Fast Facts

HealthPartners

MAY 2023

News for Providers from HealthPartners
Provider Relations & Network Management

Administrative

Provider directory verification

The No Surprises Act requires providers and health plans to verify directory information on a quarterly basis.

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

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

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

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

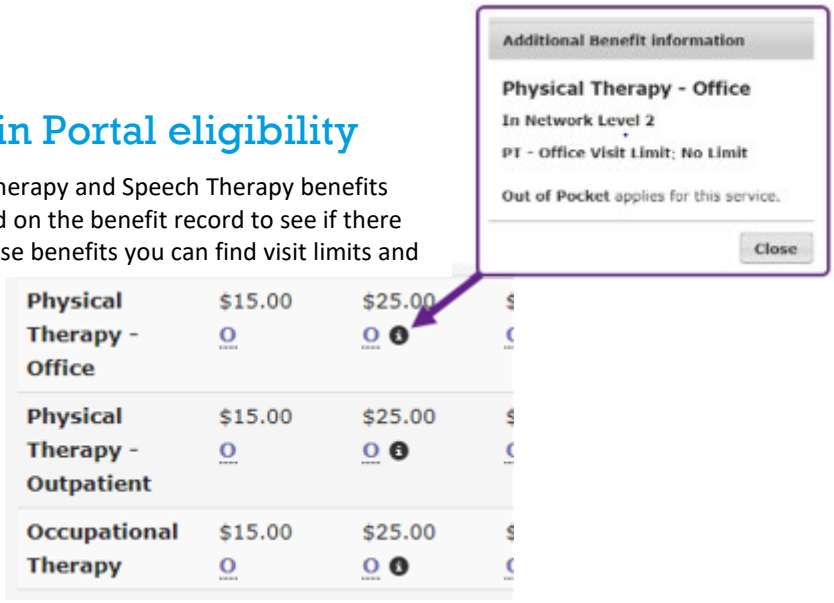
You can also request a roster from us that you can use to verify that the information we have on file is accurate by emailing **providercompliance@healthpartners.com**.

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

INSIDE THIS ISSUE

More therapy details available in Portal eligibility

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



Looking for your feedback

PRACTITIONER CULTURAL RESPONSIVENESS SURVEY

You may have recently received 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 complete the survey here:

Cultural Responsiveness Survey

Coming soon!

PROVIDER SURVEY

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

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

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

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**.

HealthPartners moves to a single payer ID in 2023

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 MN, is pleased to announce that **HealthPartners Approved Clearinghouses** will support a single payer ID **(94267)** for all Hospital, Medical, Dental, Claim Status and Eligibility transactions by July 1st. You may not see your clearinghouse listed under our **Approved Clearinghouses**, however your vendor or clearinghouse most likely connects to them without your knowledge.

HealthPartners has 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 to prepare for this change. You or your vendor should have received this communication and may already have taken appropriate steps to accommodate the new payer ID.

HealthPartners approved clearinghouses will begin implementing the new payer ID as follows:

MAY 1, 2023

- Availity (Claims, Remits, Eligibility)
- Availity Healthia Exchange (Eligibility only)
- Change Healthcare (Medical and Dental Claims, Remits, Eligibility)
- MedData Health/FinThrive – (Eligibility only)
- HealthEC/MnEconnect (Claims, Remits, Eligibility)
- Health Fiscal Management Inc./HFMI (Eligibility only)
- Smart Data Solutions (Claims, Remits, Eligibility)

JUNE 1, 2023

- DentalXChange (Claims, Remits)
- PNT Data (Claims, Remits, Eligibility)

WHAT TO EXPECT

- Payer ID 94267 will display on HealthPartners member ID cards after July 2023, as groups renew their contracts. All member cards will reflect the new payer ID by January 2024.
- Any claims that are currently submitted electronically will continue to route to HealthPartners and will NOT require reenrollment.
- Any ***new*** enrollments will need to be enrolled with payer ID 94267 as of July 1st.

ACTION RECOMMENDED

Please note the change to HealthPartners single payer ID and update your system and procedures to utilize payer ID 94267 for **all** EDI transactions.

For assistance, 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**.

Seeking clinician information on race, language, ethnicity and cultural competencies

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.

COVID-19 public health emergency ending

The U.S. Department of Health and Human Services (HHS) is ending the Public Health Emergency (PHE) for the virus on May 11, 2023. After this date, COVID-19 care covered under the PHE umbrella will follow standard benefits rules for plans. More information is available on our provider portal here: **Public Health Emergency for COVID-19 Ending**.

Medical Policy updates – 05/01/2023

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
Genetic testing: oncology – algorithmic testing	• Effective 7/1/2023, policy revised as follows. • Cutaneous Melanoma Diagnostic Algorithmic Tests (myPath Melanoma [Castle Biosciences Inc, 0090U]) changing from investigational to eligible for coverage when the member has a melanocytic neoplasm that is diagnostically uncertain or equivocal after histopathology. Considered investigational for all other indications, including a melanocytic neoplasm that has pathology definitive for melanoma, desmoplastic melanoma or sclerosing nevus. ○ Prior authorization is required. • Breast Cancer Treatment and Prognostic Algorithmic Tests: Criteria for Oncotype DX Breast Recurrence Score and Breast Cancer Index have been revised to allow for a broader range of clinical circumstances. • Breast Cancer Prognostic Algorithmic Tests: Criteria for EndoPredict, MammaPrint and Prosigna have been revised to allow for a broader range of clinical circumstances. • Prostate Cancer Treatment and Prognostic Algorithmic Tests: Criteria for Prolaris and Oncotype DX Prostate have been revised to allow for a broader range of clinical circumstances. Coverage for Decipher Prostate has been revised to allow coverage when criteria for Prolaris and Oncotype DX Prostate are met, or the test is being used to inform adjuvant treatment and counseling for risk stratification, and adverse features were found post-radical prostatectomy, including but not limited to PSA resistance/recurrence. • Oncology: Test-Specific Not Covered Algorithmic Tests: LC-MS/MS Targeted Proteomic Assay (OncoOmicDx laboratory, 0174U) was added as a non-covered test. • Please refer to published policy for details.

Genetic testing: exome and genome sequencing for the diagnosis of genetic disorders – Minnesota Health Care Programs	• New policy effective immediately
	  ○ Policy coverage criteria are the same as the commercial *Genetic testing: exome and genome sequencing for the diagnosis of genetic disorders* policy, with the exception of the Rapid Genome Sequencing section. The criteria in this section reflect MHCP provider manual coverage criteria for Rapid Whole Genome Sequencing.
	  ▪ Prior authorization continues to be required for exome and genome sequencing, except Standard Genome Sequencing, which continues to be considered investigational/experimental.

Wheelchairs – mobility assistive equipment (MAE) – Minnesota Health Care Programs	• Effective immediately, policy revised.
	  ○ Added the Backup Manual Wheelchairs section which lists general criteria to be met for backup wheelchairs, as well as specific criteria depending on the type of wheelchair requested.
	  ○ Requirements for ultra-lightweight, lightweight and tilt-in-space manual wheelchairs have been updated.
	  ○ Revisions were made to be consistent with updates to the MHCP provider manual.

Coverage Policies	Comments / Changes

Ambulance and medical transportation	• Effective immediately, policy revised.
	• The instructions for obtaining a prior authorization for fixed-wing air ambulance transport services have been updated.
	  ○ Instead of calling the phone number previously listed on this policy, providers should submit the prior authorization request form titled Fixed Wing Air Ambulance Transportation via fax to **952-853-8714**.
	  ▪ The request form can be located on the Provider Portal at the following link: **healthpartners.com/provider-public/forms-for-providers/**

Sacroiliac joint pain treatment procedures	• Effective 7/1/2023, criteria for repeat sacroiliac joint injections are revised as follows: ○ Repeat injection will be considered medically necessary when the previous injection provided 50 percent or greater relief for a period of at least six weeks, as reported by the member.
Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, back and sacroiliac joint pain	• Effective immediately, criteria for repeat RFA treatments at the same level are revised as follows: ○ Pain limiting activities of daily living for at least 3 months despite conservative treatments (such as exercise, physical therapy, activity modification or chiropractic care). Documentation of conservative treatments must correspond to the current episode of pain (within 6 months). • Physical therapy is no longer required for repeat RFA at the same level. See posted policy online for details.

Genetic testing: immune, autoimmune and rheumatoid disorders	• Effective 7/1/2023, policy revised as follows:
	  ○ New section added: Known Familial Variant Analysis for Immune, Autoimmune and Rheumatoid Disorders. These tests are medically necessary when a member has a close relative with a known pathogenic or likely pathogenic variant causing the condition. These tests are investigational for all other indications.
	  ▪ Prior authorization is required.

Genetic testing: hematologic disorders (non-cancerous)	• Effective 7/1/23, policy revised as follows:
	  ○ The following criterion allowing coverage of F8 and/or F9 Variant Analysis to establish a diagnosis of hemophilia will be removed.
	  ▪ Both of the following:
	  • The member's biological sex is female, and
	  • The member has a biological child with clinical or laboratory features of hemophilia A or B
	  ○ The other criteria for F8 and/or F9 Variant analysis are unchanged.

Genetic testing: aortopathies and connective tissue disorders	• Effective 7/1/23 policy revised as follows: ○ Criteria for coverage of Familial Thoracic Aortic Aneurysm and Dissection (TAAD) Multigene Panel will require that the member has a family history of dilation or dissection of the aortic root, consistent with autosomal dominant inheritance.

Coverage Policies	Comments / Changes
Early intensive intervention services for autism – Minnesota	• Effective immediately, policy revised. • The requirements for a progress evaluation detailed in criterion #4 were simplified to read "Documentation must indicate that progress toward treatment plan goals is being made."
Synagis® (palivizumab) injections for respiratory syncytial virus (RSV) prophylaxis	• Effective immediately, policy has been revised to include the following statement: ○ "If RSV disease activity persists at high levels in a given region through the fall and winter, providing more than 5 consecutive doses of palivizumab to eligible children may be medically necessary."

Genetic testing: oncology – circulating tumor DNA and circulating tumor cells (liquid biopsy)	• Effective 7/1/2023, policy revised as follows:
	  ○ Under Comprehensive Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA):
	  ▪ Removed the criterion indicating a member with a lesion that is unable to be biopsied is applicable for the testing.
	  ▪ Removed indication that a member is a candidate for an anti-cancer therapy as a covered indication.
	  ▪ Added new criteria requiring completion of biopsy with either insufficient material for molecular analysis or analysis was not able to be completed due to availability of testing methodologies.
	  ○ Under Lung Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA):
	  ▪ Removed indication that a member is a candidate for an anti-cancer therapy as a covered indication.
	  ○ Under Colorectal Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA):
	  ▪ A member is to have metastatic colorectal adenocarcinoma to qualify for testing.

Genetic testing: metabolic, endocrine and mitochondrial disorders	• Effective 7/1/2023, policy revised as follows (Please refer to published policy for specific details.):
	  ○ Significant revisions made to the Maturity-Onset Diabetes of the Young (MODY) panel analysis criteria section in the policy. Replaced old criteria with new criteria to align with practice guidelines and literature.
	  ○ Changes made to the Mitochondrial Genome Sequencing, Deletion/Duplication, and/or Nuclear Genes criteria section in the policy.
	  ▪ Added Chorea and Multiple late term pregnancy loss as clinical findings that can lead to approval of this type of testing.
	  ▪ Changed required biochemical laboratory studies that are to be completed with non-diagnostic results as part of the criteria for approval.
	  ○ Addition of more conditions under the Other Covered Metabolic, Endocrine, and Mitochondrial Disorders section in the policy.
	• Prior authorization is required.

Coverage Policies	Comments / Changes
Genetic testing: oncology – molecular analysis of solid tumors and hematologic malignancies (Commercial and MHCP versions)	• Effective 7/1/2023, policy revised as follows (Please refer to published policy for specific details.): ○ For Tumor-Type Agnostic Solid Tumor Molecular Profiling Panel Tests: ▪ Removed two required indications for coverage: the member has not had previous comprehensive solid tumor profile testing and the member has had previous testing and now has a new primary cancer diagnosis. ▪ Addition of repeat panel testing criteria. Repeat testing is appropriate for those with metastatic colon cancer, advanced or metastatic non-small cell lung cancer, advanced or metastatic gastric adenocarcinoma, metastatic prostate cancer or platinum-sensitive ovarian cancer. ○ For Comprehensive Molecular Profiling Panel Tests: ▪ A member is no longer to have a suspected myelodysplastic syndrome, but rather is required to have a newly diagnosed myelodysplastic syndrome for this type of testing to be approved. ○ For Lung Cancer Focused Molecular Profiling Panel Tests: ▪ Addition of repeat panel testing criteria. Repeat testing is appropriate when a member has progression on targeted therapy for non-small cell lung cancer. ○ For Tumor Specific IDH1/1 Variant Analysis: ▪ Addition of one covered indication: the member has a diagnosis of acute myeloid leukemia. ○ For Tumor Specific Microsatellite Instability (MSI) Analysis: ▪ Removed the requirement that a member has metastatic and/or recurrent small bowel adenocarcinoma for tumor specific microsatellite instability analysis. Instead, a member is to have a diagnosis of small bowel adenocarcinoma regardless of metastases and/or recurrence. ▪ Clarification of type of testicular cancer that is appropriate for tumor specific microsatellite instability analysis. Rather than general testicular cancer, a member is to have a diagnosis of nonseminoma testicular cancer to obtain this type of testing. ○ For Tumor Specific RET Variant Analysis: ▪ Addition of covered indication: the member has a diagnosis of advanced or metastatic adenocarcinoma, large cell or non-small-cell cancer of the lung. ○ Addition of a new criteria section into the policy regarding tumor mutational burden testing. Indications are listed that would be appropriate for completion of this type of testing (e.g., recurrent or metastatic breast cancer, unresectable or metastatic gallbladder cancer, etc.). ○ For Red Blood Cell Genotyping in Multiple Myeloma: ▪ Removed requirements that a member has either auto- or allo-antibodies detected or RBC-phenotyping that cannot be performed due to a transfusion within the prior three months. ▪ Added stipulation that a member will be treated with DARA for this type of testing to be approved. This stipulation expands on the previous criterion that required a member to currently be treated with DARA.

Coverage Policies	Comments / Changes
Spinal lumbar laminectomy	• Effective immediately, policy retired. • This procedure is now addressed under the new Spinal decompression surgeries policy that became effective 4/1/2023.
Genetic testing: hereditary cancer susceptibility	• Effective 7/1/2023, policy has significant revisions as follows (Please refer to published policy for specific details.): ○ Criteria expanded for Hereditary Breast Cancer Susceptibility Panels, BRCA1/BRCA2 Sequencing/Deletion/Duplication Analysis, and PALB2 Sequencing/Deletion/Duplication Analysis sections in the policy. ▪ Revisions to include requirements that a member have a personal history of breast cancer and one of several indications to support medical necessity for these types of genetic tests. Some indications involve close or first-degree relatives with certain diagnoses that need to be present. ○ Hereditary GI/Colon Cancer Panel Tests has significant revisions made to the criteria section within the policy. ▪ Revisions to include requirements for presence of certain numbers and types of polyps or the member's tumor is to have deficient mismatch repair shown when certain listed indications are present. ○ Hereditary Gastric Cancer Panels has revisions made to required indications to include requirement the member meets clinical criteria in at least one listed criteria section cited elsewhere in the policy (e.g., Lynch syndrome, hereditary diffuse gastric cancer, Peutz-Jeghers Syndrome, etc.). ○ Hereditary Pancreatic Cancer Susceptibility Panels section has clinical indications removed due to redundancy. ○ Hereditary Prostate Cancer Susceptibility Panels section has additions of two covered indications: The member has two or more close relatives diagnosed at any age with either breast or prostate cancer, of any grade, and the member has a first-degree relative meeting any of the criteria in the section (except when the member is unaffected with a relative meeting criteria only for systemic therapy decision-making). ○ Removal of Simultaneous Germline and Tumor Molecular Profiling panel criteria section from the policy. ○ PTEN Sequencing and/or Deletion/Duplication Analysis has removal of the indication "The member has a family member with PTEN pathogenic or likely pathogenic variant" from criteria set. This is already approached in the PTEN targeted variant analysis criteria section. ○ APC Sequencing and/or Deletion/Duplication Analysis has removal of the indication "known familial mutation in APC" from criteria set. This is already approached in the APC targeted variant analysis criteria section. ○ CDH1 Sequencing and/or Deletion/Duplication Analysis has significant revisions made to the criteria section within the policy. Revisions to include requirements for presence of indications related to diffuse gastric cancer or bilateral lobular breast cancer.

Coverage Policies	Comments / Changes
Genetic testing: hereditary cancer susceptibility - Continued	○ SMAD4/BMPR1A Sequencing and/or Deletion/Duplication Analysis section has addition of one covered indication: the member has a personal history of cancer and a SMAD4 or BMPR1A pathogenic or likely pathogenic variant was detected by tumor profiling and germline analysis has not yet been performed. ○ FH Sequencing and/or Deletion/Duplication Analysis has revisions made to criteria. ▪ The member is to have at least one of the following diagnoses: cutaneous leiomyomata, uterine leiomyomata, or renal cell carcinoma. ○ Addition of clinical indication under TP53 Sequencing and/or Deletion/Duplication Analysis. ▪ The member was diagnosed with pediatric hypodiploid acute lymphoblastic leukemia. ○ MEN1 Sequencing and/or Deletion/Duplication Analysis has revisions made to criteria. ▪ The member is to have at least two of the following diagnoses: duodenal/pancreatic neuroendocrine tumor, primary hyperparathyroidism, pituitary adenoma or foregut carcinoid. ○ Hereditary Paraganglioma/Pheochromocytoma Syndrome Analysis has revisions made to criteria. ▪ Addition of two more covered indications: pheochromocytoma and paraganglioma. Indication stating a close relative who meets criteria is changed to the member has a family history of paraganglioma or pheochromocytoma. ○ Retinoblastoma Analysis has a change to criteria. ▪ Changing indication stating close relative diagnosed with retinoblastoma to family history of retinoblastoma.
Genetic testing: hereditary cancer susceptibility Minnesota Health Care Programs (MHCP) policy	• Effective 7/1/2023, policy has significant revisions as follows (Please refer to published policy for specific details.): ○ Criteria expanded for Hereditary Breast Cancer Susceptibility Panels and PALB2 Sequencing/Deletion/Duplication Analysis sections in the policy. ▪ Revisions to include requirements that a member have a personal history of breast cancer and one of several indications to support medical necessity for these types of genetic tests. Some indications involve close or first-degree relatives with certain diagnoses that need to be present. ○ Hereditary GI/Colon Cancer Panel Tests has significant revisions made to the criteria section within the policy. ▪ Revisions to include requirements for presence of certain numbers and types of polyps or the member's tumor is to have deficient mismatch repair shown when certain listed indications are present. ○ Hereditary Gastric Cancer Panels has revisions made to required indications to include requirement the member meets clinical criteria in at least one listed criteria section cited elsewhere in the policy (e.g., Lynch syndrome, hereditary diffuse gastric cancer, Peutz-Jeghers Syndrome, etc.). ○ Hereditary Pancreatic Cancer Susceptibility Panels section has clinical indications removed due to redundancy.

Coverage Policies	Comments / Changes
Genetic testing: hereditary cancer susceptibility *Minnesota Health Care Programs (MHCP) policy* *Continued*	○ Hereditary Prostate Cancer Susceptibility Panels section has additions of two covered indications: The member has two or more close relatives diagnosed at any age with either breast or prostate cancer, of any grade, and the member has a first-degree relative meeting any of the criteria in the section (except when the member is unaffected with a relative meeting criteria only for systemic therapy decision-making). ○ Removal of Simultaneous Germline and Tumor Molecular Profiling panel criteria section from the policy. ○ PTEN Sequencing and/or Deletion/Duplication Analysis has removal of the indication "The member has a family member with PTEN pathogenic or likely pathogenic variant" from criteria set. This is already approached in the PTEN targeted variant analysis criteria section. ○ APC Sequencing and/or Deletion/Duplication Analysis has removal of the indication "known familial mutation in APC" from criteria set. This is already approached in the APC targeted variant analysis criteria section. ○ CDH1 Sequencing and/or Deletion/Duplication Analysis has significant revisions made to the criteria section within the policy. Revisions to include requirements for presence of indications related to diffuse gastric cancer or bilateral lobular breast cancer. ○ SMAD4/BMPR1A Sequencing and/or Deletion/Duplication Analysis section has addition of one covered indication: the member has a personal history of cancer and a SMAD4 or BMPR1A pathogenic or likely pathogenic variant was detected by tumor profiling and germline analysis has not yet been performed. ○ FH Sequencing and/or Deletion/Duplication Analysis has revisions made to criteria. ▪ The member is to have at least one of the following diagnoses: cutaneous leiomyomata, uterine leiomyomata or renal cell carcinoma. ○ Addition of clinical indication under TP53 Sequencing and/or Deletion/Duplication Analysis. ▪ The member was diagnosed with pediatric hypodiploid acute lymphoblastic leukemia. ○ MEN1 Sequencing and/or Deletion/Duplication Analysis has revisions made to criteria. ▪ The member is to have at least two of the following diagnoses: duodenal/pancreatic neuroendocrine tumor, primary hyperparathyroidism, pituitary adenoma or foregut carcinoid. ○ Hereditary Paraganglioma/Pheochromocytoma Syndrome Analysis has revisions made to criteria. ▪ Addition of two more covered indications: pheochromocytoma and paraganglioma. Indication stating a close relative who meets criteria is changed to the member has a family history of paraganglioma or pheochromocytoma. ○ Retinoblastoma Analysis has a change to criteria. ▪ Changing indication stating close relative diagnosed with retinoblastoma to family history of retinoblastoma.

Coverage Policies	Comments / Changes
Chronic pain - multidisciplinary intensive day treatment programs	• Effective immediately, policy retired

Genetic testing: epilepsy, neurodegenerative, and neuromuscular disorders	• Effective 7/1/2023, policy revised as follows.
	• Comprehensive Ataxia Panel: Criteria regarding incoordination of movement and speech have been clarified.
	• Epilepsy Multigene Panel: Coverage has been expanded to all members with a history of unexplained epilepsy.
	• Alzheimer Disease PSEN1, PSEN2, and APP Sequencing and/or Deletion/Duplication Analysis or Multigene Panel: Criteria have been expanded to cover individuals with a personal and family history of dementia within certain parameters.
	• Facioscapulohumeral Muscular Dystrophy (FSHD): Criteria have been revised so that a member is eligible for testing when existing criteria are met, and they do not have a first-degree relative with a confirmed genetic diagnosis of FSHD.
	• Inherited Peripheral Neuropathies:
	  ○ Criteria have been slightly expanded to allow coverage for "evidence on physical examination of previous nerve palsy such as focal weakness, atrophy, or sensory loss."
	  ○ Testing asymptomatic members who have a close relative with an inherited peripheral neuropathy diagnosis has been removed as a covered indication.
	• Limb-girdle Muscular Dystrophy Multigene Panel: Criteria have been clarified and coverage expanded to members with scapuloperoneal weakness or distal weakness.
	• Myotonic Dystrophy: Criteria have been updated to list insulin resistance, rather than insulin sensitivity, as a clinical feature of myotonic dystrophy.
	• Please refer to published policy for details.

Genetic testing: gastroenterologic disorders (non-cancerous)	• Effective 7/1/2023, policy revised as follows. • Celiac Disease – HLA-DQ Variant Analysis: Criteria have been revised to provide more specific indications for HLA-DQ testing to align with ACG practice guidelines. • Hereditary Hemochromatosis - HFE Sequencing and/or Deletion/Duplication Analysis: Coverage indications have been expanded by adding clinical criteria based on family history. • Hereditary Pancreatitis Multigene Panel: Criteria have been revised to provide more specific indications for hereditary pancreatitis multigene panel analysis to align with practice guidelines. • Please refer to published policy for details.
Genetic testing: prenatal diagnosis (via amniocentesis, CVS, or PUBS) and pregnancy loss	• Effective 7/1/2023, policy revised as follows. • Chromosomal Microarray Analysis (CMA) for Pregnancy Loss: Clarified that the criterion for recurrent miscarriage applies to clinical pregnancies. • Prenatal Diagnosis for Noonan Spectrum Disorders/RASopathies: Criteria have been expanded to include additional indications for testing in accordance with literature. • Please refer to published policy for details.

Coverage Policies	Comments / Changes

Genetic testing: exome and genome sequencing for the diagnosis of genetic disorders	• Effective 7/1/2023, policy revised as follows.
	• Standard Exome Sequencing:
	  ○ Coverage has been expanded to allow testing for individuals with unexplained epilepsy at any age.
	  ○ Coverage criteria in this section have been harmonized with criteria found in the Rapid Exome Sequencing section.
	• Rapid Exome Sequencing:
	  ○ Coverage for this type of testing has been extended to members 21 years of age or younger.
	  ○ Criteria D.-H. were removed.
	• Rapid Genome Sequencing: Coverage for this type of testing has been extended to members 21 years of age or younger.
	• Please refer to published policy for details.

Genetic testing: multisystem inherited disorders, intellectual disability and developmental delay	• Effective 7/1/2023, policy revised as follows. • Prader-Willi Syndrome: Age requirements have been expanded to allow genetic testing for members aged 13 years and older, when existing criteria are met. • Fragile X Syndrome: More detailed coverage indications are provided for members with unexplained autism spectrum disorder who are undergoing FMR1 genetic testing. • Hereditary Hemorrhagic Telangiectasia (HHT): Minimum list of genes to be included in panel testing was revised. • Legius Syndrome: Criteria have been revised to indicate member no longer needs to have a family history of specific manifestations. • Please refer to published policy for details.

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

Pharmacy Medical Policy updates

COMMERCIAL DRUG FORMULARY

Updates include:

- Insulin lispro (Humalog) is being removed from formulary.
  Alternatives include: insulin lispro (Humalog generic), a generic equivalent.
  This update applies to Humalog brands that have generic equivalents: Humalog vial, Humalog pen, Humalog Junior pen, and Humalog Mix 75-25 pen. Brands without generic equivalents remain on formulary.
- Insulin aspart (Novolog generic) is being removed from formulary.
  Novolog generic is updating from “formulary with PA” to “non-formulary with PA.”
  Alternatives include: insulin lispro (Humalog generic).
- Insulin glargine (Lantus) is being removed from the plan-pay program.
  The plan-pay program adjusts member costs, calculating costs based on lower-cost alternatives.
  Lantus remains on-formulary. Co-pays may change for some members.
  Insulin glargine (Lantus generic) is also being added to formulary.
- Fluticasone/salmeterol (Airduo generic) is being removed from formulary.
  Alternatives include: Advair Diskus.

Please see the formulary for details, at **healthpartners.com/formularies**. Updates will be posted by July 1.

COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Complement Inhibitors	Shortening auth criteria to 6 months for initial and reauthorizations. Adding renewal criteria for markers of clinical improvement for aHUS and NMOSD.

OPIOID PRESCRIBING GUIDELINES

Providers are reminded about opioid prescribing guidelines such as the CDC guidelines November 2022 update.

The guideline includes 12 recommendations for clinicians providing pain care for outpatients ages 18 years or older with acute pain (duration less than 1 month), subacute pain (duration of 1-3 months) or chronic pain (duration of more than 3 months). Five guiding principles should broadly inform the implementation of the recommendations to improve patient care and safety. Read more about it at the **CDC's Guideline at a Glance *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain.***

MEDICATION DISPOSAL

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

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

The safest way to dispose of medicine is by bringing it to a local collection site. At HealthPartners, we offer free, environmentally friendly medicine disposal. Read more about **HealthPartners medication disposal**.

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**.

Government Programs

Medicare billing instructions for insulin furnished through an external infusion pump

REMINDER

HealthPartners reminds providers, pharmacies and DME vendors of the change in Medicare Part B billing requirements for insulin used with an external infusion pump (HCPC code J1817) effective for dates of service beginning 5/1/23. These billing requirements will apply to medical claims for HealthPartners Medicare Advantage and Medicare Cost plans.

Please refer to the **3/20/2023 CGS communication** and the **02/16/2023 MLN Fact Sheet: Billing Medicare Part B for Insulin with New Limits on Patient Monthly Coinsurance.**

Provider Enrollment Requirement for Minnesota Health Care Programs (MHCP)

HealthPartners contracted providers must be screened and enrolled with the Minnesota Department of Human Services (DHS) in order to be eligible for reimbursement for services provided to 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 (Cures Act).

Currently, providers contracted with DHS for fee-for-service (FFS) or their delegate should register with the Minnesota Provider Screening and Enrollment (MPSE) portal to enroll providers 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 enrolled with DHS yet, visit this page to learn more about enrollment on the DHS website: **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