief resources are an important resource for supporting healthy eating for food insecure people who live with diabetes and other chronic conditions.
- Increase awareness of Minnesota's SuperShelf partnership and methods, and how this approach it is helping to increase access to healthy, appealing and culturally relevant foods across the state.
- Deepen understanding of the food needs, preferences and health concerns of people who are food insecure in Minnesota, through the results of the Statewide Food Shelf client survey, a unique data set of perspectives from food shelf clients.

**CEU - Participants should contact their relevant licensing board to determine if this program will meet continuing education requirements and CEU values.**

This webinar is free, but space is limited.

[Click here to register](#)

*This webinar is presented by a collaboration of Minnesota health plans and MDH working to improve diabetes healthcare in Minnesota. Thank you to MDH, Blue Plus, HealthPartners, Hennepin Health, Medica, South Country Health Alliance, and UCare for their commitment to this issue.*



All webinar recordings will be posted on the Stratis Health website under  
[Health Plan Performance Improvement Projects](#)

# Government Programs

## POS Codes for Assisted Living/Customized Living Services

This is a friendly reminder that providers should bill for Assisted Living Facilities/Customized Living Services (T2031) using place of service (POS) code 13 on submitted claims. POS code 99 should not be used when submitting claims pertaining to Assisted Living/Customized Living Services; POS 99 would only be used if there is not another more specific POS code to use to identify the rendering provider/entity.

Visit [CMS Place of Service Codes for Professional Claims](#) for a complete list of POS codes.

## Update and certify provider data in the CMS NPPES website

Did you know the Centers for Medicare & Medicaid Services (CMS) is encouraging health plans to use the National Plan & Provider Enumeration System (NPPES) as a resource for online provider directory information for Medicare and other types of plan directories?

This recommendation allows new efficiencies such as:

- Providers have a central location to update and verify directory information
- HealthPartners is able to utilize NPPES information for directory verification
- Reduction in the frequency of contacts to verify information
- More accurate provider directories for members

Get started on verifying your information today by visiting the [NPPES website](#).

Please verify information and update any inaccurate information in modifiable fields. NPPES allows for additional practice addresses, so please make sure to include all addresses where patients are *actively* seen and where a patient can call and make an appointment. Please remove any practice locations that are no longer used for patients. Be sure to certify the information in NPPES once it's been reviewed and update as changes occur throughout the year.

If you have any questions pertaining to NPPES, please visit [NPPES Help](#).

## Control Your Diabetes for Life Toolkit

### DIABETES RESOURCE FOR HEALTH EDUCATORS

#### ABOUT THE TOOLKIT

The toolkit includes instructional sheets on 26 self-care topics, a patient action plan for setting goals, and a one-page self-care checklist.

#### WHO SHOULD USE THE TOOLKIT?

The [Control Your Diabetes for Life Toolkit](#) is designed for anyone willing to guide a patient through the material. This includes health care providers, health educators, case managers, health coaches, community health workers, interpreters, patient advocates and family members.

Health educators can use this toolkit to help people with pre-existing diabetes manage their diabetes and enjoy life.

#### TOPICS INCLUDED IN THE TOOLKIT

- Information: What is diabetes, insulin, blood sugar, A1C, a carbohydrate, blood pressure, cholesterol, heart disease and stroke.
- Lifestyle change: Be active, eating and preparing healthy foods, getting help when you are down and more.
- Self-care: Take care of your heart, check your blood sugar, take your medicines, get your eyes checked, check your blood pressure and more.



**m** DEPARTMENT OF HEALTH

#### ALSO INCLUDED


10 Simple Steps, designed as a separate handout, outlines steps to take for enjoying a healthy life with diabetes.



## DOWNLOAD THE CONTROL YOUR DIABETES FOR LIFE TOOLKIT TODAY

Visit the Minnesota Department of Health website to access the [Control Your Diabetes For Life Toolkit](#).

Look for the light blue colored box, click, provide your contact information, and describe how you plan to use the toolkit. You will be directed to Dropbox, where you can download the entire toolkit (including the instructions), the 10 Simple Steps handout, and the individual files for the 26 topics.



**10 SIMPLE STEPS**  
TO ENJOYING A HEALTHY  
LIFE WITH DIABETES

**1 TAKE YOUR MEDICINES AS DIRECTED**  
• They only work if you take them

**2 CHECK YOUR BLOOD SUGAR AS DIRECTED**  
• Know what your number should be  
• Know what to do if it is too high or low

**3 DO NOT SMOKE OR CHEW TOBACCO**  
• Get help to quit

**4 CHECK YOUR BLOOD PRESSURE OFTEN**  
• Write it down to show your doctor  
• Know what your numbers should be

**5 EAT HEALTHY FOODS**  
• Add more fresh fruits and vegetables  
• Cut down on fats, salt and sugar  
• Watch your portion sizes

**6 BE ACTIVE 30 MINUTES A DAY MOST DAYS**  
• Walk, use a stretch band, dance, garden...

**7 CHECK YOUR FEET EVERY DAY**  
• Look for sores, blisters, color changes or hot spots

**8 GET HELP WHEN YOU FEEL DOWN**  
• Tell your doctor if the feeling doesn't go away

**9 RELAX AND ENJOY LIFE EVERY DAY!**

**10 AT LEAST ONCE A YEAR:**  
• See your doctor  
• Visit your diabetes educator  
• See your dentist  
• Get your eyes checked

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at [healthpartners.com/fastfacts](https://healthpartners.com/fastfacts).

**Fast Facts Editor:** Mary Jones



## 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 submit the completed form to **compliance@healthpartners.com** or fax the form back to 952-853-8708.

If you have any questions regarding completing this form, call 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 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 office staff completed cultural competency training in the past 12 months?

Yes ☐ Type of training \_\_\_\_\_

Month/Year 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 ☐ (check box if you answered Yes to Cultural Competency Training)

Please Describe \_\_\_\_\_

**Accessibility:**

**Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation providers do not need to complete this section.**

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](http://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:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date