

Fast Facts

JANUARY 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 here: healthpartners.com/provider

You can also request a roster of your provider information by emailing providercompliance@healthpartners.com. You can 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.

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Provider Directory Cultural Competency and ADA Accessibility Questionnaire	
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Cultural competency training and office accessibility

HealthPartners and all health plans are required to maintain accurate information in our provider directories including information regarding Cultural Competency Training for providers and whether provider locations are accessible for members with disabilities. Please take a moment to complete the [Questionnaire](#) included as part of this edition of Fast Facts. Instructions are on the form for returning the information to HealthPartners or send to providercompliance@healthpartners.com.

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.

Administrative policy updates

Please read this list of new or revised [HealthPartners administrative policies](#). HealthPartners administrative policies are available online at healthpartners.com.

Please see the newly updated Access to Care and Services policy.

Minnesota Rare Disease Mandate

The Minnesota Rare Disease Mandate is a set of laws and regulations that aim to improve care for the rare disease community in Minnesota. As defined, a rare disease or condition is any disease or condition that affects fewer than 200,000 persons in the United States and is chronic, serious, life altering or life threatening.

Effective January 1, 2024, HealthPartners will be complying with the Minnesota state mandate that no health plan company may restrict the choice of an enrollee as to where the enrollee receives services from a licensed health care provider related to the diagnosis, monitoring and treatment of a rare disease or condition, including but not limited to additional restrictions through any prior authorization, preauthorization, prior approval, precertification process, increased fees or other methods.

For more information, please review our Rare Disease and Condition policy on the Provider Portal or review MN Statute § 62Q.451.

Medical Policy updates – 01/01/2024

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](https://www.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. • Under Epidermolysis Bullosa Multigene Panels: <ul style="list-style-type: none"> ○ Addition of one new indication: The member has natal teeth. ○ A member no longer needs to meet all indications under the criteria set. Rather, one indication needs to be met along with the requested gene panel having, at a minimum, the following genes: <i>EXPH5</i>, <i>KRT5</i>, <i>KRT14</i>, and <i>PLEC</i>.
Genetic testing: prenatal diagnosis (via amniocentesis, CVS or PUBS) and pregnancy loss	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Recurrent pregnancy loss is defined as having two or more failed clinical pregnancies, including a current loss if applicable. ○ For the following tests, criteria requiring that tests be ordered by, and that member receive genetic counseling from, specific types of providers have been removed: <ul style="list-style-type: none"> ▪ Prenatal Diagnosis for Single Gene Disorders ▪ Prenatal Diagnosis for Noonan Spectrum Disorders/RASopathies ▪ Prenatal Diagnosis for Skeletal Dysplasias ▪ Prenatal Diagnosis via Exome Sequencing ○ For Prenatal Diagnosis for Noonan Spectrum Disorders/RASopathies, alternative etiologies no longer need to be ruled out when possible. ○ For Prenatal Diagnosis for Skeletal Dysplasias, it is no longer required that the member's current pregnancy has a normal karyotype and/or microarray. ○ For Prenatal Diagnosis via Exome Sequencing, criteria requiring that postnatal testing may not be feasible have been removed. • See posted policy online.
Genetic testing: kidney disorders	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ A new set of coverage criteria has been added, allowing for coverage of genetic testing for APOL1-Mediated Kidney Disease when criteria are met. Prior authorization is required. • See posted policy online.
Site of service – attended polysomnography for evaluation of obstructive sleep apnea (OSA)	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Removed criteria of an elevated serum bicarbonate level >27 mEq to confirm obesity hypoventilation syndrome due to severe obesity. ○ Addition of one new indication: complex sleep apnea syndrome.

Coverage Policies	Comments / Changes
Genetic testing: cardiac disorders	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Comprehensive Arrhythmia and Cardiomyopathy (Sudden Cardiac or Unexplained Death) Panels will be considered medically necessary when the member meets criteria for both Comprehensive arrhythmia panels and Comprehensive cardiomyopathy panels. ○ Comprehensive Arrhythmia panels now allow for coverage when member has relative with Sudden Unexplained Death (SUD) before age 50 or older. Additionally, covered indications have been expanded. ○ Long QT syndrome testing for asymptomatic members is expanded to include a confirmed QTc (greater than 460ms prepuberty, greater than 480ms for adults) on resting ECG and/or provocative stress testing with exercise or during intravenous pharmacologic provocation testing (e.g., with epinephrine). ○ Genetic testing for short QT syndrome via multigene panel is no longer considered experimental/investigational. Testing is considered medically necessary when criteria are met. ○ Post Heart Transplant Gene Expression panels for Rejection risk via peripheral blood are revised to require that the member be at low risk for organ rejection and that the heart transplant was performed at least 2 months ago and less than 5 years ago. ○ Post Heart Transplant Gene Expression Panels for Rejection Risk via Tissue are considered experimental/investigational. ○ Donor derived cell-free DNA testing for the management of heart transplant is no longer considered experimental/investigational. Testing is considered medically necessary when criteria are met. • See posted policy online for details.
Weight loss surgery	<ul style="list-style-type: none"> • Effective immediately, policy revised. <ul style="list-style-type: none"> ○ Addition of a new criteria section applicable to a member subset with documented BMI equal to or greater than 30, but less than 35 (at initial presentation) and with type 2 diabetes mellitus. Weight loss surgery could be medically necessary in this subset population when the following criteria are met: <ul style="list-style-type: none"> ▪ Glucose-lowering drug management (e.g., oral and/or injectable medications) is required for the member; and ▪ Documentation of a glycosylated hemoglobin (HgbA1c) level at or above 8% is submitted.
Spine surgical practice – low back pain office visits	<ul style="list-style-type: none"> • Effective immediately, policy retired.
Home hospice services; Home hospice services – Iowa; Home hospice services – Minnesota Health Care Programs	<ul style="list-style-type: none"> • Effective immediately, policies retired. Prior authorization is no longer required. • The Hospice Communication Form still needs to be submitted to HealthPartners when a member elects or revokes hospice. The form has been moved to the provider portal, under “Forms for providers” – “Medical.” Access the form here.

Coverage Policies	Comments / Changes
Prior authorization – Medicare	<ul style="list-style-type: none"> • Effective immediately, we have made changes to the Medical and Durable Medical Equipment (DME) services that require Prior Authorization for Medicare. The Medicare PA list may also be found on the Provider Portal, Medicare Policies page. The following is the current list of services which require PA: <ul style="list-style-type: none"> ○ Air ambulance-fixed wing transportation ○ Automatic external defibrillator (non-wearable) ○ Bone growth stimulators, electrical and ultrasonic ○ Cosmetic surgery/treatments ○ Eye surgery – refractive (keratoplasty, radial keratotomy, phototherapeutic keratectomy) ○ In-network benefit requests ○ Lift chair mechanism ○ Nutritional support ○ Pneumatic compression devices and heat/cold therapy units ○ Transcranial magnetic stimulation ○ Transplants ○ Upper airway/hypoglossal nerve stimulation therapy for obstructive sleep apnea ○ Varicose vein procedures of the lower extremities ○ Ventricular assist devices (VADs) ○ Vertebral augmentation (percutaneous vertebroplasty and kyphoplasty) – excludes sacroplasty ○ Weight loss surgery

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

Drug Formulary updates

COMMERCIAL DRUG FORMULARY

Paxlovid is updating from a government-funded supply to commercial insurance. The cost is \$1,300 for a 5-day course. Providers are asked to be aware of cost, and reserve Paxlovid for higher-risk patients. Providers should consider the patient’s age, underlying medical conditions and vaccination status in determining the risk of severe outcomes.

MINNESOTA HEALTHCARE PROGRAMS DRUG FORMULARY

Vaccine Administration for Children

Effective 1/1/2024, most vaccines for children ages 0-18 years who participate in the HealthPartners Minnesota Health Care Programs (MHCP) will be covered under the member’s medical coverage. These vaccines will not be covered under the pharmacy benefit. Visit healthpartners.com/hp/pharmacy/druglist/index.html to get the most current information regarding coverage.

Children ages 0-18 years who participate in the MHCP are eligible to receive their vaccines through the MnVFC program.

Minnesota Vaccines for Children (MnVFC)

The MnVFC program provides free or low-cost vaccines for children ages 0-18 years at no cost. These vaccines meet the recommendations of the Advisory Committee on Immunization Practices (ACIP) and are approved by the Centers for Disease Control and Prevention (CDC). The MnVFC program caps the administration fee you may charge per dose (not per vaccine antigen). For more information about MnVFC, please visit the [MnVFC program website](#).

Clinics participate in the program and offer vaccines for little or no cost to children who qualify. Most clinics that provide medical services to children in Minnesota participate in the MnVFC program.

MEDICARE DRUG FORMULARY

HealthPartners is adding a prior authorization requirement to all formulary GLP-1 products (Ozempic, Rybelsus, Trulicity and Mounjaro). The prior authorization will require FDA labeled usage for each agent. Additionally, Mounjaro will be moving from non-formulary to formulary, while Victoza will be moving to non-formulary.

Pharmacy Medical Policy updates

COMMERCIAL UPDATES

Coverage Policy	Comments / Changes
Beremagene (Vyjuvek)	A new medical policy has been added.
Delandistrogene (Elevidys)	A new medical policy has been added.
Donislecel (Lantidra)	A new medical policy has been added.
Hematopoietic stem cell mobilizers	Motixafortide (Aphexda), a new FDA approval, has been added to this policy.
Nadofaragene (Adstiladrin)	A new medical policy has been added.
Neonatal Fc Receptor Antagonists	Rozanolixizumab (Rystiggo), a new FDA approval, has been added to this policy. This policy has been renamed from Efgartigimod alfa-fcab (Vyvgart).
Ocular complement inhibitors	Avacincaptad (Izervay), a new FDA approval, has been added to this policy.
Omidubicel (Omisirge)	A new medical policy has been added.
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">• Elranatamab (Elrexio)• Talquetamab (Talvey) Additional criteria may apply – see the coverage policy for more information.
Valoctocogene (Roctavian)	A new medical policy has been added.

Pharmacy medical policies are available at: healthpartners.com/public/coverage-criteria/. Updates will be posted by January 1, 2024.

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, 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.

Pharmacy prior authorization requests

INCLUDES MEDICAL INJECTABLES

In the first quarter of 2024 prior authorization requests for non-oncology drugs, including medical injectables, will be routed to a new digital platform hosted by MHK for data entry and submission. Just log into your Provider portal account as always to start your authorization request, and you will be automatically routed to access MHK's prior authorization application. If you do not have a HealthPartners Provider Portal account, please register by visiting healthpartners.com/provider and clicking on "Register Here." Training materials on how to use MHK's platform will also be available on HealthPartners' Provider Portal.

HealthPartners Payer ID 94267

When submitting claims, remittance advices and eligibility data electronically, the most important piece of information is the payer ID. Utilizing the correct payer ID reduces the likelihood of encountering rejections or denials. HealthPartners, located in Bloomington, Minnesota, has implemented a single payer ID (94267) for all hospital, medical, dental, claim status and eligibility transactions. HealthPartners worked closely with its [Approved Clearinghouses](#) to establish a single payer ID 94267 for our providers. Communication from our clearinghouses to impacted customers began in March 2023 to prepare for this change. You or your vendor should have received this communication and taken appropriate steps to accommodate the new payer ID.

WHAT TO EXPECT

- Payer ID 94267 will display on HealthPartners member ID cards.
- Any claims that are currently submitted electronically will continue to route to HealthPartners and will NOT require re-enrollment.
- Any new enrollments will need to be enrolled with payer ID 94267.

ACTION RECOMMENDED

Please review [HealthPartners Approved Clearinghouses](#) and update your system and procedures to utilize payer ID 94267 for all EDI transactions. You may not see your clearinghouse listed, however your vendor or clearinghouse most likely connects to them without your knowledge. If you do not see HealthPartners payer ID 94267 listed on your payer list, please contact your practice management system vendor or clearinghouse directly to ensure that appropriate steps are taken to avoid disruption and payment delays.

If you have additional questions, please contact provideredisupport@healthpartners.com.

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 – Stratis Health](#).

Government Programs

Provider enrollment requirement for MHCP

All contracted providers participating in HealthPartners Medicaid and MSHO networks must enroll with Minnesota Health Care Programs (MHCP) through the Minnesota Department of Human Services (DHS). This is a requirement of the [21st Century Cares Act](#) which requires states to enroll all Medicaid providers including those contracted with managed care organizations (MCOs).

Enrollment with DHS is in process now and must be completed before July 15, 2024 with the exception of these provider types that have until December 31, 2024 to enroll:

- Community mental health centers
- Rehab agencies
- Day treatment
- Home care nursing organizations
- Medical transportation

All National Provider Identifiers (NPIs) including group, facility and individual NPIs need to be enrolled with DHS. 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](#)

HealthPartners MSHO Model of Care 2024

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 2024 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal at [2024 MSHO Model of Care Training](#).

Eligibility renewals for Medical Assistance and MinnesotaCare

HELPING ENROLLEES NAVIGATE ELIGIBILITY REDETERMINATIONS

The State of Minnesota has implemented many strategies and tactics to help Minnesotans keep their Medical Assistance (MA) and MinnesotaCare health care coverage. One strategy that was implemented was to pause procedural terminations (e.g., not receiving paperwork, not returning paperwork, etc.) and extended coverage beyond the enrollee's original eligibility date. In 2024 many of those extensions expire and enrollees may lose coverage if they don't take action to provide their processing entity with the required information to determine continuous coverage of MA or MinnesotaCare.

Often the first time people learn they have lost their coverage is when checking in for a clinic appointment, seeking urgent or emergent care, or trying to fill a prescription. Providers play an important role in helping enrollees navigate when they have lost their health care coverage, such as:

- Encourage enrollees to submit changes to their contact information to HealthPartners or their county or tribal case worker so they receive important mail about their renewal.
- Posting flyers in open spaces, promoting information on social media, sending electronic messages through secure patient portals, and promoting videos on monitors in open spaces. A host of information is available via the Minnesota Department of Human Services Communications toolkit found [HERE](#).
- Many enrollees may still qualify for MA or MinnesotaCare, or their situation may qualify them for other affordable health care coverage with tax subsidies. Enrollees can be directed to [MNsure.org](#) for both the process to apply or find personal help and language assistance from a Certified MNsure navigator or assister. More information can be found [HERE](#).

HealthPartners understands that keeping health care coverage is vital to ensuring clinicians can continue to provide high quality health care to your patients. We are here to help. If your patient has any questions, please direct them to call the phone number on the back of their HealthPartners ID card or visit healthpartners.com/medicaidrenew.

Medicare and Medicaid QMB program

BILLING MEMBERS ELIGIBLE FOR BOTH PROGRAMS IS PROHIBITED

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance or copayments from HealthPartners members enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual-eligible program that exempts individuals from Medicare cost-sharing liability. These same laws may also apply to other dual-eligible beneficiaries in Medicare Advantage plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing. Low Income Subsidy copayments still apply for Part D benefits.

Providers that are enrolled in Medicare have access to Medicare's HIPAA Eligibility Transaction System (HETS), which will identify QMB status. [Link to the HETS website](#)

Providers are responsible for identifying the QMB status of HealthPartners Medicare members and for following QMB billing requirements. When a claim is processed by HealthPartners for a Medicare member enrolled in the QMB program, the provider remittance advice statement includes remarks alerting the provider of a member's QMB status.

For more information on the QMB program and requirements, visit the [QMB Program](#).

For more information on QMB plans, visit [MedLearn Matters Article re QMB](#).

HealthPartners Minnesota Senior Health Options (MSHO) 2024 Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance. 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 2024 are as follows:

CARE & SUPPORT

- A tablet with education and wellness tools for members with certain conditions*
- Free RideCare transportation to/from SilverSneakers® health club, health and weight management programs, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Independent Living Skills*
- Home-delivered meals after an inpatient hospital stay or surgery
- Unlimited visits to Virtuwel®, a 24/7 online medical clinic
- An animatronic cat, dog or bird for companionship to reduce anxiety and loneliness*

SAFETY & PREVENTION

- Motion sensor night lights (2)
- In-home bathroom safety devices and installation
- Personal Emergency Response System (PERS)
- First aid kit

DENTAL & VISION

- Adult fluoride
- Periodic exams
- Additional coverage for root canals on molars
- Crowns coverage
- An electric toothbrush and three replacement heads
- Coatings on eyeglasses
- Progressive lenses for eyeglasses (NEW for 2024)

HEALTHY LIVING

- Pedaler
- Weight management program
- FarmboxRx fresh produce boxes with nutrition education (delivered up to two times each month)*
- SilverSneakers® fitness program
- Healthy aging and cooking classes
- Wearable activity tracker
- Pocket hearing amplifier

FOR 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.

Medicare enrollment

MARRIAGE AND FAMILY THERAPISTS, MENTAL HEALTH COUNSELORS AND INTENSIVE OUTPATIENT PROGRAMS

The Centers for Medicaid and Medicare (CMS) has finalized a policy to allow Marriage and Family Therapists, Mental Health Counselors (including addiction counselors or alcohol and drug counselors who meet all the requirements to be a Mental Health Counselor), and Intensive Outpatient Programs to enroll as Medicare providers effective January 1, 2024.

For more information regarding the Medicare Enrollment process, please visit the CMS.gov website at [Medicare Enrollment](#).

MSHO 100-day's supply for Part D drugs

Starting 1/1/2024, the maximum day's supply for Part D drugs is being increased from 90 to 100 days for HealthPartners MSHO members. Providers will need to write a new prescription for the 100-day's supply.

Medication adherence in patients has been shown to be greater for 100-day's supply versus 90 days. Best practice is to write new prescriptions for chronic medications for 100-day's supply with 3 refills.

MNCare tax change for 1/1/2024

The MNCare tax is increasing effective January 1, 2024. The new tax rate is 1.8%. The MNCare tax rate was 1.6% in 2023.

HealthPartners will be applying this new 1.8% MNCare Tax amount starting January 1, 2024.

The final 1/1/2024 fee schedules that have been sent did not include MNCare Tax on the rates; a footnote should have called that out. If you would like a market basket or full fee schedule with the 1.8% tax amount, please reach out to your Service Specialist or Contract Manager.

The tax change is due to a review of the balance in Minnesota's Health Care Access Fund and expected revenue from MNCare taxes. If certain conditions are met during the fund's annual review, the tax rate must be reduced the following year. For more information, refer to [Minnesota Statute 295.52, subdivision 8](#).

HealthPartners will be reviewing this on an annual basis as well, and following any other MNCare Tax changes as they are implemented.

If you need additional information, please contact your Service Specialist or Contract Manager.

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