

Fast Facts

JULY 2022

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 to serve our increasingly diverse members and community.

We're asking clinicians to share information with us, on a voluntary basis, 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 is representative of 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](https://healthpartners.com/healthplanequity) (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.

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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.

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
- Provider website URLs, if available

There are several avenues for providers to verify this information through our secure Provider 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 are looking forward to working with you to make sure your data is correct.

HealthPartners launches new plan offering

CORNERSTONE PLAN

Cornerstone is a commercial plan offering for large groups effective July 1, 2022. This plan is offered in the following southwest Minnesota counties: Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Rock and Yellow Medicine. Cornerstone is a broad, open access network with national coverage that is centered around Avera and includes Avera's facilities and partners, Access Health and Pipestone County Medical Center Avera.

Members using the Cornerstone plan network will have ID cards with a care type that includes the word "Cornerstone."

Please contact your HealthPartners contract manager with any questions.

Reminder – Provider Survey

HealthPartners mailed a short survey to a sample of psychiatrists, primary care and specialty physicians, as well as their office managers. 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.

There is still time to complete the survey if you've received it and haven't returned it yet. Your feedback is important in helping us to identify potential areas of improvement.

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

Medical Policy Updates – 7/1/2022

MEDICAL AND 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: hereditary hearing loss	<p>Effective immediately, this policy has been revised as follows:</p> <ul style="list-style-type: none"> Targeted variant analysis for known familial variant(s) to establish a diagnosis of hereditary hearing loss is considered medically necessary when the member has a close relative that has a pathogenic or likely pathogenic gene variant in GJB2, GJB6 or another gene known to cause hereditary hearing loss.
Genetic testing: aortopathies and connective tissue disorders	<p>Effective immediately, Epidermolysis Bullosa and Osteogenesis Imperfecta have been removed from the “Covered Connective Tissue Disorders” list on the policy, and have been moved to other policies as outlined below:</p> <ul style="list-style-type: none"> Genetic testing for Epidermolysis Bullosa is eligible for coverage when criteria are met as found on Genetic testing: dermatologic conditions. Genetic testing for Osteogenesis Imperfecta is eligible for coverage when criteria are met as found on Genetic testing: skeletal dysplasia and rare bone disorders. <p>Please refer to the published policies for details.</p>
Genetic testing: non-invasive prenatal screening (NIPS)	<p>Effective immediately, this policy has been updated as follows:</p> <ul style="list-style-type: none"> Coverage is expanded for Non-invasive prenatal screening (NIPS) for Trisomy 13, 18 and 21, when coverage criteria are met, for members who have a singleton or (new update) twin pregnancy. The member must receive appropriate counseling about the benefits and limitations of NIPS for Trisomy 13, 18 and 21 testing by a prenatal care provider, a trained designee or a genetic counselor.
Genetic testing: prenatal and preconception carrier screening	<p>Effective immediately, policy revised as follows:</p> <ul style="list-style-type: none"> The section of the policy entitled “Basic Carrier Screening Panels” has been removed. There is no impact to coverage as these tests remain eligible for coverage and are addressed under the policy section for each respective condition (i.e., cystic fibrosis, spinal muscular atrophy, fragile X and hemoglobinopathy).
Genetic testing: oncology – molecular analysis of solid tumors and hematologic malignancies	<p>Effective immediately, this policy has been updated as follows:</p> <ul style="list-style-type: none"> Chronic Lymphocytic Leukemia is added as a new indication for Measurable residual disease (MRD) analysis in bone marrow or peripheral blood.

Coverage Policies	Comments / Changes
Autologous chondrocyte implantation (ACI)	<p>Effective 9/1/2022, policy revised as follows. Please refer to published policy for details.</p> <ul style="list-style-type: none"> • Criteria added, including: requirements for skeletal maturity, BMI ≤35, previous surgery parameters, no osteoarthritis or inflammatory arthritis, trial of conservative therapy, defect size parameters, no lesion on opposing surface, symptomatic defect. • Criteria revised, including: addition of Outerbridge grade III or IV to better define defect status; allow procedures to correct malalignment or instability prior to or concurrently with ACI. • Added as investigational: ACI when not skeletally mature, when history of total meniscectomy, to treat osteochondritis dissecans or other degenerative conditions, for joints other than knee, repeat ACI/ MACI procedure on the same defect. • Prior authorization continues to be required for ACI (27412) using the MACI implant (J7330).
Genetic testing: multisystem inherited disorders, intellectual disability and developmental delay	<p>Effective immediately, Capillary Malformation-Arteriovenous Malformation Syndrome (CM-AVM syndrome) and Congenital Ichthyosis have been removed from the “Other Covered Multisystem Inherited Disorders” list on the policy. Genetic testing for these conditions is eligible for coverage when criteria are met as found on the Genetic testing: dermatologic conditions policy.</p> <p>Multiple Cutaneous and Mucosal Venous Malformations (VMCM) has also been removed from this list and was not moved to another policy.</p>
Genetic testing: general approach to genetic testing	<p>Effective immediately, policy revised as follows:</p> <ul style="list-style-type: none"> • Clarified that for single or multigene panel analysis, an association with the gene <i>or multigene panel</i> and the disease must be established. • Currently, genetic testing via single-gene or multigene panel analysis is considered investigational <i>or</i> not medically necessary when criteria are not met. This statement was amended to indicate that testing is considered not medically necessary when criteria are not met.
Genetic testing: oncology - algorithmic testing	<p>Effective immediately, policy revised as follows:</p> <ul style="list-style-type: none"> • The exclusion for genetic testing for breast cancer in men was removed. Female descriptors were also removed from breast cancer criteria. • Prostate cancer prognosis and treatment criteria were consolidated and clarified to more easily identify the subset of tests that are recommended in men with unfavorable intermediate- and high-risk disease versus those tests that are appropriate for low- or favorable intermediate-risk disease. Please refer to published policy for details.

Coverage Policies	Comments / Changes
Genetic testing: exome and genome sequencing for the diagnosis of genetic disorders	<p>Effective immediately, policy revised as follows:</p> <p>Standard Exome Sequencing</p> <ul style="list-style-type: none"> • Criterion 1A. was modified to allow coverage when member has a diagnosis of one or more congenital anomalies with onset prior to age 1 year, or has apparently nonsyndromic developmental delay or intellectual disability with onset prior to age 18 years. • Added “guiding reproductive decisions” and “guiding family-focused clinical management” (defined in policy) as additional ways to meet criterion 1C., which requires that testing is predicted to impact clinical decision-making or health outcomes. • Clarified criterion 1E. to allow coverage when the member’s clinical presentation does not fit a well-described syndrome for which specific testing (e.g., single-gene testing, chromosomal microarray analysis [CMA]) is available, or such testing has been performed and resulted as negative while suspicion remains high for a genetic cause of the member’s symptoms. • Prior authorization continues to be required for standard exome sequencing.
Genetic testing: gastroenterologic disorders (non-cancerous)	<p>Effective immediately, policy revised as follows:</p> <ul style="list-style-type: none"> • Position on hereditary IBD/Crohn’s panel testing changed from investigational to medically necessary to confirm a diagnosis and/or determine appropriate treatment, when individual is under age 18 years with suspected IBD or Crohn's, and other potential causes of symptoms have been ruled out. • Prior authorization continues to be required.
Genetic testing: epilepsy, neurodegenerative, and neuromuscular disorders	<p>Effective immediately, policy revised as follows:</p> <ul style="list-style-type: none"> • Coverage for Alzheimer Disease (PSEN1, PSEN2, and APP Sequencing and/or Deletion/Duplication Analysis or Multigene Panel) testing was expanded. Please refer to published policy for details. • Cerebral Cavernous Malformation, Familial and STAC3 Disorder were added to the list of conditions for which genetic testing to establish or confirm a diagnosis, or guide management, is considered medically necessary when member displays clinical features consistent with the disorder. Lissencephaly was removed from this list. • Criteria for genetic testing for Inherited Peripheral Neuropathies (e.g., Charcot-Marie-Tooth Disease and Hereditary Neuropathy with Liability to Pressure Palsies) were clarified. Please refer to published policy for details. • Prior authorization continues to be required.

Coverage Policies	Comments / Changes
Investigational services – list of non-covered services	Effective immediately, policy revised as follows: <ul style="list-style-type: none"> The category of minimally invasive MAZE procedures has been expanded to include hybrid/convergent procedures as there is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy of these treatments or their effect on health care outcomes.
Prosthesis – lower limb	Effective immediately, policy revised as follows: <ul style="list-style-type: none"> An osseointegrated/osseoanchored lower limb prosthetic device is considered investigational as there is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy of this approach or the effect on health care outcomes.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
Autism - early intensive developmental and behavioral intervention (EIDBI) – Minnesota Health Care Programs	Effective immediately, policy has been revised as follows, consistent with changes to DHS provider manual: <ul style="list-style-type: none"> Under the eligibility criteria for EIDBI, removed the requirement that individual must be medically stable and does not require 24-hour medical monitoring or procedures. Under the criteria for restarting EIDBI services after termination, the requirement that a person must receive a new CMDE if theirs is more than 12 months old was revised to require a new CMDE if current one is more than 36 months old. In addition, extraneous language was removed and policy reformatted to improve usability. Prior authorization continues to be required for EIDBI services.

Drug Formulary updates

COMMERCIAL DRUG FORMULARY

Updates for July 1, 2022 include:

- Abrocitinib (Cibinqo), for atopic dermatitis, has been added to the “Chronic Inflammatory Disease” policy, with prior authorization criteria and a quantity limit.
- Tralokinumab (Adbry), for atopic dermatitis, has been added to the “Chronic Inflammatory Disease” policy, with prior authorization criteria.

Please see the formulary for details, at healthpartners.com/formularies. Updates will be posted by July 1, 2022.

MINNESOTA HEALTHCARE PROGRAMS (MHCP) DRUG FORMULARY

Updates are available in our online drug formulary. These policy updates apply only to State Programs, and do not apply to members with Commercial or Part D plans.

MEDICARE DRUG FORMULARY

Updates are available in our on-line drug formulary. Most updates occur in January of each year.

Pharmacy Medical Policy updates

COMMERCIAL UPDATES:

Coverage Policies	Comments / Changes
Aflibercept (Eylea), Brolucizumab (Beovu), and Ranibizumab (Lucentis and Susvimo)	Addition of Vabysmo (faricimab).
Alemtuzumab (Lemtrada)	Updated policy with REMS language.
Allogeneic processed thymus tissue (Rethymic)	Updated with a new policy, with prior authorization based on FDA prescribing information.
Cabotegravir (Apretude)	Added a new policy for this new FDA-approval. <ul style="list-style-type: none"> • Prior authorization: Apretude is reserved for patients unable to use oral therapy. This includes patients unable or unwilling to use oral therapy, and patients for whom the provider has concerns about poor adherence.
Moxetumomab (Lumoxiti)	Removing standalone policy and moving this drug to the oncology policy.
Natalizumab (Tysabri)	Updated policy with REMS language.
Oncology – Chimeric antigen receptor/ genetically engineered T-cell receptor (CART) therapy	Addition of Carvykti (ciltacabtagene).
Pegloticase (Krystexxa)	Updated policy with REMS language.
Sutimlimab (Enjaymo)	Updated with a new policy.
Ustekinumab (Stelara)	Updated policy, removing the SQ diagnoses due to pharmacy only coverage.
Oncology drug coverage	<p>Prior authorization is required for oncology drugs listed on this policy.</p> <p>Drugs recently added to this policy:</p> <ul style="list-style-type: none"> • Lutetium vipivotide tetraxetan (Pluvicto) • Nivolumab/ relatlimab (Opdualag) • Pemetrexed (Pemfexy) • Ropeginterferon (Besremi) • Tebentafusp (Kimmtrak) <p>Additional criteria may apply – see the coverage policy for more information.</p>

Coverage Policies	Comments / Changes
Recent Food and Drug Administration (FDA) approved medications covered policy	<p>Prior authorization is required for recently approved drugs listed on this policy.</p> <p>Drugs added to this policy:</p> <ul style="list-style-type: none"> • Efgartigimod (Vyvgart) <p>As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice.</p>

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 in some cases before, the effective date: healthpartners.com/public/coverage-criteria.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

HealthPartners has an opportunity for interested physicians with a passion for shaping medication utilization on the Pharmacy and Therapeutics Committee. One area of need is for a physician with expertise in the care of the elderly or disabled persons. We are also looking for any type of physician, regardless of specialty area or practice focus.

The HealthPartners Pharmacy and Therapeutics (P&T) Committee promotes the appropriate use of high-quality and cost-effective pharmaceuticals for HealthPartners members, and maintains Drug Formularies and Pharmacy-related medical policies for medications that are used in clinic settings. HealthPartners is a non-profit health plan providing services for Commercial, Medicare and Medicaid insurances.

We are seeking Providers with critical thinking skills and an interest in evidence-based medicine. Providers should have a passion to understand drug utilization based on the principles of evidence-based medicine and focused on safety, efficacy, patient experience, provider experience, use and cost. Ideally this individual is self-motivated and a good problem solver who is willing to offer advice and input on drug use and evaluation.

Benefits to members include exposure and growth with understanding the formulary management piece of the health care system. P&T committee members find their participation beneficial by staying up to date on new-to-market drug therapies and their role in pharmaceutical practice. Members have a key role in managing drug coverage for HealthPartners members, and are able to represent the interests of their organization.

Members are asked to review the agenda for each meeting and gather input from their care system as needed. The P&T Committee meets quarterly, currently on a Monday evening from 6 PM – 8 PM.

For more information, or to interview our committee leaders for your discovery, contact healthpartnersclinicalpharmacy@healthpartners.com.

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.

Patient Perspective

Oncology digital telehealth pilot program: Iris™ by OncoHealth

OPPORTUNITY

- Oncology is consistently a top spend category for both health plans and employer groups.
- Approximately 18 million people in the US are currently living with or survivors of cancer.
- Nearly 50% percent of those who have been diagnosed with cancer will experience psychosocial distress, anxiety or depression due to their diagnosis.
- National statistics show fewer than half of those who experience cancer-related distress will seek help from a mental health specialist.
- HealthPartners currently provides a nurse-based telephonic oncology support program, and is looking to enhance the experience for members who prefer a digital option.

NEW SUPPORTIVE CARE PILOT

Starting July 2022, HealthPartners will be collaborating with OncoHealth, a leading digital health company dedicated to oncology, to pilot a digital telehealth service to improve clinical outcomes, enhance the quality of life, and further support patients going through cancer treatment. Iris™ by OncoHealth is a secure virtual care platform that connects members and their caregivers with a team of dedicated oncology experts via chat, phone or video.

Through Iris™, HealthPartners members who have downloaded and registered with the app, will have access to the following services at no additional cost:

- Personalized 24x7 oncology nurse support
- Virtual mental health visits with licensed oncology therapists
- Network of peer mentors sharing experiences of navigating life with cancer
- Direct communication with oncology nurses to understand diagnosis, regimens, side effects or symptoms
- Cancer-specific lifestyle and nutrition resources

Iris™ is a supportive tool to help members between visits and does not replace the care being provided by the member's oncologist. Interactions with Iris™ may be communicated back to the member's primary oncology team or other relevant provider depending on the acuity, needs identified, or support being provided during the interaction.

WHAT'S YOUR ROLE IN THE PILOT?

The pilot will be made available to a subset of Commercial members residing in Minnesota and Wisconsin. HealthPartners anticipates participation from 200 members. During this pilot you may be contacted by HealthPartners to discuss the pilot and share feedback or insight to maximize the effectiveness or ease of use of Iris™.

For further questions, please contact your HealthPartners contract representative.

IV contrast shortage

This is a message to inform of an abrupt, world-wide shortage of IV contrast for the near term, specifically Omnipaque and Visipaque. This shortage will impact providers throughout the HealthPartners contracted network.

DETAILS OF THE SHORTAGE

- The shortage is due to a COVID-19 related shutdown of a facility in Shanghai which manufactures G.E. Healthcare's Omnipaque, resulting in an anticipated 80 percent reduction in supplies for the next several weeks.
- Any service that currently uses IV contrast for static or dynamic imaging (OR, GI, urology, interventional cardiology, vascular procedures, radiology, interventional radiology, etc.) will be impacted.
- We understand that our provider partners are working to minimize potential impacts on patient care (delay in diagnosis, treatment decisions and administration of treatment).
- Alternative imaging studies will need to be used as appropriate, such as converting to non-contrast imaging or using alternative diagnostic methods.
- At this time, HealthPartners does not prior authorize or require decision support for any high-tech diagnostic imaging, so we do not foresee any implications with substitutional treatment plans for our members.

Provider Portal

Be cyber smart

The HealthPartners Provider Portal contains the valuable information of HealthPartners members. Protecting your access from cybercriminals is essential.

Here's what you can do:

- Create strong, easy-to-remember passwords using these [helpful password tips](#).
- Keep your user ID and password private.
- Never share your access with anyone.
- Avoid using the same password across multiple accounts.
- Report unusual activity or concerns.
- Delegates – Confirm user identification before resetting or reactivating any account.

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