

Fast Facts

SEPTEMBER 2023

News for Providers from HealthPartners Provider Relations & Network Management

Administrative

Provider directory verification

Regulations require providers and health plans to verify directory information.

HealthPartners provider compliance staff makes outreach calls, reviews websites, and accepts rosters to validate that our information about providers and their locations is correct.

We verify the following information for each practitioner who appears in directories:

- Practitioner names and their practice locations
- Location names
- Location addresses
- Phone numbers where members can call to make appointments to see the provider
- Hospital affiliations
- Office hours
- Provider website URLs, if available
- Whether the provider is accepting new patients at some or all locations

HealthPartners providers are expected to keep their information up to date by using the Provider Data Profiles application on our provider portal here: healthpartners.com/provider

You can also request a roster from us of your provider information that you can use to verify the information we have on file is accurate by emailing providercompliance@healthpartners.com.

Please note: if your group has a Delegation Agreement for Credentialing in place with HealthPartners, the files that are submitted to our Credentialing Services Bureau are considered our source of truth for your provider information that's used in directories.

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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.

Please provide your clinician information on race, language, ethnicity & cultural competencies

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 represents the diversity within our communities.

Providing this information is optional, but we hope clinicians in your practices will complete the online [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 [Clinician Information for Diversity and Health Equity 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.

Administrative policy updates

Please read this list of new or revised HealthPartners administrative policies. HealthPartners administrative policies are available online at healthpartners.com.

REIMBURSEMENT AT OBSERVATION LEVEL OF CARE FOR SPECIFIED DIAGNOSIS POLICY

The HealthPartners Reimbursement at Observation Level of Care for Specified Diagnosis policy is being updated with new diagnosis codes effective 11/1/2023. Please refer to the Reimbursement at Observation Level of Care for Specified Diagnosis 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. This policy is applicable to all members who have HealthPartners Commercial, Medicaid and Medicare Advantage insurance as their primary coverage.

HOME CARE BILL OF RIGHTS FOR MINNESOTA HEALTH CARE PROGRAMS

[Home Care Bill of Rights for Minnesota Health Care Programs](#)

Medical Policy updates – 9/1/2023

MEDICAL, BEHAVIORAL HEALTH, 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](#) (*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
Genetic testing: oncology – algorithmic testing – Minnesota Health Care Programs	<ul style="list-style-type: none"> • New policy effective immediately. <ul style="list-style-type: none"> ○ Policy coverage criteria are the same as the commercial Genetic testing: oncology – algorithmic testing policy, with the exception of the “Breast Cancer Treatment and Prognostic Algorithmic Tests” and “Breast Cancer Prognostic Algorithmic Tests” sections. The criteria in these sections now reflect MHCP provider manual coverage criteria for Genetic Testing for Breast Cancer. Prior authorization continues to be required for breast cancer prognostic algorithmic tests.
Hospital bed	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ The criteria for an enclosed bed were clarified to read “Enclosed beds whose only feature is a safety enclosure are considered custodial care equipment. However, an enclosed bed that provides head, foot or height adjustment is considered medically necessary when the medical necessity criteria for a hospital bed are met.”
Dental services – ambulatory hospitalization and anesthesia for dental care – North Dakota	<ul style="list-style-type: none"> • Effective 7/1/23, policy was retired. <ul style="list-style-type: none"> ○ The policy titled Dental services – ambulatory hospitalization and anesthesia for dental care applies to member from all states. Prior authorization is required for members ages 13 and older.
Residential treatment and partial hospitalization programs	<ul style="list-style-type: none"> • Effective immediately, this policy replaces the policies listed below and provides direction related to services for commercial products with criteria utilizing MCG Care Guidelines. <ul style="list-style-type: none"> ○ Eating disorders ○ Mental health partial hospitalization programs ○ Residential – adult mental health services ○ Substance use disorder services, and ○ Residential – children’s treatment services
Eyewear for children	<ul style="list-style-type: none"> • Effective immediately, policy retired.
Discography/intradiscal steroid injections	<ul style="list-style-type: none"> • Effective immediately, policy retired. • Discography and intradiscal steroid injections are now addressed on the Investigational spine procedures policy.
Rhinoplasty and septorhinoplasty	<ul style="list-style-type: none"> • Effective 11/01/2023 <ul style="list-style-type: none"> ○ Revision made to septorhinoplasty criteria section. Documentation will need to show septal deviation, obstruction or deformity has not responded to at least 3 months of conservative medical management, including but not limited to nasal steroids or immunotherapy. • Prior authorization is still required.

Provider Portal

More therapy details available in Portal eligibility

You can now see when Physical Therapy, Occupational Therapy and Speech Therapy benefits have no visit limits. Just click the information icon located on the benefit record to see if there are limits for this service. Anytime there are limits on these benefits, you can find visit limits, and number of visits used and remaining in the informational icon.

Physical Therapy - Office	\$15.00	\$25.00	ⓘ
Physical Therapy - Outpatient	\$15.00	\$25.00	ⓘ
Occupational Therapy	\$15.00	\$25.00	ⓘ

Additional Benefit information

Physical Therapy - Office
In Network Level 2
PT - Office Visit Limit: No Limit

Out of Pocket applies for this service.

Close

Patient Perspective

Falls discussion & prevention

FALLS PREVENTION AWARENESS WEEK IS SEPTEMBER 18-22, 2023

This year's theme is *From Awareness to Action*. [NCOA Connect: Get Ready for Falls Prevention Awareness Week 2023](#).

A great way to help our patients avoid falls is through our work on the Medicare Annual Wellness Visit. One of the important topics covered in that visit is a falls screening. According to the 2020 CDC Statistics, Wisconsin has the highest death rate at 176.5 per 100,000 in the nation, and Minnesota is second highest at 141.8 per 100,000. [Deaths from Older Adult Falls | Fall Prevention | Injury Center | CDC](#)

The Centers for Medicare & Medicaid Services (CMS) have prioritized this area for the simple reason – falls in older adults 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 to focus on reducing or removing those medications that affect alertness and balance. For older adults, 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.

Take Control of Your Health: 6 Steps to Prevent a Fall

Every **11 seconds**, an older adult is seen in an emergency department for a fall-related injury. **Many falls are preventable.** Stay safe with these tips!

 1 Find a good balance and exercise program Look to build balance, strength, and flexibility. Contact your local Area Agency on Aging for referrals. Find a program you like and take a friend.	 2 Talk to your health care provider Ask for an assessment of your risk of falling. Share your history of recent falls.
 3 Regularly review your medications with your doctor or pharmacist Make sure side effects aren't increasing your risk of falling. Take medications only as prescribed.	 4 Get your vision and hearing checked annually and update your eyeglasses Your eyes and ears are key to keeping you on your feet.
 5 Keep your home safe Remove tripping hazards, increase lighting, make stairs safe, and install grab bars in key areas.	 6 Talk to your family members Enlist their support in taking simple steps to stay safe. Falls are not just a seniors' issue.

To learn more, visit ncoa.org/FallsPrevention.

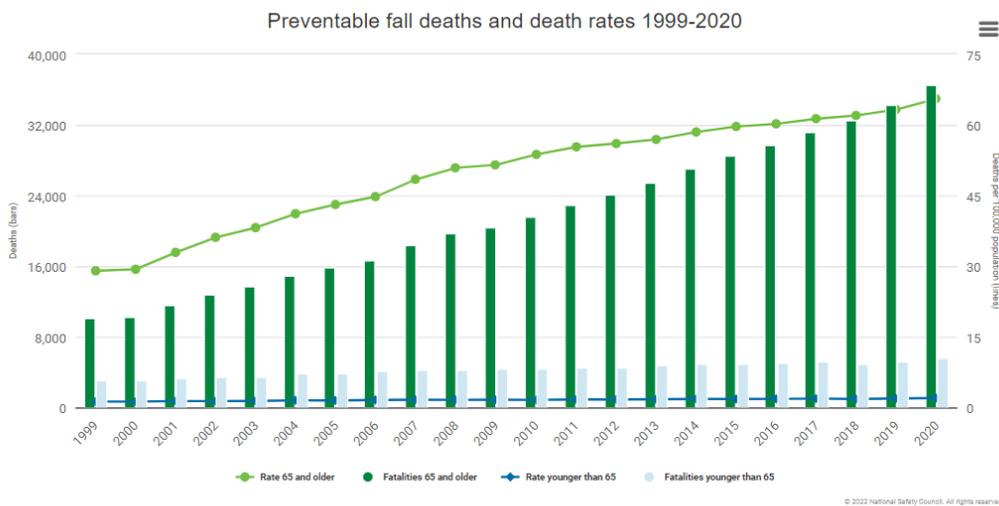
www.facebook.com/NCOAging | www.twitter.com/NCOAging
ncoa.org | @NCOAging | ©2023 | All Rights Reserved.



- 3) **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. The Juniper provider materials for the NO|FALLS Minnesota campaign are on the [toolkits site](#).
- 4) **Vision Screenings** – Encourage your patients to have regular eye appointments.
- 5) **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 benefit our senior patients, and ensure our care groups continue to perform successfully in the Medicare Advantage environment.

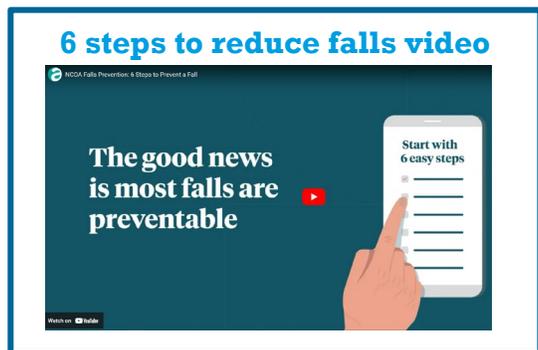
As our population ages, the prevalence of falls among older adults is increasing. According to the [Centers for Disease Control and Prevention](#) (CDC), more than one in four older adults report a fall each year. In 2020, 36,508 older adults aged 65 and older died from **preventable falls**, and over 2.8 million were treated in emergency departments. Over the past 10 years, the number of older adult fall deaths has increased 59%, while emergency department visits have increased 19%. At the same time, the number of fall deaths among individuals younger than 65 increased 22%, but emergency department visits have decreased 41%. [Older Adult Falls - Injury Facts \(nsc.org\)](#)



Source: National Safety Council tabulations of National Center for Health Statistics data.

RESOURCES

- [Care Delivery Falls Prevention Resources from the National Council on Aging](#)
- [6 Steps to Help Prevent Falls in Older Adults \(ncoa.org\)](http://ncoa.org)



Government Programs

Provider enrollment requirement for Minnesota Health Care Programs (MHCP)

HealthPartners contracted providers must be screened and enrolled with the Minnesota Department of Human Services (DHS) in order to be eligible for reimbursement for services provided to members in HealthPartners MHCP plans: Families and Children, Minnesota Senior Health Plus (MSC+), Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC).

Even if your providers are managed care contracted but not a DHS for fee-for-service (FFS) provider, they still must enroll. Please visit this page to learn more about enrollment on the DHS website: [Enroll with Minnesota Health Care Programs / Minnesota Department of Human Services \(mn.gov\)](#)

In order to prevent delays in enrollment, your practitioners and facilities should review their NPPES records for accuracy. Also, If your practitioners are enrolled with Medicare, they should review their Medicare enrollment records for accuracy.

DBT IOP and prohibited concurrent therapies

As a friendly reminder, Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP) cannot be provided at the same time as the following services, [per DHS guidance](#):

- [Outpatient individual therapy \(including under CTSS umbrella\)](#)
- [Partial hospitalization](#)
- [Adult Day treatment or CTSS Children's Day Treatment](#)
- [Intensive Treatment in Foster Care](#)
- [ACT/Youth ACT](#)

HealthPartners will deny to provider liability claims received for any of the concurrent therapies listed above if provided during the same time frame as DBT IOP. No exceptions will be made to this policy based on medical necessity.

[Outpatient family therapy](#) is allowed to be provided during the same time frame with DBT IOP.

Supporting access for patients with Medicaid/Medical Assistance coverage

HealthPartners is committed to ensuring access to quality medical care for our patients with Medicaid or medical assistance.

- HealthPartners covers virtual care for patients including Virtuwel (online clinic), e-visits and video visits.
- Providers who are contracted with HealthPartners agree to accept members for all of our products.
- However, if HealthPartners-contracted providers or clinics plan to limit their Medicaid caseload, the requirements on the [DHS provider manual webpage](#) related to Rule 101 must be followed. This includes:
 - Notifying MHCP in writing of your plan to limit new Medicaid patients and receiving written approval from MHCP; and
 - Communicating with your HealthPartners provider relations contact about your plan to limit new Medicaid patients. The written acceptance from DHS must be shared with your HealthPartners provider relations contact. Providers who wish to continue limiting MHCP caseload must file a new notice each year.

Thank you for your great work to serve patients in the community.

HealthPartners Inspire (SNBC) stakeholder meeting

Providers are invited to join us for an in-person SNBC stakeholder meeting on Wednesday, October 4, 2023 from 10:00-11:30 AM. This meeting is an opportunity for providers, members, advocates and other stakeholders to meet, learn and discuss important topics related to SNBC.

Members will have access to flu shots following the meeting. Light refreshments will be provided.

Any questions about this meeting can be sent to Boo Vue (bouachanh.n.vue@healthpartners.com).

Location:	HealthPartners Neuroscience Center Conference Center 295 Phalen Blvd. St. Paul, MN 55130
Date & Time:	Wednesday, October 4, 2023 From 10:00 - 11:30 AM

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 Editor: Mary Jones (mary.t.jones@healthpartners.com)

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 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 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.

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