Fast Facts

HealthPartners

MARCH 2023

News for Providers from HealthPartners
Provider Relations & Network Management

Administrative

Seeking clinician information

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

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

We are asking clinicians to voluntarily share information with us 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 **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** *(healthpartners.com/healthplanequity)* to the form with your clinicians so they can complete and submit it, and support the work of these organizations in increasing diversity in medical fields and supporting health equity in our communities. Thank you again for your partnership.

INSIDE THIS ISSUE

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**.

No Surprises Act directory verification

In addition to requirements related to billing and reimbursement changes, the No Surprises Act also requires verification of directory information by providers on a quarterly basis. HealthPartners providers are expected to verify:

- Practitioner and location names
- Addresses
- Phone numbers
- Office hours
- Provider website URLs, if available
- Accepting new patients

There are several avenues for providers to verify this information through our secure Provider Data Profiles application on **healthpartners.com/provider** or through submission of provider rosters for medical groups with more than five locations and more than 30 practitioners. Work is underway to connect with providers missing verification to ensure members have the most up-to-date information for informed provider decisions. We look forward to working with you to make sure your data is correct.

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*** *(pathway: Provider Portal/Credentialing and Enrollment)*.

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

SUBMIT CREDENTIALING APPLICATIONS VIA THE 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.

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

ApplySmart (aka CredentialSmart) is still our preferred method for health plan application submission and is *required* for Minnesota 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). Visit **Credentialing application status** *(healthpartners.com)*.

SIGNATURES ON CREDENTIALING APPLICATIONS

Important reminder: Credentialing applications must be signed by the practitioner. Applications that are digitally or electronically signed (e.g., via ApplySmart) must be digitally/electronically signed by the practitioner as well, and cannot be signed by anyone else (even with permission from the practitioner).

If you have questions, please contact Marilee Forsberg at **marilee.j.forsberg@healthpartners.com**.

Refund requests for overpaid claims

CLARIFICATION REGARDING REFUND RECOVERY PROCESS

When HealthPartners identifies an overpayment on a claim, we first attempt to recoup the overpayment through the claims adjudication system. If unsuccessful, we will send a Refund Request letter to notify the provider of the overpayment. Providers are expected to respond and/or return the overpayment to HealthPartners within 30 days of the initial Refund Request letter. If no response and/or a refund has not been received, a second Refund Request letter will be generated to the provider.

Effective December 1, 2022, if no response and/or refund has been received after 30 days from the second Refund Request letter, HealthPartners may recoup the overpayment internally, which may result in a negative Accounts Payable (AP) vendor bank balance. When a provider's HealthPartners AP vendor bank is negative, no additional payment or provider remittance will be generated until the overpayment has been resolved.

If you have any questions, please contact the Claims Customer Service team.

Contacts

GOVERNMENT PROGRAMS (Medicare and Medicaid)	**(952) 883-7699** or toll-free at **(888) 663-6464** Monday through Friday from 8:00 AM to 5:00 PM
COMMERCIAL	**(952) 967-6633** or toll-free at **(866) 429-1474** Monday through Friday from 8:00 AM to 5:00 PM
DENTAL	**(651) 265-1000** or toll-free at **(800) 642-1323** Monday through Friday from 7:00 AM to 5:00 PM

Practitioner Cultural Responsiveness Survey

WE WOULD LOVE TO HEAR FROM YOU!

In April 2023, you will receive a survey from HealthPartners regarding cultural responsiveness. Patients may experience different barriers to care, so taking the survey helps us understand how you support patients with different cultural backgrounds.

You can also tell us what resources would be most helpful for providing culturally informed care and addressing barriers to health equity among patients.

Please watch for this survey in April.

Hip and knee joint replacement surgery policy change

EFFECTIVE 1/1/2023

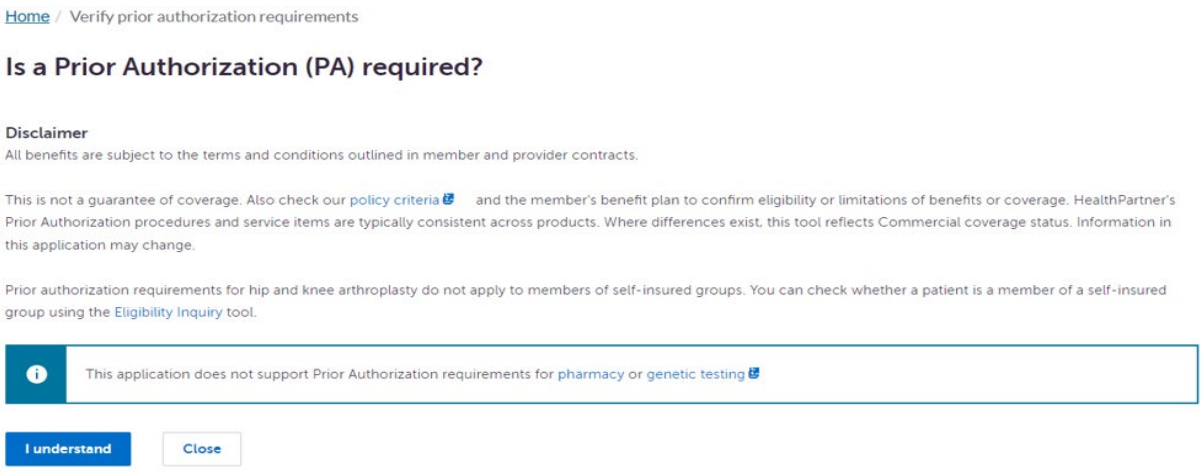
HealthPartners now requires provider authorization for hip and knee joint replacement and revision. This policy is applicable to all members who have HealthPartners fully insured coverage, including fully insured commercial, Minnesota Health Care Programs (Medicaid) and Medicare Advantage. Prior authorization requirements for hip and knee arthroplasty do not apply to self-insured members.

IMPORTANT INFORMATION

- **Prior auth links:** **Prior Authorization Form – Knee** **Prior Authorization Form - Hip**
- Prior authorizations can be submitted online by logging into your HealthPartners Provider Portal account and creating a new **prior auth request**.
- Go to **Hip/knee joint replacement policy** for coverage criteria on hip and knee replacement and revisions.
- You can check which procedure codes require prior authorization at **healthpartners.com/verifyparequirements** or visit **healthpartners.com/provider-public/**, then click on *Verify PA requirements* in the **Shortcuts** box on the left-hand side of this landing page. This application can be used to determine if any procedure codes require prior authorization, not just hip and knee replacement and revision codes.

FREQUENTLY ASKED QUESTIONS

1. **How are surgeries scheduled prior to announcement of this policy handled?** All hip and knee replacement and revisions surgeries for fully insured members require prior authorization effective 1/1/2023, even if the surgery was scheduled before this policy was announced. Prior authorizations for these procedures should still be submitted.
2. **Does the surgical practice or hospital submit the prior authorization form?** The surgical practice should submit the prior authorization form. The surgical practice has the clinical information necessary to complete the form.
3. **Are all fully insured members included?** Yes, commercial fully insured members from plans issued in MN, ND, SD, IA and WI are included. Government-sponsored plans are also included.
4. **What happens if I submit a prior authorization form for a self-insured member?** You will receive a response from HealthPartners indicating this member does not require a prior authorization for this service.
5. **Why is HealthPartners choosing to prior authorize these procedures?** Hip and knee replacements and revisions are expensive procedures, costing in excess of $23,000, and we need to verify that members meet surgical criteria prior to incurring an expense of this magnitude.



Medical Policy updates – 03/01/2023

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** *(path: Provider/Coverage Criteria).* Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Vertebral augmentation (percutaneous vertebroplasty and kyphoplasty)	• New policy effective 5/1/2023. ○ Prior authorization is required for percutaneous vertebroplasty and kyphoplasty. • Prior authorization is also required for these services for members on Medicare plans beginning 5/1/23. This coverage policy will apply when a local coverage determination does not exist. • Prior authorization requirements do not apply to members of self-insured groups. • The topic of sacroplasty will now be addressed on this policy instead of the investigational spine procedures policy. Sacroplasty continues to be considered investigational.

Varicose vein procedures	• Effective 3/1/2023 policy has been revised as follows.
	  ○ Policy title is varicose vein procedures of the lower extremities.
	  ○ A list of applicable diagnosis codes to which this policy pertains has been added.
	  ○ Cyanoacrylate embolization via the VenaSeal closure system is eligible for coverage when medical criteria outlined in the policy are met.
	• Clarified that sclerotherapy, including but not limited to, use of polidocanol endovenous microfoam 1% (e.g., Varithena) is not indicated a sole treatment of the great or small saphenous vein. Other covered indications are outlined in the policy criteria.

Transplants	• Effective immediately, penile transplants are considered investigational/experimental and therefore not covered.
Spinal cord stimulation	• Effective immediately, the criterion for replacement of a spinal cord stimulator has been updated to require the following supporting documentation: ○ A copy of the expired warranty and the date the malfunctioning IPG was implanted must be submitted by requesting provider.

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

Pharmacy Medical Policy updates

COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Botulinum toxins	Added daxibotulinumtoxina-lanm (Daxxify). This is considered a cosmetic medication, therefore noted as not covered in the policy.
Blood factor products for hemophilia and other clotting disorders	Added fibrinogen (Fibryga).
Etranacogene (Hemgenix)	New medical policy.
Fecal microbiota (Rebyota)	New medical policy.
Fluocinolone acetonide implants	Adding Iluvian to this policy.
Ocrelizumab (Ocrevus)	Ocrevus will now be available as a first-line treatment option.
Olipudase (Xenpozyme)	New medical policy.
Oncology – long-acting G-CSF policy	Adding new drug pegfilgrastim (Stimufend) as a non-preferred agent. Udenyca and Neulasta are preferred.
Oncology drug coverage	Prior authorization is required for oncology drugs listed on this policy. Drugs recently added to this policy: • Mirvetuximab (Elahere) • Mosunetuzumab (Lunsumio) Additional criteria may apply – see the coverage policy for more information.

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)*

For additional information, please contact **healthpartnersclinicalpharmacy@healthpartners.com.**

Government Programs

Childhood Blood Lead Screening Guidelines for Minnesota

REVISED 2022

The MDH Lead Poisoning Prevention Program is pleased to announce that the 2022 Revision of the Childhood Blood Lead Screening Guidelines for Minnesota is published to our website. The **Childhood Blood Lead Screening Guidelines for Minnesota** were officially released in March 2000. The 2022 revision was updated based on research and feedback from a multidisciplinary workgroup consisting of health care and public health professionals, professional healthcare associations and other relevant partners. These screening guidelines now recommend universal blood lead testing of all children in Minnesota at 12 AND 24 months of age, and targeted blood lead testing for children ages 25 months through seventeen years. These screening guidelines include both a three-page summary and a longer reference manual.

We invite you to take a look at the guidelines on the MDH website and to share these new guidelines widely with your organizations, networks and partners. The **screening guidelines**, along with our other guidelines, are always available at our **Blood Lead Level Guidelines** webpage. The guidelines are endorsed by the Minnesota Medical Association (MMA), Minnesota Nurse Practitioners (MNNP), Minnesota Chapter of National Association of Pediatric Nurse Practitioners (MN NAPNAP), Minnesota Poison Control System, Region 5 Pediatric Environmental Health Specialty Unit (PEHSU), HealthPartners, UCare, Local Public Health Association of Minnesota (LPHA), Minnesota Environmental Health Association (MEHA), Sustainable Resources Center, Inc. (SRC) and East Side Neighborhood Development Company (ESNDC).

New!

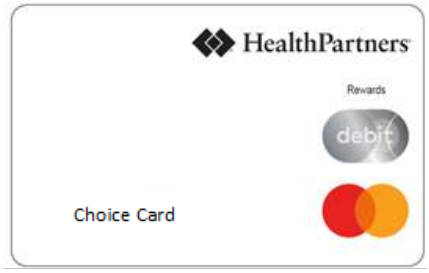
Prepaid Choice card

JOURNEY PACE AND DASH METRO|CENTRAL MEDICARE ADVANTAGE MEMBERS

We are excited to share that new for 2023, Journey Pace and Dash Metro|Central Medicare Advantage members will receive a prepaid Choice card which can be used to pay for select non-covered Medicare services when their coverage begins.

Services payable with the card include:

- **Chiropractic** routine care *not* covered by Medicare for the relief of pain and neuromusculoskeletal disorders.
- **Prescription Eyewear** *not* covered by Medicare including contact lenses, eyeglasses (lenses and frames), eyeglass lenses, eyeglass frames and upgrades for covered eyewear received after cataract surgery.
- **Hearing aids** from TruHearing.



If members have questions regarding the card, services covered by the card or if the card is declined, please direct them to contact HealthPartners Member Services for assistance.

IMPORTANT

- Providers should continue to follow Medicare billing practices for Medicare-covered services.
- For services beyond Medicare as described above, please be aware that members may use the Choice card as their method of payment. Providers should follow HPI administrative policies for billing non-covered services.

Resources on HealthPartners policy for billing non-covered services are available via **healthpartners.com/provider-public/administrative-policies/**

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) to be eligible for reimbursement for services provided to Families and Children, Minnesota Senior Health Plus (MSC+), Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) members. This enrollment requirement is part of the 21st Century Cures Act.

Currently, providers (or their delegate) contracted with DHS for fee-for-service (FFS) should register on the Minnesota Provider Screening and Enrollment (MPSE) portal to enroll online. The portal also allows providers to manage enrollment records and submit enrollment-related information. The MPSE portal page can be found at **MPSE Portal**.

To prevent delays in enrollment, facilities and practitioners should review their NPPES records for accuracy. If you are enrolled with Medicare, make sure your record has the correct legal name, your practice location(s) are up to date, and your date of birth and social security number or Federal tax ID number matches the information you have supplied to HealthPartners.

For providers who are not yet enrolled with DHS, visit the DHS website to learn more about enrollment at **MHCP Enrollment**.

HealthPartners MSHO Model of Care 2023

REMINDER – TRAINING REQUIREMENT FOR PROVIDERS

The Minnesota Senior Health Options (MSHO) Model of Care provides a description of the management, procedures and operational systems that HealthPartners has in place to provide the access to services, coordination of care and structure needed to best provide services and care to our MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Annual training on the Model of Care is a Centers for Medicare and Medicaid Services (CMS) requirement for Special Needs plans. The Model of Care contains the following components:

1. Description of the MSHO population
2. Care coordination
3. MSHO provider network
4. MSHO Quality Measurement & Performance Improvement

The HealthPartners 2023 MSHO Model of Care Training can be accessed on the Provider Portal at **2023 MSHO Model of Care**.

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

HealthPartners

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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