

Fast Facts

JULY 2024

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 your information is correct.

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

- Practitioner names and practice locations
- Location names
- Location addresses
- Phone numbers where members can call to make appointments to see the provider
- Hospital affiliations
- 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 at healthpartners.com/provider.

You can also request a roster of your provider information by emailing providercompliance@healthpartners.com. Use the roster to verify whether the information we have on file is accurate and make updates to the information as needed.

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.

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.

INSIDE THIS ISSUE

Page

Administrative Information

Provider directory information	1
Cultural competency training and office accessibility	1
Clinician information on race, language, ethnicity and cultural competencies	2
New online claim adjustment and appeal status	2
New Technology Committee	2
Medical Policy updates	2
Drug Formulary and Pharmacy Medical Policy updates	4
New Provider Portal account standards	6
Coming soon – Provider Survey	6

Government Programs

Provider enrollment requirement for MHCP	6
--	---

Attachment

Provider Directory Cultural Competency and ADA Accessibility Questionnaire	
--	--

Clinician information on race, language, ethnicity and cultural competencies

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

Please share your information with us, on a voluntary basis, about your race, ethnicity and cultural competencies so we can have this information available when members seek help with finding providers for care.

The information will be used to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Ensure our provider network represents the diversity within our communities.

You have the option to let us know if you do not want your information displayed in our directories.

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.

New online claim adjustment and claim appeal status

Review the status of your claim adjustments and claim appeals online through the provider portal. Log in and select Claim Adjustments and Appeals from your applications menu to get started. Claim adjustments and claim appeals can be found by member, claim number or request number. Don't have the app yet? Please contact your delegate for assistance.

New Technology Committee

The HealthPartners New Technology Committee meets quarterly to evaluate new and upcoming medical technologies. Please contact us if you have a suggestion of new topics for us to consider. Comments or examples of new technologies of interest may be sent via email to newtechnology@healthpartners.com.

Medical Policy updates – 07/01/2024

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. 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: dermatologic conditions	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Known Familial Variant Analysis for Dermatologic Conditions criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy. ○ Epidermolysis Bullosa Multigene Panels criteria section removed from the policy. ○ Removed one requirement from the Congenital Ichthyosis Multigene Panels criteria section: <ul style="list-style-type: none"> ▪ The panel includes, at a minimum, the following genes: <i>ABCA12</i>, <i>SLC27A4</i>, and <i>TGM1</i>.

Coverage Policies	Comments / Changes
Genetic testing: cardiac disorders	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Known Familial Variant Analysis for Cardiac disorders criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy. ○ For Familial Hypercholesterolemia panels, the requirement that a member require the testing in order to be eligible for specialty medications (e.g., PCSK9 inhibitors) has been removed. ○ Left Ventricular Non Compaction Cardiomyopathy (LVNC) panels criteria section removed from the policy.
Genetic testing: hereditary hearing loss	<ul style="list-style-type: none"> • Effective immediately, policy revised <ul style="list-style-type: none"> ○ Known Familial Variant Analysis for hereditary hearing loss criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.
Genetic testing: hematologic disorders (non-cancerous)	<ul style="list-style-type: none"> • Effective immediately, prior authorization no longer required for the following: <ul style="list-style-type: none"> ○ HBA1/HBA2 variant analysis ○ F9 variant analysis for hemophilia • Please see posted policy online for additional details.
Home sleep apnea testing – Minnesota Health Care Programs	<ul style="list-style-type: none"> • Effective 04/30/2024, policy retired.
Hospital bed – Minnesota Health Care Programs	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Under the “Indications that are not covered” section, “technology hub” was added to the list of accessories not covered for enclosed beds to align with DHS Provider Manual guidance.
Gynecomastia surgery	<ul style="list-style-type: none"> • Effective immediately, the definition of gynecomastia has been updated to the following definition: <ul style="list-style-type: none"> ○ Gynecomastia is the presence of an abnormal development of glandular breast tissue in individuals assigned male at birth. Breast development may be bilateral or unilateral.
Surgical treatments for lipedema and lymphedema	<ul style="list-style-type: none"> • Effective 9/1/2024, policy revised. <ul style="list-style-type: none"> ○ The “Indications that are not covered” section has been updated. <ul style="list-style-type: none"> ▪ Item #2 has been updated to state the following: “Procedures listed above for treatment of lymphedema are considered investigational for all other indications, including immediate lymphatic reconstruction (e.g., LYMPHA) for prophylactic indications.” ▪ A new item has been added as follows: “Surgical procedures performed for the prevention of lymphedema are considered investigational.”

Coverage Policies	Comments / Changes
Genetic testing: immune, autoimmune and rheumatoid disorders	<ul style="list-style-type: none"> Effective immediately, policy revised. <ul style="list-style-type: none"> Known Familial Variant Analysis for Immune, Autoimmune and Rheumatoid Disorders criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.

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

Drug Formulary updates / Pharmacy Medical Policies

COMMERCIAL UPDATES

Coverage policies	Comments / changes
Benralizumab (Fasenra)	PA update due to an expanded age indication.
Gene therapy for dystrophic epidermolysis bullosa	PA update, disallowing concurrent use with Filsuvez.
Gene therapies for Sickle Cell Disease	New policy added for exagamglogene (Casgevy) and lovetibeglogene (Lyfgenia).
Gene therapies for beta thalassemia (current name: Zynteglo)	Adding exagamglogene (Casgevy) to the Zynteglo policy, and updating policy name.
Hereditary angioedema	PA update, removing danazol as a required first-line therapy.
Lifileucel (Amtagvi)	New policy.
Ocular VEGF medications	PA update, moving biosimilar Cimerli to a non-preferred status.
Tocilizumab	Adding new biosimilars Tyenne and Tofidence as non-preferred.

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.

PHARMACY-RELATED QUALITY PROGRAMS

Opioid Prescribing Guidelines

Providers are reminded about opioid prescribing guidelines such as the CDC guidelines November 2022 update. The guideline includes 12 recommendations for clinicians providing pain care for outpatients ages 18 years or older with acute pain (duration less than 1 month), subacute pain (duration of 1-3 months), and chronic pain (duration of more than 3 months), www.cdc.gov.

Medication Disposal

What do you do with extra medicine? Flush it down the toilet, run it through the garbage disposal, throw it away?

When drugs are not disposed of properly, it increases the risk of accidental poisoning and drug abuse, and it can damage our ecosystems and overall health. Learn more about how to dispose of unused medicine from the FDA.

The safest way to dispose of medicine is by bringing it to a local collection site. At HealthPartners, we offer free, environmentally friendly medicine disposal. Read more about HealthPartners medication disposal, [fda.gov](https://www.fda.gov), [healthpartners.com](https://www.healthpartners.com).

Perfecting Peds

Exciting news! HealthPartners is thrilled to announce our partnership with Perfecting Peds, kid medication experts dedicated to enhancing communication between parents and healthcare providers. As a clinic pharmacy led by board-certified pediatric pharmacists, Perfecting Peds offers telehealth appointments tailored for patients managing five or more medications, facing two or more chronic conditions, or taking medications that need ongoing monitoring (e.g., high-alert medications, antipsychotics, antiepileptics).

Their patient-centered approach emphasizes collaboration among care teams, yielding remarkable outcomes showcased in a recent publication in the Journal of Pediatric Pharmacy & Therapeutics (April 2024, PMID: 38596413):

- A remarkable 44 percent decrease in hospital admissions
- A notable 15 percent reduction in medication usage
- An impressive \$10,800 decrease in total cost of care per patient
- An average of 13 interventions per patient

Perfecting Peds offers comprehensive pediatric care management, including prior authorizations, drug interaction checks, care coordination and medication procurement. Our team also recommends dose adjustments, introduction of new therapies and labs with the provider's involvement and consent.

Perfecting Peds is an invaluable asset for our pediatric patients with complex needs, providing tailored support to enhance outcomes. We have already seen the positive impact of this collaboration on our members' well-being.

If you identify any HealthPartners members under the age of 24 who you believe would benefit from the support of a pediatric pharmacist, please refer them to Perfecting Peds.

Email: info@perfectingpeds.com

Phone: **856-843-6835**

Website: [perfectingpeds.com](https://www.perfectingpeds.com)

QR Code to schedule
an appointment:



QR Code to join our
provider newsletter:



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://www.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.

New Provider Portal account standards

To make your provider portal account more secure, we're updating our security standards for email addresses.

Starting in July all provider portal accounts will need to be associated with a unique email address:

- If the email address on your provider portal account is also used on another provider portal account, it will be removed. You'll be prompted to enter a new email address the next time you sign in.
- If the email address on your provider portal account is not used on any other provider portal account, no action is required.

We appreciate your help in making our Provider Portal safer for everyone. If you have any questions, please **contact us**.

Coming Soon – Provider Survey

HealthPartners will mail a short survey to a sample of primary care, specialty and behavioral health physicians. The survey assesses satisfaction in two key areas where we continue to focus improvement activities – Continuity/Coordination of Care across care settings and experience with the Utilization Management process for services requiring prior authorization.

If you receive a survey, we encourage you to complete it. Your feedback is important in helping us to identify potential areas of improvement.

Questions, please contact Kelsey Folin, Utilization Management, at **952-883-5768**.

Government Programs

URGENT

Provider Enrollment Requirement for Minnesota Health Care Programs (MHCP)

If your practitioners and locations have not enrolled with the Minnesota Department of Human Services (DHS) yet, please do so as soon as possible. All National Provider Identifiers (NPIs) including group, facility and individual NPIs need to be enrolled with DHS.

Your enrollment must be completed before the **July 15, 2024 deadline**, with the exception of these provider types that have until December 31, 2024 to enroll:

- Community Mental Health Centers
- Home Care Nursing Organizations
- Rehab Agencies
- Medical Transportation
- Day Treatment

If your locations and practitioners are already enrolled with DHS as a fee-for-service provider, you do not need to go through the screening and enrollment process again.

DHS uses additional sources such as **NPPES** and **Medicare** to verify your enrollment. Please review your information on **NPPES** and **Medicare** to ensure your records are up to date when enrolling with DHS.

For more information regarding enrollment with DHS, visit these resources:

- FAQ: [Enrollment for MCO Network Providers](#)
- DHS Enrollment Process: [Enrollment with MHCP](#)
- DHS Enrollment Portal Training and FAQ: [Minnesota Provider Screening and Enrollment \(MPSE\) portal training](#)

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

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