



# Fast Facts

News for Providers from HealthPartners  
Provider Relations & Network Management

NOVEMBER 2025

## Administrative

### Provider directory information

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
- Practitioner specialty
- 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. **Sign in** to access Provider Data Profiles from the applications menu and review/update your location details and practitioners. If you don't see Provider Data Profiles in your application menu, please contact your portal delegate to get access to the Provider Data Profiles application.

You can also request a roster of the provider information we have on file by emailing [providercompliance@healthpartners.com](mailto:providercompliance@healthpartners.com). You can use the roster to verify whether the information we have is accurate and make updates to the information if needed.

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Provider Directory Cultural Competency and ADA Accessibility Questionnaire	
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# Culture Care Connection

## 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](#).

## 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).

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

## Robin with HealthPartners Rebrand

Effective January 1, 2026, the Robin plans and networks with HealthPartners in Northeast Wisconsin will be rebranded under the name **HealthPartners**. While the name is changing, the network itself will remain unchanged and will continue to operate as it does today.

The ACO provider partners in Northeast Wisconsin will remain part of the existing networks, and we do not anticipate any network disruption as a result of this transition.

If you have any questions or concerns, please reach out to your HealthPartners Provider Relations and Network Management contact.

## HealthPartners launches new plan offerings

### SIMPLICIA PLAN

*Simplica* is a commercial plan offering for large, self-insured groups effective January 1, 2026. This plan is offered to employers with headquarters in the Twin Cities metro, Western WI and Central MN markets. *Simplica* is a broad, open-access network with national coverage and a variable, all-copay benefit plan design.

Members using the *Simplica* plan network will have ID cards with a care type that includes the words “*Simplica* NextGen Copay.”

### ALPINE PLAN

*Alpine* is a commercial plan offering for individuals effective January 1, 2026. This plan is offered in the following counties in Minnesota: Anoka, Becker, Benton, Big Stone, Brown, Carver, Chippewa, Chisago, Clay, Cottonwood, Dakota, Douglas, Grant, Hennepin, Isanti, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Morrison, Murray, Nobles, Otter Tail, Pipestone, Pope, Ramsey, Redwood, Renville, Rock, Scott, Sherburne, Sibley, Stearns, Stevens, Swift, Todd, Traverse, Washington, Wilkin, Wright, and Yellow Medicine.

The network for *Alpine* includes HealthPartners/Park Nicollet, Allina, Fairview, Avera, Essentia, Sanford and others with locations within the plan footprint with no wrap network. Participating *Alpine* plan providers who have locations in the counties where *Alpine* is offered are in network for all their locations, including locations outside of the service area. Contracted providers that are not participating in *Alpine* or who do not have locations within these counties are out of network for the *Alpine* plan. *Alpine* is being sold to individual members effective 1/1/2026.

Members using the *Alpine* plan network will have ID cards with a care type that includes the word “*Alpine*.”

Please contact your HealthPartners contract manager with any questions.

## New Cigna LocalPlus Network in Minnesota

Beginning January 1, 2026, Cigna will be expanding their LocalPlus Plans to include the Twin Cities metro area. LocalPlus Plans offer local, limited networks, which means that not all HealthPartners-contracted providers are considered in network. For more information, see the resources below:

- [What are LocalPlus Plans? | Cigna Healthcare](#)
- For sample member ID cards, see the [Cigna and HealthPartners Strategic Alliance Guide](#)
- Verify member network options and benefits by following your standard processes or by contacting Cigna Member Services at **1-800-882-4462**.

## Credentialing website

HealthPartners provider home page has a site to answer many of your common credentialing questions. You can access this site through the HealthPartners website at [healthpartners.com/credentialing](https://healthpartners.com/credentialing) (path: *Provider Portal/Credentialing and Enrollment*).

Credentialing website

You will find the following information on the HealthPartners Credentialing website:

- Frequently asked questions—with detailed answers
- Convenient link to the ApplySmart web-based credentialing application or the new credentialing submission form
- HealthPartners Credentialing Plan, which includes our credentialing criteria for acceptance into the HealthPartners network
- Practitioner’s rights as they pertain to the credentialing process

## Submitting credentialing applications

### PROVIDER PORTAL OR APPLYSMART

All credentialing applications should be submitted through the provider portal or ApplySmart. Applications that are emailed or sent to us by U.S. mail may be returned.

Submit an application

Clinics can submit initial or recredentialing applications securely through the HealthPartners Provider Portal (no logon required), where they are automatically loaded into our system overnight. The online form can be used for applications for both HealthPartners health plan and HealthPartners’ hospitals.

**Visit:** [healthpartners.com/credentialingsubmission](https://healthpartners.com/credentialingsubmission)

ApplySmart (aka CredentialSmart) is still our preferred method for health plan application submission and is required for MN clinics when submitting initial applications.

If you do not have an ApplySmart account, **Get Started** now

## Checking the status of credentialing applications

Clinics should check the status of *initial* credentialing applications for HealthPartners health plan and dental plan through the HealthPartners Provider Portal (no logon required).

Check credentialing status

**Visit:** [Credentialing application status \(healthpartners.com\)](https://healthpartners.com)

## Reimbursement policies

### PRODUCT APPLICATIONS ARE EMBEDDED IN THE POLICIES

Please note the following HealthPartners reimbursement policies have been updated and are available online at [healthpartners.com](https://healthpartners.com) and via the link provided.

Reimbursement Policy	Comments	Link to administrative polices
Observation Level of Care	Updated policy with changes effective 1/1/2026	<b>Administrative Policies</b> View under “Reimbursement Policies” <ul style="list-style-type: none"> <li>• Modification of policy name to remove “for specified diagnoses”</li> <li>• Expansion to consider less than 2-day inpatient stays as observation</li> <li>• Clarification of appeals process</li> </ul>
Laboratory Services	Updated policy with changes effective 1/1/2026	<b>Administrative Policies</b> View under “Reimbursement Policies” <ul style="list-style-type: none"> <li>• Inclusion of PLA codes as not being reimbursable.</li> </ul>

## 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 may have the right to discuss the denial with the clinician involved in making the decision in our utilization management program. Staff is available from 8 AM to 5 PM Central Standard Time, Monday through Friday, excluding national holidays.

Call Member Services for assistance at **952-883-5000**.

## HealthPartners policy regarding financial incentives

It is the policy of HealthPartners that utilization management 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 with HealthPartners 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 of benefits.

If you have any additional questions, please contact Susan Gunderson at **952-883-5576**.

## Disease, Case and Lifestyle Management services

Our care model delivers personalized support for individuals managing chronic, rare and complex conditions. Through telephonic and in-person support, dedicated nurses and care managers provide condition-specific education, promote self-care, and address medical, behavioral and social needs.

### INTERVENTIONS

- Medication adherence, symptom monitoring and action plan reinforcement
- Education on lifestyle changes and chronic condition management
- Navigation of social determinants of health and access to resources
- Coordination across providers and care systems to ensure continuity
- Holistic assessments and trauma-informed support for complex needs

This integrated approach improves health outcomes, enhances provider collaboration and reduces avoidable healthcare utilization.

### SERVICES

- 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

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 active participants in their own care.

We make referrals simple and easy.

- Online: Use our online referral form
- Email: [hpconnectreferrals@healthpartners.com](mailto: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.)

## Fraud, Waste and Abuse

Fraud, waste and abuse in healthcare ultimately makes care and coverage more expensive and can lead to poor quality of care. HealthPartners is committed to preventing, detecting and reporting fraud, waste and abuse (FWA), and conducting business in compliance with all applicable federal and state statutes, regulations and laws. Clinicians are also responsible for exercising due diligence in the detection and prevention of FWA in accordance with our Fraud, Waste and Abuse policies.

Fraud, waste and abuse in healthcare can take many forms, which can make it hard to spot. Healthcare fraud can be committed by medical providers, patients and others who intentionally deceive the healthcare system to receive unlawful benefits or payments. In fiscal year 2024, **the United States Sentencing Commission** received more than 61,000 reports of healthcare fraud. Here are a few of the most common types:

- Billing and coding fraud, including:
  - Billing a payer for services or supplies that weren't provided.
  - Ordering or providing services or supplies that aren't medically necessary.
  - Up-coding or billing for more expensive services that weren't provided.
  - Duplicate billing in which multiple claims are submitted for the same service.
  - Unbundling services in which multiple charges are billed for the bundled service.
- Frauds involving prescriptions, including:
  - Forgery, such as creating or using forged prescriptions.
  - Diversion, or the illegal distribution or abuse of prescription drugs.
  - Doctor shopping, which is visiting multiple providers to get prescriptions for controlled substances or getting prescriptions from medical offices that engage in unethical practices.
- Misrepresenting or incorrectly billing for virtual services, such as video or telehealth services.

Reporting fraud, waste and abuse is everyone's right and responsibility. 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 e-mail 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 contact **Integrity and Compliance** if you have any questions or concerns.

## 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 e-mail 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) requires 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.

## Disclosure of Ownership Form

healthpartners.com

If your primary contact has not received the link and submitted a 2025 Disclosure of Ownership and Control Interest Form yet, please click on the link 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.

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](mailto: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](https://healthpartners.com/provider) includes, but is not limited to:

### Access to online tools and reports

- Provider Measurement
- Quality Measurement

### Administrative Program

- Provider resource materials
- Fast Facts newsletters – current and past
- Policies and procedures, including:
  - Credentialing rights – practitioners
  - Medical records standards
  - Member complaint processes and procedures
  - Member rights and responsibilities

### Program descriptions

- Case Management – how to refer a patient
- Disease Management – how to use services and how we work with your patients

### Utilization Management

- Access to Utilization Management staff
- Affirmative statement – no incentives used to encourage barriers to care or services
- Clinical guidelines and 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.

### Provider Resource Materials

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 Service Specialist.

## New Technology Committee update

HealthPartners has a New Technology Committee whose mission is to evaluate new and upcoming medical technologies. The following topics are coming up for review:

- Biomechanical, foot-worn devices for the management of various back, hip and knee conditions (e.g., Apos Therapy)
- Electronic/vibro-tactile sleep therapy devices for treatment of positional obstructive sleep apnea (e.g., Philips NightBalance Luna, Night Shift Sleep Positioner)
- Embolization of prostatic artery for treatment of benign prostatic hyperplasia (BPH)
- Exoskeleton (e.g., ReWalk or ReStore powered systems) for home use in spinal cord injury or stroke rehabilitation
- Fractional CO2 laser for transvaginal use in treatment of vulvovaginal atrophy/genitourinary syndrome of menopause (e.g., MonaLisa Touch, FemTouch, FemiLift)
- Heart volume reduction surgery (also known as the Batista procedure or partial ventriculectomy)
- Hypnotherapy/hypnosis
- Magnetic resonance spectroscopy for evaluation of discogenic pain
- Nasal airway remodeling via low energy, temperature controlled radiofrequency ablation (e.g., VivAer) for treatment of nasal valve collapse
- Paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) injection
- Radiofrequency ablation for treatment of cervicogenic headache or occipital neuralgia
- Saliva test, hormone level, during menopause
- Skin advanced glycation end products (AGE) measurement by multi-wavelength fluorescent spectroscopy
- Surface electromyography (e.g., surface EMG, surface scanning EMG, high-density EMG, para-spinal sEMG)
- Transcutaneous supraorbital nerve stimulator to treat migraines (e.g., Cefaly device)
- Transurethral balloon dilation of the prostate (TUDP) for treatment of symptomatic benign prostatic hyperplasia (BPH)
- Wide-area trans-epithelial sampling biopsy (WATS-3D) (for detection of Barrett's esophagus, esophageal dysplasia, or any other indication)

Please contact us if you have comments about any of these topics, or a suggestion of new topics for us to consider. Comments or examples of new technologies for consideration may be sent to [newtechnology@healthpartners.com](mailto:newtechnology@healthpartners.com).

# Medical Policy updates – 11/01/2025

## 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 [Coverage criteria policies | HealthPartners](#). 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.

HealthPartners Coverage Policies	Comments / Changes
Deep brain stimulation and responsive neurostimulation for neurological movement disorders	Effective January 1, 2026 <ul style="list-style-type: none"> <li>Policy revised. See policy posted online for details.</li> </ul>
Residential – psychiatric residential treatment facility – Minnesota Health Care Programs  Residential – psychiatric residential treatment facility – Minnesota	Effective immediately the following MCG Health guidelines criteria 29th edition will be utilized for psychiatric residential treatment facilities. <ul style="list-style-type: none"> <li>Inpatient Behavioral Health Level of Care, Adult</li> <li>Inpatient Behavioral Health Level of Care, Child or Adolescent</li> </ul>
Vagus nerve stimulation (VNS)	Effective January 1, 2026 <ul style="list-style-type: none"> <li>Policy revised. See policy posted online for details.</li> </ul>
Synagis® (palivizumab) injections for respiratory syncytial virus (RSV) prophylaxis – Commercial & MHCP versions	Effective immediately, policies are retired.

HealthPartners Coverage Policies	Comments / Changes
Specialty testing: immunology and rheumatology	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>HLA Typing for Axial Spondyloarthritis: This criteria set was retired and incorporated into the "Other Covered Immune, Autoimmune and Rheumatoid Disorders" criteria set.</li> <li>Evidence-Based Rheumatoid Arthritis Algorithmic Tests: Removed criterion point I.F ("The member has not had previous testing using molecular biomarkers for predictive therapy selection for rheumatoid arthritis.") and replaced it with the phrase "a maximum of one time for therapeutic selection" in criterion I for ease of use.</li> <li>Other Covered Immune, Autoimmune and Rheumatoid Disorders: Updated criterion point I. to read "...or targeted biomarker" for ease of use. Added criterion point I.L "Axial Spondyloarthritis" to account for retired criteria set HLA Typing for Axial Spondyloarthritis.</li> </ul>
Specialty testing: transplant	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>Donor-Derived Cell-Free DNA for Heart Transplant Rejection, Donor-Derived Cell-free DNA for Kidney Transplant Rejection, Evidence-Based Donor-Derived Cell-free DNA for Lung Transplant Rejection: Criteria sets retired.</li> <li>Evidence-Based Donor-Derived Cell-free DNA for Solid Organ Transplant Rejection: New criteria set which combines the criteria for Donor-Derived Cell-free DNA for Kidney Transplant Rejection, Donor-Derived Cell-Free DNA for Heart Transplant Rejection, and Evidence-Based Donor-Derived Cell-free DNA for Lung Transplant Rejection. No change in coverage. Prior authorization is required.</li> <li>Please refer to published policy for details.</li> </ul>
Specialty testing: gastroenterology	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>Hereditary Inflammatory Bowel Disease/Crohn's Disease Panel Tests: Coverage expanded. This section has been substantially updated to remove restrictive criteria I.B.1.a-g listing features beyond very early onset inflammatory bowel disease (VEO-IBD).</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Infectious disease testing: dermatology	<p>Effective 1/1/2026, policy revised. Culture-independent molecular tests (NAAT/PCR) for onychomycosis will no longer be considered investigational for all indications and will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Culture-independent molecular tests (NAAT/PCR) for onychomycosis are considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member shows signs or symptoms of onychomycosis (e.g., nails that are discolored, deformed, brittle, and/or foul-smelling; subungual debris; separation of the nail from the nail bed), and</li> <li>○ Conventional diagnostic techniques (microscopy/peroxidase tests and/or fungal culture) were inconclusive, and</li> <li>○ Results of testing would influence the member’s clinical management.</li> </ul> </li> <li>• Culture-independent molecular tests (NAAT/PCR) for onychomycosis are considered investigational for all other indications.</li> </ul>
Infectious disease testing: screening and prevention	<p>Effective 1/1/2026, policy revised. Group B Streptococcus Tests in Vaginal-Rectal Specimens will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Group B Streptococcus screening tests of vaginal-rectal specimens are considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member is pregnant, and <ul style="list-style-type: none"> <li>▪ The pregnancy is between 36 weeks 0 days and 37 weeks and 6 days gestation, or</li> <li>▪ The member is presenting with signs or symptoms of preterm labor (e.g., premature rupture of membranes, contractions indicative of labor).</li> </ul> </li> <li>○ Group B Streptococcus screening tests of vaginal-rectal specimens are considered investigational for all other indications, including: <ul style="list-style-type: none"> <li>▪ Pregnant members with GBS bacteriuria during the current pregnancy.</li> <li>▪ Pregnant members with a previous GBS-infected newborn.</li> </ul> </li> </ul> </li> </ul>
Reproductive testing: prenatal diagnosis	<p>Effective 1/1/2026, policy revised. Chromosomal Microarray Analysis (CMA) for Prenatal Diagnosis will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Chromosome microarray analysis for prenatal diagnosis via amniocentesis, CVS, or PUBS may be considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member has received counseling regarding the benefits and limitations of prenatal screening and diagnostic testing (including chromosome microarray via amniocentesis, CVS or PUBS) for fetal chromosome abnormalities, and</li> <li>○ The member is not simultaneously undergoing karyotype analysis.</li> </ul> </li> <li>• Chromosome microarray analysis for prenatal diagnosis via amniocentesis, CVS or PUBS is considered investigational for all other indications.</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
<p>Oncology testing: solid tumors molecular diagnostics</p> <p>Oncology testing: solid tumors molecular diagnostics – Minnesota Health Care Programs</p>	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• See policy posted online for details.</li> </ul>
<p>Durable medical equipment and supplies – Minnesota Health Care Programs</p>	<p>Effective immediately, policy revised to reflect updates to the MHCP provider manual.</p> <p>Weighted blankets or vests (E1399) were moved from under the Indications that are Covered heading to under the Indications that are Not Covered. Weighted blankets or vests were previously covered by MHCP but are now considered noncovered.</p>
<p>Specialty testing: neurology</p>	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• See policy posted online for details.</li> </ul>
<p>Specialty testing: respiratory</p>	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• See policy posted online for details.</li> </ul>
<p>Investigational services – list of non-covered services</p>	<p>Effective immediately, policy revised.</p> <ul style="list-style-type: none"> <li>• The following services have been added to this policy as non-covered/ investigational: <ul style="list-style-type: none"> <li>○ Body surface gastric mapping (e.g., Gastric Alimetry)</li> <li>○ Cardiac contractility modulation (i.e., Optimizer Smart System (Impulse Dynamics))</li> <li>○ Histotripsy for any indication (previously listed as investigational for hepatocellular malignancy)</li> <li>○ Radiofrequency ablation for treatment of chronic rhinitis (e.g., RhinAer, Neuromark)</li> </ul> </li> <li>• The following clarifications have been made to this policy: <ul style="list-style-type: none"> <li>○ Endoscopic gastroplasty/gastroplication for gastro-esophageal reflux disease (GERD) – Added GERDx System as an example procedure.</li> <li>○ Low level laser therapy – Added “photobiomodulation” as an alternate term to assist in locating this topic.</li> </ul> </li> </ul>
<p>Autologous chondrocyte implantation (ACI)</p>	<p>Effective 11/1/2025, policy revised.</p> <ul style="list-style-type: none"> <li>• The following criterion has been removed from the policy: <ul style="list-style-type: none"> <li>○ 1G “Is considered willing and able to comply with physician ordered post operative rehabilitation.”</li> </ul> </li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Oncology Testing: Hereditary Cancer	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• See policy posted online for details.</li> </ul>
Reproductive testing: prenatal screening	<p>Effective 1/1/2026, policy revised.</p> <p>Prenatal Cell-free DNA Testing for Fetal Blood Group Genotyping will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Prenatal cell-free DNA testing for fetal blood group genotyping is considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member is pregnant, <b>and</b></li> <li>○ The member is confirmed to have a positive antibody screen (ABSC) for an antibody or antibodies identified to be a clinically significant blood group antigen associated with hemolytic disease of the fetus and newborn, <b>and</b></li> <li>○ The member is not planning to undergo amniocentesis, <b>and</b></li> <li>○ There is documentation of an unknown or heterozygous genotype in the biological father of the fetus for the antigen to which the mother has been alloimmunized.</li> </ul> </li> <li>• Prenatal cell-free DNA testing for fetal blood group genotyping is considered investigational for all other indications.</li> </ul> <p>Maternal Serum Screening will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Maternal serum screening for aneuploidy is considered medically necessary a maximum of once per pregnancy for any of the following: <ul style="list-style-type: none"> <li>○ First trimester screening (free or total beta-HCG and PAPP-A)</li> <li>○ Second trimester screening (hCG, msAFP, uE3, and DIA)</li> <li>○ Integrated, stepwise sequential, or contingent sequential screening</li> <li>○ Penta screen (hCG, msAFP, uE3, DIA, ITA)</li> </ul> </li> <li>• Maternal serum screening for aneuploidy is considered investigational for all other indications.</li> </ul>
Rhinoplasty and septorhinoplasty	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• The policy currently requires that photos clearly documenting a structural abnormality must be submitted to support medical necessity for a requested rhinoplasty or septorhinoplasty. This will be updated to state that “color” photos are required.</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Polymerase chain reaction testing for onychomycosis	Effective 1/1/2026, policy is retired.
Oncology testing: algorithmic assays	Effective 1/1/2026, policy revised. <ul style="list-style-type: none"> <li>• The following tests will be considered investigational:               <ul style="list-style-type: none"> <li>○ Cutaneous Melanoma Prognostic Algorithmic Tests</li> <li>○ Pancreatic Cyst Risk Assessment Algorithmic Tests</li> </ul> </li> </ul>
Oncology testing: algorithmic assays – Minnesota Health Care Programs	Effective 1/1/2026, policy revised. <ul style="list-style-type: none"> <li>• The following tests will be considered investigational:               <ul style="list-style-type: none"> <li>○ Cutaneous Melanoma Prognostic Algorithmic Tests</li> <li>○ Pancreatic Cyst Risk Assessment Algorithmic Tests</li> </ul> </li> </ul>
Infectious disease testing: vector-borne	Effective 1/1/2026, policy revised. <ul style="list-style-type: none"> <li>• Zika Virus Nucleic Acid/PCR Tests and Zika Virus Antibody Tests criteria revised. Refer to policy posted online for details.</li> </ul>
Reproductive testing: carrier screening	Effective 1/1/2026, policy revised. <ul style="list-style-type: none"> <li>• Ashkenazi Jewish Carrier Panel Testing panels must include, at a minimum, screening for carrier status for genetic conditions associated with the following genes, as recommended by the American College of Obstetricians and Gynecologists (ACOG):               <ul style="list-style-type: none"> <li>○ Tay Sachs disease (HEXA)</li> <li>○ Canavan disease (ASPA)</li> <li>○ Cystic fibrosis (CFTR)</li> <li>○ Familial dysautonomia (ELP1)</li> </ul> </li> </ul>
Specialty testing: toxicology and pharmacogenetics	Effective 1/1/2026, policy revised. <ul style="list-style-type: none"> <li>• Pharmacogenetic Panel Tests               <ul style="list-style-type: none"> <li>○ Criteria IB updated to require that the member has previously been treated with at least one medication related to their diagnosis that was ineffective.</li> <li>○ Criterion IC updated to require that the member is being considered for one or more specific medication(s) related to their diagnosis that is known to have a gene-drug interaction.</li> </ul> </li> <li>• Warfarin Sensitivity Analysis Panels               <ul style="list-style-type: none"> <li>○ Removed criterion requiring that the member has not reached a therapeutic dose.</li> </ul> </li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Cosmetic surgery / treatments – Minnesota Health Care Programs	<p>Effective 11/1/2025, policy is retired.</p> <ul style="list-style-type: none"> <li>Minnesota Health Care Programs members criteria was combined with the Cosmetic surgery/treatments policy that is applicable to Minnesota and Wisconsin members.</li> </ul>
Cosmetic surgery / treatments  Cosmetic surgery / treatments – Iowa – North Dakota – South Dakota	<p>Effective 11/1/2025, policy revised.</p> <ul style="list-style-type: none"> <li>Broadband light therapy has been added to indications that are not covered.</li> </ul>
Acute inpatient rehabilitation & long-term acute care hospitalization	<p>Effective 1/1/2026, prior authorization will be required for acute inpatient rehabilitation and long-term acute care hospitalization services for HealthPartners Commercial and Minnesota Health Care Programs (Medicaid) plans.</p> <ul style="list-style-type: none"> <li>The below InterQual March 2025 criteria subsets will be utilized to determine medical necessity of these services. <ul style="list-style-type: none"> <li>LOC: Inpatient Rehabilitation Burns</li> <li>LOC: Inpatient Rehabilitation CNS/TBI</li> <li>LOC: Inpatient Rehabilitation Medically Intensive Rehabilitation</li> <li>LOC: Inpatient Rehabilitation Orthopedic/Amputation</li> <li>LOC: Inpatient Rehabilitation Pediatric Rehabilitation</li> <li>LOC: Inpatient Rehabilitation Spinal Cord Injury</li> <li>LOC: Inpatient Rehabilitation Subacute Rehabilitation</li> <li>LOC: Inpatient Rehabilitation Transition Plan</li> <li>LOC: Long-Term Acute Care Medically Complex</li> <li>LOC: Long-Term Acute Care Respiratory Complex</li> <li>LOC: Long-Term Acute Care Transition Plan</li> <li>LOC: Long-Term Acute Care Ventilator Weaning</li> <li>LOC: Long-Term Acute Care Wound/Skin</li> </ul> </li> </ul>
Acute inpatient rehabilitation	<p>Effective 1/1/2026, prior authorization will be required for acute inpatient rehabilitation services for Medicare Advantage plans.</p> <ul style="list-style-type: none"> <li>HealthPartners follows applicable Centers for Medicare Services (CMS) guidance including, but not limited to, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and the Medicare Benefit Policy Manual to determine medical necessity of these services.</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Specialty testing: multisystem genetic conditions	<p>Effective 1/1/2026, policy revised.</p> <ul style="list-style-type: none"> <li>• Combined Mitochondrial DNA Analysis and Exome Sequencing: New criteria set restricting coverage for combined mitochondrial and exome sequencing tests to individuals who meet the criteria for both tests. Prior authorization is required. Criteria for both tests are currently on the policy and have not changed.</li> <li>• Reanalysis of Exome or Genome Sequencing Data: Criterion point 1.A. was updated from 18 months to 1 year allowing members who meet criteria to have reanalysis performed sooner.</li> <li>• SNRPN/UBE3A Methylation Analysis, 15q11-q13 FISH Analysis, Chromosome 15 Uniparental Disomy Analysis, and Imprinting Center Defect Analysis: Minor update to criteria I.B.3.b and I.B.4.b to read "Developmental delay" instead of "Global developmental delay."</li> </ul>
Oncology testing: hematologic malignancy molecular diagnostics	<p>Effective 1/1/2026, policy revised.</p> <p>Broad Molecular Profiling Panels for Hematologic Malignancies and Myeloid Malignancy Panels will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Broad molecular profiling panels for hematologic malignancies and myeloid malignancy panels in bone marrow or peripheral blood are considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member is undergoing evaluation for acute myeloid leukemia (AML), or</li> <li>○ The member has newly diagnosed acute lymphoblastic leukemia (ALL), or</li> <li>○ The member has newly diagnosed myelodysplastic syndrome (MDS), or</li> <li>○ The member has suspected myelodysplastic syndrome (MDS) and <ul style="list-style-type: none"> <li>▪ Other causes of cytopenia(s) have been ruled out, or</li> </ul> </li> <li>○ The member is suspected to have a myeloproliferative neoplasm (MPN), and <ul style="list-style-type: none"> <li>▪ This is the member's initial genetic evaluation for suspected MPN, or</li> <li>▪ Previous results of JAK2, CALR, and MPL analysis were negative, or</li> </ul> </li> <li>○ The member has a diagnosis of chronic myelogenous leukemia (CML), and <ul style="list-style-type: none"> <li>▪ There has been progression to accelerated or blast phase, or</li> <li>▪ Results of BCR-ABL1 kinase domain mutation analysis were negative, or</li> </ul> </li> <li>○ The member has a diagnosis of diffuse large B-cell lymphoma.</li> </ul> </li> </ul>

HealthPartners Coverage Policies	Comments / Changes
<p>Oncology testing: hematologic malignancy molecular diagnostics (Cont'd)</p>	<ul style="list-style-type: none"> <li>• Repeat broad molecular profiling panels for hematologic malignancies and myeloid malignancy panels in bone marrow or peripheral blood are considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member has myelodysplastic syndrome (MDS), and <ul style="list-style-type: none"> <li>▪ The member has relapsed after allo-HCT (hematopoietic cell transplant), or</li> </ul> </li> <li>○ The member has acute lymphoblastic leukemia (ALL), and <ul style="list-style-type: none"> <li>▪ The member is showing evidence of symptomatic relapse after maintenance therapy, or</li> </ul> </li> <li>○ The member has acute myeloid leukemia (AML), and <ul style="list-style-type: none"> <li>▪ The member has relapsed or refractory disease after consolidation or progression on treatment.</li> </ul> </li> </ul> </li> <li>• Broad molecular profiling panels for hematologic malignancies and myeloid malignancy panels in bone marrow or peripheral blood are considered investigational for all other indications.</li> </ul> <p>Hematologic Minimal Residual Disease (MRD) Testing will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Measurable (minimal) residual disease (MRD) analysis in bone marrow or peripheral blood is considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member has a diagnosis of: <ul style="list-style-type: none"> <li>▪ Acute Lymphocytic Leukemia (ALL), or</li> <li>▪ Multiple Myeloma, or</li> <li>▪ Diffuse Large B-Cell Lymphoma, and <ul style="list-style-type: none"> <li>• The member has completed a treatment cycle, or</li> </ul> </li> <li>▪ Chronic Lymphocytic Leukemia (CLL), and <ul style="list-style-type: none"> <li>• The member has completed treatment.</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>Tumor-Specific BCR-ABL1 FISH, Qualitative, and Quantitative Tests will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Tumor-specific BCR-ABL1 FISH, qualitative or quantitative tests in hematologic malignancies are considered medically necessary when: <ul style="list-style-type: none"> <li>○ The member is suspected to have a myeloproliferative neoplasm (MPN), or</li> <li>○ The member is undergoing diagnostic workup for: <ul style="list-style-type: none"> <li>▪ Acute lymphoblastic leukemia (ALL), or</li> <li>▪ Acute myeloid leukemia (AML), or</li> <li>▪ Chronic myeloid leukemia (CML), or</li> <li>▪ Lymphoblastic leukemia, or</li> </ul> </li> </ul> </li> </ul>

HealthPartners Coverage Policies	Comments / Changes
Oncology testing: hematologic malignancy molecular diagnostics (Cont'd)	<ul style="list-style-type: none"> <li>• The member is undergoing monitoring of disease progression or for minimal residual disease (MRD) monitoring using a quantitative test only for:               <ul style="list-style-type: none"> <li>○ Acute lymphoblastic leukemia (ALL), or</li> <li>○ Acute myeloid leukemia (AML), or</li> <li>○ Chronic myeloid leukemia (CML), and                   <ul style="list-style-type: none"> <li>▪ The member's provider is considering discontinuation of or has already discontinued use of TKI therapy.</li> </ul> </li> </ul> </li> </ul> <p>Tumor-Specific KIT Variant Analysis for Hematologic Malignancies will have the following criteria:</p> <ul style="list-style-type: none"> <li>• Tumor-specific KIT variant analysis in hematologic malignancies is considered medically necessary when:               <ul style="list-style-type: none"> <li>○ The member is being evaluated for systemic mastocytosis, or</li> <li>○ The member has a diagnosis of acute myeloid leukemia (AML).</li> </ul> </li> </ul> <p>NTRK Fusion Analysis Panel for Hematologic Malignancies</p> <ul style="list-style-type: none"> <li>• NTRK 1/2/3 fusion analysis panel via fluorescent in situ hybridization (FISH) or immunohistochemistry (IHC) in hematologic malignancies is considered medically necessary when:               <ul style="list-style-type: none"> <li>○ The member has a diagnosis of any of the following cancers at any stage:                   <ul style="list-style-type: none"> <li>▪ Acute lymphoblastic leukemia (ALL).</li> </ul> </li> </ul> </li> </ul>
Hyperbaric oxygen therapy	<p>Effective immediately, policy revised.</p> <ul style="list-style-type: none"> <li>• Avascular necrosis (aseptic osteonecrosis) has been added as a covered indication.</li> <li>• Policy now includes the expected number of treatment sessions for each condition according to the Undersea Hyperbaric Medical Society.</li> </ul>

Cohere Coverage Policies	Comments / Changes
Magnetic Resonance Imaging (MRI), Breast	<p>Effective immediately, prior authorization will not be required for CPT codes 77046, 77048, C8903, and C8905 for Commercial, Medicaid, and Medicare Advantage plans.</p>
REVISED Cohere Health Commercial/Medicaid policies	<p>Effective 1/1/2026, Cohere Health's coverage criteria policies applicable to Commercial plans and Medicaid plans, will be revised. Please refer to the below posted policies online under HealthPartners, Upcoming Policy Changes at <a href="#">HealthPartners: Cohere Medicare Advantage &amp; Commercial/Medicaid Policies – Payer Information (zendesk.com)</a> to review the policy changes.</p> <ul style="list-style-type: none"> <li>• Computed Tomography (CT), Abdomen Pelvis</li> <li>• Computed Tomography (CT), Brain</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
REVISED Cohere Health Commercial/Medicaid policies (Cont'd)	<ul style="list-style-type: none"> <li>• Computed Tomography (CT), Chest</li> <li>• Computed Tomography (CT), Colonography</li> <li>• Computed Tomography (CT), Face Sinus</li> <li>• Computed Tomography (CT), Neck (soft tissue)</li> <li>• Computed Tomography (CT), Orbit Ear Sella</li> <li>• Computed Tomography (CT), Lower Extremity</li> <li>• Computed Tomography (CT), Spine (Cervical, Thoracic, and Lumbar)</li> <li>• Computed Tomography (CT), Upper Extremity</li> <li>• Computed Tomography Angiography (CTA), Abdomen Pelvis</li> <li>• Computed Tomography Angiography (CTA), Lower Extremity</li> <li>• Computed Tomography Angiography (CTA), Neck</li> <li>• Computed Tomography Angiography (CTA), Chest</li> <li>• Computed Tomography Angiography (CTA), Head</li> <li>• Computed Tomography Angiography (CTA), Upper Extremity</li> <li>• Magnetic Resonance (MR) Elastography</li> <li>• Magnetic Resonance (MR) Spectroscopy</li> <li>• Magnetic Resonance Angiography (MRA), Abdomen Pelvis</li> <li>• Magnetic Resonance Angiography (MRA), Lower Extremity</li> <li>• Magnetic Resonance Angiography (MRA), Neck</li> <li>• Magnetic Resonance Angiography (MRA), Spinal Canal</li> <li>• Magnetic Resonance Angiography (MRA), Upper Extremity</li> <li>• Magnetic Resonance Angiography (MRA), Chest</li> <li>• Magnetic Resonance Angiography (MRA), Head</li> <li>• Magnetic Resonance Imaging (MRI), Abdomen and Magnetic Resonance Cholangiopancreatography (MRCP)</li> <li>• Magnetic Resonance Imaging (MRI), Bone Marrow</li> <li>• Magnetic Resonance Imaging (MRI), Chest</li> <li>• Magnetic Resonance Imaging (MRI), Pelvis</li> <li>• Magnetic Resonance Imaging (MRI), Temporomandibular Joint (TMJ)</li> <li>• Magnetic Resonance Imaging (MRI), Upper Extremity</li> <li>• Magnetic Resonance Imaging (MRI), Brain</li> <li>• Magnetic Resonance Imaging (MRI), Brain Functional</li> <li>• Magnetic Resonance Imaging (MRI), Lower Extremity</li> <li>• Magnetic Resonance Imaging (MRI), Neck_Orbit_Face</li> <li>• Magnetic Resonance Imaging (MRI), Spine</li> <li>• Positron Emission Tomography (PET), Brain</li> <li>• Positron Emission Tomography (PET), PET_Computed Tomography (CT)</li> <li>• Ankle Arthrodesis</li> <li>• Kyphoplasty and Vertebroplasty</li> <li>• Pediatric Vertebral Body Tethering (VBT) and Vertical Expandable Prosthetic Titanium Rib (VEPTR)</li> <li>• Catheter-Based Angiogram, Lower Extremity Arteries</li> <li>• Transcatheter Aortic Valve Replacement/Implantation (TAVR_TAVI)</li> <li>• Hip Arthroscopy</li> <li>• Knee Arthroscopy</li> </ul>

HealthPartners Coverage Policies	Comments / Changes
REVISED Cohere Health Medicare Advantage policies	<p>Effective 1/1/2026, Cohere Health’s coverage criteria policies applicable to Medicare Advantage plans, will be revised. Please refer to the below posted policies online under HealthPartners, Upcoming Policy Changes at <a href="#">HealthPartners: Cohere Medicare Advantage &amp; Commercial/Medicaid Policies – Payer Information (zendesk.com)</a> to review the policy changes.</p> <ul style="list-style-type: none"> <li>• Knee Arthroscopy</li> <li>• Hip Arthroscopy</li> <li>• Computed Tomography Angiography (CTA), Chest</li> <li>• Computed Tomography Angiography (CTA), Head</li> <li>• Computed Tomography Angiography (CTA), Lower Extremity</li> <li>• Computed Tomography Angiography (CTA), Neck</li> <li>• Computed Tomography Angiography (CTA), Upper Extremity</li> </ul>

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

### MEDICAL POLICY FEEDBACK

HealthPartners is looking for provider feedback regarding the policies listed below. The policies can be found at [healthpartners.com/public/coverage-criteria/](https://healthpartners.com/public/coverage-criteria/):

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Ambulance and medical transportation</li> <li>• Artificial intervertebral disc replacement</li> <li>• Breast surgery</li> <li>• Dental services – medically necessary outpatient</li> <li>• Dental services – orthodontics</li> <li>• Eye surgery – refractive</li> <li>• General approach to laboratory testing</li> <li>• Oncology testing: hereditary cancer</li> <li>• Oncology testing: solid tumors molecular diagnostics</li> <li>• Prosthesis – lower limb</li> <li>• Prosthesis – upper limb</li> <li>• Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, back and sacroiliac joint pain</li> <li>• Reproductive testing: fertility</li> <li>• Reproductive testing: prenatal diagnosis</li> </ul> | <ul style="list-style-type: none"> <li>• Reproductive testing: prenatal screening</li> <li>• Sacroiliac joint pain treatment procedures</li> <li>• Scar revision/keloids</li> <li>• Specialty testing: cardiovascular</li> <li>• Specialty testing: dermatology</li> <li>• Specialty testing: endocrinology</li> <li>• Specialty testing: identity and forensics</li> <li>• Specialty testing: multisystem genetic conditions</li> <li>• Specialty testing: nephrology</li> <li>• Specialty testing: nutrition and metabolism</li> <li>• Specialty testing: ophthalmology</li> <li>• Specialty testing: orthopedics</li> <li>• Specialty testing: otolaryngology</li> <li>• Specialty testing: respiratory</li> <li>• Specialty testing: transplant</li> <li>• Spinal decompression surgeries</li> </ul> |
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Please contact us at [medicalcoveragepolicydepartment@healthpartners.com](mailto:medicalcoveragepolicydepartment@healthpartners.com) if you have any comments or suggestions.

To submit feedback related to third-party clinical criteria including InterQual or MCG Guidelines currently utilized by HealthPartners, send an email to [medicalcoveragepolicydepartment@healthpartners.com](mailto:medicalcoveragepolicydepartment@healthpartners.com).

# Drug Formulary updates

## COMMERCIAL DRUG FORMULARY

Updates include:

- Humira and Hadlima are being removed from the formulary. Adalimumab-aaty, adalimumab-fkjp, and adalimumab-adaz (10mg only) are being added as replacements. Prior Authorization approvals will be entered for the preferred biosimilars that will mirror current authorizations. Members will receive a letter with this authorization explaining the change.
- Lantus is being removed from the formulary, replaced with a lower-cost biosimilar, insulin-yfgn. New prescriptions should not be needed for this interchangeable biosimilar.
- OxyContin is being removed from the formulary, replaced with Xtampza. Members starting therapy will be asked to use Xtampza rather than OxyContin.
- Medications used for the treatment of multiple sclerosis will have a prior authorization added. This prior authorization will only apply to members starting therapy.

Please see the formulary for details, at [healthpartners.com/formulary](https://healthpartners.com/formulary). Updates will be posted by 1/1/2026.

## SPECIALTY PHARMACY NETWORK UPDATES

- CVS Caremark will be our preferred specialty provider for pulmonary arterial hypertension (PAH) medications, effective January 1, 2026. Members will receive a letter about this change.

## MEDICARE

Updates are available in our on-line drug formulary. Updates include:

- Humira is being removed from the formulary and being replaced with biosimilar Simlandi (adalimumab-ryvk). The biosimilar Hadlima (adalimumab-bwwd) remains on formulary.

# Pharmacy Medical Policy updates

## COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Amvuttra	Updating PA, due to an expanded indication.
Biologics for allergy and pulmonology	Updating PA, adding rituximab as a first-line option for eosinophilic granulomatosis with polyangiitis (EGPA), and updating the PA for Nucala due to a new indication.
Blood factor products	Adding Alhemo, Hympavzi, and Qfitlia to this policy. Updating the PA for blood factors and Hemlibra.
Buprenorphine injectable	Removing PA for Sublocade and Brixadi.
Canakinumab (Ilaris)	Updating PA, adding step through preferred products.

Coverage Policies	Comments / Changes
Complement inhibitors	Updating PA, preferring Vyvgart, Vyvgart Hytrulo, and Rystiggo for myasthenia gravis for adults, and preferring Imaavy for those 12-17 years of age.
Gene Therapy for DEB	Adding PA for prademagene (Zevaskyn), a new FDA approval.
GnRH agonists for pubertal suppression	Adding Lutrate Depot to this policy.
HAE Drug Therapy	Adding Andembry, a new FDA approval, to this policy.
Long Acting Injectables for HIV Prevention	Removing PA for lenacapavir (Yeztugo) and cabotegravir (Apretude).
Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	Adding PA
Medical Injectable Site of Care (MISOC) program	These medications are being added to this policy: <ul style="list-style-type: none"> <li>• Avastin and biosimilars</li> <li>• Cosibelimab (Unloxcyt)</li> <li>• Lanreotide (Somatuline Depot)</li> <li>• Nipocalimab-aahu (Imaavy)</li> <li>• Octreotide (Sandostatin LAR Depot)</li> <li>• Rituximab and biosimilars, Rituxan Hycela</li> </ul>
Mosunetuzumab-axgb (Lunsumio)	Adding PA
Neonatal Fc receptor antagonists	Adding Imaavy, a new FDA approval, to this policy.
Oncology – long-acting G-CSF	Adding efbemalenograstim alfa (Ryzneuta), a new FDA approval, to this policy.
Oncology drug coverage	Prior authorization is required for oncology drugs listed on this policy. Drugs recently added to this policy: <ul style="list-style-type: none"> <li>• Telisotuzumab (Emrelis)</li> </ul> Additional criteria may apply – see the coverage policy for more information.
PD1 and PDL1 policy	Adding cosibelimab (Unloxcyt), a new FDA approval, to this policy.
Satralizumab-mwge (Enspryng) and inebilizumab-cdon (Uplizna)	Updating PA due to a new indication.
Teclistamab-cqyv (Tecvayli)	Adding PA.
Travoprost intracameral implant (iDose TR)	Adding PA.

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.

[healthpartners.com/public/coverage-criteria](https://healthpartners.com/public/coverage-criteria).

## SELF-ADMINISTERED DRUGS (SAD) UPDATES

This policy identifies self-administered drugs that are only available for coverage under a member's pharmacy benefit, subject to the member's coverage document. The following additions are effective January 1, 2026.

Generic Name	Brand Name
tocilizumab	ACTEMRA SQ
vanzacaftor/ tezacaftor/deutivacaftor	ALYFTREK
rilonacept	ARCALYST
amikacin	ARIKAYCE
tocilizumab-anoh	AVTOZMA SQ
belimumab	BENLYSTA SQ
bimekizumab-bkzx	BIMZELX
teriparatide	BONSITY
cetrorelix acetate	CETROTIDE SQ
emtricitabine-tenofovir alafenamide	DESCOVY
lebrikizumab-lbkz	EBGLYSS
satralizumab-mwge	ENSPRYNG SQ
etanercept-ykro	ETICOVO
benralizumab	FASENRA SQ
setmelanotide	IMCIVREE
ustekinumab-srlf	IMULDOSA SQ
methotrexate	JYLAMVO
nemolizumab-ilto	NEMLUVIO
chorionic gonadotropin	NOVAREL SQ
mepolizumab	NUCALA SQ
ensifentrine	OHTUVAYRE
miglustat	OPFOLDA
choriogonadotropin alpha	OVIDREL SQ
pegvaliase	PALFORZIA
pegvaliase	PALYNZIQ SQ

Generic Name	Brand Name
chorionic gonadotropin	PREGNYL SQ
ustekinumab-aekn	SELARSDI SQ
ustekinumab-hmny	STARJEMZA SQ
ustekinumab-stba	STEQEYMA SQ
elexacaftor/tezacaftor/ivacaftor	TRIKAFTA
emtricitabine-tenofovir disoproxil fumarate	TRUVADA
tocilizumab-aazg	TYENNE SQ
eplontersen	WAINUA
sotatercept	WINREVAIR
omalizumab	XOLAIR SQ
ustekinumab-kfce	YESINTEK SQ
palopegteriparatide	YORVIPATH
zilucoplan	ZILBRYSQ

#### MINNESOTA HEALTHCARE PROGRAMS (MHCP)

Updates are similar to Commercial plans. These policy updates apply only to State Programs, and do not apply to members with Commercial or Part D plans. Updates include:

Coverage Policies	Comments / Changes
Anifrolumab (Saphnelo®) and belimumab (Benlysta®)	Retiring MHCP policy and adding to commercial with step through Benlysta for coverage of Saphnelo.
Biologics for allergy and pulmonology	Retiring MHCP policy and adding to commercial with step through preferred first line and second line products.
Biologics for chronic inflammatory diseases	Retiring MHCP policy and adding to commercial with step through preferred first line and second line products.
Biologics requiring IV induction dosing	Retiring MHCP policy and adding to commercial with step through preferred first line and second line products.
Canakinumab (Ilaris®)	Retiring MHCP policy and adding to commercial with step through preferred first line and second line products.
Ocular anti-VEGF medications	Retiring MHCP policy and adding to commercial with step through ocular Avastin.

These policy updates apply only to State Programs, and do not apply to members with Commercial or Part D plans.

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).

## Government Programs

### HealthPartners Minnesota Senior Health Options (MSHO) 2026 Cost Sharing and Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance.

#### COST SHARING

As a reminder, MSHO members don't pay a monthly premium, have no deductibles, and pay \$0 for covered services when they go to an in-network provider. Depending on a member's LIS (low-income subsidy) level, some HealthPartners MSHO members may have a copay for Part D-covered prescription drugs.

#### SUPPLEMENTAL BENEFITS

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 2026 are as follows:

#### CARE & SUPPORT

- A GrandPad tablet that features built-in cellular connectivity, a simplified interface for seniors, and 24/7 technical and customer support for members with certain conditions\* **NEW for 2026**
- Home-Based Palliative Care **NEW for 2026**
- Free RideCare transportation to/from SilverSneakers® health club, health education classes, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Unlimited visits to Virtuwell®, a 24/7 online medical clinic
- A life-like support pet (cat, dog or bird) for companionship to reduce anxiety and loneliness\*

#### DENTAL & VISION

- Crowns coverage
- Coatings on eyeglasses
- Progressive lenses for eyeglasses

## HEALTHY LIVING

- Fruits and Veggies Rx – \$50 monthly voucher-based food benefit allowance to be used toward the purchase of fresh fruits and vegetables from participating grocery stores\* **NEW for 2026**
- Over-the-Counter (OTC) Allowance (\$75 quarterly benefit) to purchase OTC non-prescription medications and health-related items
- SilverSneakers® fitness program
- Healthy aging and cooking classes
- Pocket hearing amplifier

## MEMBERS WITH A DEMENTIA DIAGNOSIS, SUCH AS ALZHEIMER’S OR OTHER COGNITIVE IMPAIRMENT

- Caregiver support including coaching and counseling through family caregiver services, short-term respite care, psychotherapy, and transportation to these services\*

\*Available to members with specific diagnoses who meet eligibility criteria.

## Resources to Support HealthEquity

### Health Equity Resource Library

This Minnesota Department of Health (MDH) webpage holds a collection of resources from local and national organizations that can support your health equity efforts. In addition to providing links, it offers a summary of the resource, guidance on when the resources are appropriate to use and how to make the most of the tools. Visit the Health Equity Resource Library [here](#), and subscribe to get updates when new resources are added.

## VISIT THE MDH YOUTUBE CHANNEL

It can be hard to pull away from work to attend the webinars at the scheduled time, so your Care Coordinators and other staff may be interested in the **MDH YouTube channel** where recorded webinars are available for viewing. Bookmark this site as content is added when it becomes available. There is a specific Health Care Homes section on the **MDH Health Care Homes YouTube channel** with educational resources such as:

### MDH YouTube Channel

- Refugee Health in Minnesota
- Guiding Principles and Innovative Ideas for Engaging Patients and Families
- Adolescent Healthcare Communication Strategies and Resources
- Building Trust in Culturally Diverse Clinic Environments

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).

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**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