

HPHCURRENT EVENTS

COVID-19: Provider Support and Resources

Harvard Pilgrim values our provider partners and is grateful for everything you are doing to protect the public and save lives during the coronavirus pandemic. First, be assured that we have a business continuity plan in place to ensure sustained operations of our critical business functions while social distancing and work-from-home guidelines are in place.

Second, we have adapted, and will continue to assess and adapt, policies and operations as necessary to support providers in detection and treatment of the virus. We have developed and will continually update information and resources to help address any questions you may have.

We encourage providers to check our [provider website](#) regularly. Among the resources you'll find there are:

- [Provider Information Sheet](#) — Answers questions about testing and treatment, coverage, billing/coding, telemedicine, prior authorization, pharmacy, and more
- [Commercial Interim Telemedicine/Telehealth Payment Policy \(COVID-19 Pandemic\)](#) — Harvard Pilgrim is emphasizing telemedicine/telehealth to members and expanding the scope of our coverage during this pandemic and the interim policy offers guidance on coverage and billing. Please refer to [CMS guidelines](#) for billing instructions for Medicare, as well as the telemedicine section of the Provider Information Sheet linked above.
- [Microsite](#) — Offers tips to help members and the community protect themselves, as well as links to CDC and state health departments.

Please continue to let us know how we can support you during this challenging time by contacting the Provider Service Center at 800-708-4414 or your Provider Relations Consultant or Contract Manager as appropriate. ◆

Oncology Authorization Program Delayed

Harvard Pilgrim understands the unprecedented disruption of the health care system due to the coronavirus pandemic. In light of the significant burden brought upon our provider partners by COVID-19, Harvard Pilgrim has decided to delay the launch of a new oncology and radiation oncology medical management program, which we announced in last month's issue of *Network Matters*.

The program — which was originally scheduled to begin in May for Medicare Advantage with a commercial launch to follow shortly thereafter — is delayed until further notice to allow provider organizations to focus their attention and resources on the coronavirus pandemic and providing urgent care to their patients. We will continue to monitor the situation, which will guide us in setting a new implementation date for our Medicare Advantage and commercial plans.

Our vendor partner for the program, Oncology Analytics, had begun hosting webinars and these will be put on hold as well. We'll provide updates about the program launch

date and rescheduled webinars in future issues of *Network Matters*. Harvard Pilgrim thanks our provider partners for your heroic efforts to care for patients in this difficult time. ◆

New Look for Our Online Provider Directory

Our [online provider directory](#) has a fresh look and improved functionality aimed at making it easier for members to find the provider information they need. The new design is more intuitive for users, including search and filter capabilities that are more prominent.

Additionally, the directory is now mobile responsive, with screens that automatically size and scale for use with smartphones and tablets. We also collaborated with The Carroll Center for the Blind to improve functionality for blind and visually impaired members, who can now access our tools via a screen reader.

These updates are all part of Harvard Pilgrim's overarching commitment to delivering an integrated and seamless experience for our valued members and providers. We hope you and your patients enjoy this improved design and functionality! ◆

Medicare Advantage: Referral Procedure Change for ME and NH

Harvard Pilgrim is modifying our current referral procedures for our Medicare Advantage plans, effective April 1, 2020. Under the updated policy, it's no longer necessary for Medicare Advantage providers to initiate a referral transaction for Maine and New Hampshire members when referring to another participating provider. This will align Medicare Advantage referral processes with our commercial referral policy for these states.

Specialist claims for most services will require evidence of a referral indicating the specialist provided care at the request of the member's primary care physician (PCP) of record. When verifying eligibility with Harvard Pilgrim, please confirm that you have accurate information about the member's PCP of record.

To meet this requirement the specialist should include the member's PCP name and National Provider Identifier (NPI) on the CMS-1500 claim form— completing box 17 (referring PCP's name) and 17b (referring PCP's NPI).

Harvard Pilgrim will accept this as adequate proof of a referral for Maine and New Hampshire members. It is not necessary to initiate referral requests through any other channels (such as by phone, fax, mail or electronically). However, failure to provide complete referral information (accurate referring provider name and NPI) on the claim will result in an administrative denial.

Referral practices for Massachusetts Medicare Advantage members are unchanged; PCPs must submit requests for referrals to Harvard Pilgrim prior to the services being rendered.

In addition, referrals to a non-participating provider outside the Harvard Pilgrim Stride network require an authorization.

For more information, please refer to the updated [Medicare Advantage Referral Policy](#).



Reminder: New PCP Change Functionality in Portal

You can now change a member's primary care physician (PCP) quickly and easily through our [HPHConnect provider portal](#), with the member's permission of course. This new feature, which we announced in previous issues of *Network Matters*, became operational at the end of last month. This is part of our ongoing effort to deliver tools that make it even easier for providers to work with us.

To learn how to use this functionality, please refer to our step-by-step [user/training guide](#), which you can also find in the HPHConnect section of our provider website.

The feature can be used for members whose plans require a PCP under our HMO and POS products. To ensure proper claim adjudication, a PCP change will be effective the day the request is submitted. When making the submission, you will receive a:

- Request to attest that the member has consented to make the change
- Notification to inform the member that the change may increase their cost share if they are part of a tiered plan (depending on the change being made). Please advise the member to contact the Harvard Pilgrim Member Services department for additional details.

If a member doesn't meet eligibility requirements, an error message will be displayed. If you need assistance with this feature, please contact the Provider eBusiness Services team at provider_ebusiness_services@harvardpilgrim.org or 800-708-4414 (option #1, #6). ◆

CLINICIAN CORNER

InterQual Criteria for Cholecystectomy

Harvard Pilgrim currently requires prior authorization for commercial cholecystectomy procedures, and for dates of service beginning May 1, 2020, we will adopt InterQual criteria for medical review.

In addition to the codes currently requiring prior authorization, the following CPT codes will be added to the policy and will require prior authorization:

- 47612 (cholecystectomy with exploration of common duct; with choledochenterostomy)
- 47620 (cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography)

With the adoption of InterQual criteria, when submitting your authorization request through HPHConnect, electronic authorization questionnaires — which will replace the existing Cholecystectomy Prior Authorization Request Form — will guide you through the criteria. This more streamlined authorization request process is more efficient for office staff and can result in a quicker authorization determination.

For guidance on using HPHConnect to request an authorization and accessing the InterQual criteria, refer to this [training presentation](#). To request additional training, contact us at Provider_Experience@harvardpilgrim.org.

For more information, please refer to the updated [Cholecystectomy Medical Review Criteria](#). You may view and print the following SmartSheet questionnaires via HPHConnect (go to www.harvardpilgrim.org/providerportal, select Resources and then the Upcoming InterQual link):

- Cholecystectomy, Laparoscopic (Pediatric)
- Cholecystectomy, Laparoscopic
- Cholecystectomy, Open ◆

Sleep-Related Supply Code Updates

Harvard Pilgrim no longer requires prior authorization for coverage of the following sleep-related HCPCS supply codes for commercial members:

A4604 – Tubing with heating element	A7035 – Pos airway press headgear
A7027 – Combination oral/nasal mask	A7036 – Pos airway press chinstrap
A7028 – Repl oral cushion combo mask	A7037 – Pos airway pressure tubing
A7029 – Repl nasal pillow comb mask	A7038 – Pos airway pressure filter
A7030 – CPAP full face mask	A7039 – Filter, non disposable w PAP
A7031 – Replacement facemask interfa	A7044 – Oral interface used with positive airway pressure device, each
A7032 – Replacement nasal cushion	A7045 – Repl exhalation port for PAP

A7033 – Replacement nasal pillows	A7046 – Repl water chamber, PAP dev
A7034 – Nasal application device	

For complete information, please refer to the following policies, which Harvard Pilgrim has updated to reflect this change:

- [Durable Medical Equipment \(DME\) Authorization Policy](#)
- [Non-Invasive Airway Assist Devices \(CPAP, APAP, and BiPAP\) and Related Sleep Therapy Supplies Notification Policy](#)
- [Durable Medical Equipment \(DME\) Payment Policy](#)
- [Sleep Studies Payment Policy](#)

Please keep in mind that maximum replacement frequency limits may apply; refer to your DME Fee Schedule for more information. ◆

Pharmacy and Therapeutics Committee Meeting Update

At the March 2, 2020 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medications below and decided the following:

Name & Indication	Decision
<p>Sunosi (solriamfetol) — Used to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea.</p>	<p>Premium and Value formularies: Preferred brand with prior authorization Core NH formulary: Remains non-formulary Medicare Advantage formulary: Specialty Tier (Tier 5) with prior authorization</p>
<p>Wakix (pitolisant) — Used for the treatment of excessive daytime sleepiness in adult patients with narcolepsy.</p>	<p>Premium and Value formularies: Non-preferred brand specialty with prior authorization Core NH formulary: Remains non-formulary Medicare Advantage formulary: Remains non-formulary</p>
<p>Oxervate (cenegermin-bkbj) — Used to treat neurotrophic keratitis.</p>	<p>Premium and Value formularies: Non-preferred brand specialty with prior authorization Core NH formulary: Remains non-formulary Medicare Advantage formulary: Remains Specialty Tier (Tier 5) with prior authorization</p>

<p>Rocklatan (netarsudil/latanoprost) — Used for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.</p>	<p>Premium and Value formularies: Preferred brand Core NH formulary: Remains non-formulary Medicare Advantage formulary: Preferred brand with step therapy</p>
<p>Inbrija (levodopa inhalation powder) — Used for the intermittent treatment of OFF episodes in patients with Parkinson’s disease treated with carbidopa/levodopa.</p>	<p>Premium and Value formularies: Non-preferred brand with step therapy Core NH formulary: Remains non-formulary Medicare Advantage formulary: Remains Specialty Tier (Tier 5)</p>
<p>Palynziq (pegvaliase-pqpz) — Used to reduce blood phenylalanine concentrations in adult patients with phenylketonuria who have uncontrolled blood phenylalanine concentrations greater than 600 micromol/L on existing management.</p>	<p>Premium and Value formularies: Non-preferred brand specialty with prior authorization Core NH formulary: Remains non-formulary Medicare Advantage formulary: Remains non-formulary</p>

Specialty Pharmacy Program Updates

Harvard Pilgrim’s Specialty Pharmacy Program has added the following medications:

Name	Indication	Coverage	Available From
<p>Trikafta (elixacaftor, tezacaftor and ivacaftor tablets; ivacaftor tablets)</p>	<p>Treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one <i>F508del</i> mutation in the <i>CFTR</i> gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to confirm the presence of at least one <i>F508del</i> mutation.</p>	<p>Pharmacy</p>	<p>Accredo</p>
<p>Piqray (alpelisib)</p>	<p>Treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression</p>	<p>Pharmacy</p>	<p>CVS Specialty</p>

	on or after an endocrine based regimen.		
Skyrizi (risankizumab-rzaa)	Treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.	Pharmacy	CVS Specialty (mandatory)
Xpovio (selinexor)	Treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody.	Pharmacy	Onco360

Complex Case Management Services

Harvard Pilgrim provides case management services to help patients attain optimal health and quality of life and achieve greater self-reliance in managing their health care. Our complex case managers are nurses who provide systematic coordination and assessment of services using evidence-based clinical guidelines. Harvard Pilgrim’s complex case managers partner with our staff social workers and pharmacists to help coordinate care and access to services for patients with multiple complex conditions.

These programs assist patients with conditions such as chronic kidney disease, cancer, heart disease, asthma, diabetes, and a variety of rare diseases. Complex case managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness. Our case management programs proactively identify at-risk patients, who typically have co-morbidities and psychosocial needs that can significantly diminish their quality of life and make it difficult for them to adhere to treatment plans.

Case management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about Harvard Pilgrim’s complex case management programs, including how to refer patients, please visit the [Complex Case Management page](#) on Harvard Pilgrim’s website or call 866-750-2068. ◆

Disease Management Programs Reinforce Physician Treatment Plans

Harvard Pilgrim takes a comprehensive approach to disease management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. Harvard Pilgrim's disease management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are automatically enrolled in Harvard Pilgrim's disease management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Census reports from hospital or ER visits
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

For a full list of all of Harvard Pilgrim's disease management programs, visit our [Disease and Health Risk Management](#) webpage. To enroll a Harvard Pilgrim member into one of our programs, e-mail healthandwellness@harvardpilgrim.org or call 866-750-2068. ♦

OFFICE ASSISTANT**Help Us Keep Directory Information Up to Date**

The Centers for Medicare & Medicaid Services and other regulatory bodies require health plans to maintain and update data in provider directories, and we rely on our providers to review their data and notify us of any changes as they happen to ensure that members have access to accurate information.

Harvard Pilgrim is participating in efforts through HealthCare Administrative Solutions to institute a centralized process for providers (using CAQH's DirectAssure®) to review and report changes to demographic data. Implementation is ongoing via a phased approach.

DirectAssure was successfully implemented for our directly contracted providers in Massachusetts, and we will be expanding the implementation to directly contracted providers in New Hampshire, Maine, and Connecticut in the coming months. Providers identified for implementation will be contacted by CAQH with a request that they review and attest to their data. To learn more, visit the [HCAS website](#).

If you are not currently using DirectAssure for provider directory updates, please continue to use existing processes to review and report changes to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, and other practice data. You may review this information via our online Provider Directory. If you need to update any information, please fill out a [Provider Change Form](#) and submit it to Harvard Pilgrim's Provider Processing Center by email at PPC@harvardpilgrim.org.

Additionally, please note that as new providers join your practice, it is equally important to make sure practice locations submitted for enrollment and inclusion in the Harvard Pilgrim provider directory are locations where the provider regularly provides direct patient care. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider's demographic profile, but not in the provider directory.

Notification of address, acceptance of new patients, and other demographic information changes should be submitted at least 30 days in advance. For any further questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

Billing Update: Surgical Pathology for Prostate Needle Biopsy

Harvard Pilgrim is updating our commercial provider billing standards for the reimbursement of surgical pathology for any method of prostate needle biopsy, effective for dates of service beginning June 1, 2020.

With the update, Harvard Pilgrim will no longer reimburse CPT code 88305 (Level IV - Surgical pathology, gross and microscopic examination is for the gross and microscopic examination of a specimen to provide a diagnosis) when it is reported with either of the following ICD-10 diagnosis codes:

C61 – Malignant neoplasm of prostate

R9720 – Elevated prostate spec antigen

Instead, to report surgical pathology alongside one of these diagnosis codes, providers should bill **one unit** of CPT code G0416, regardless of the number of specimens biopsied.

For more information, please refer to Harvard Pilgrim’s updated commercial [Laboratory and Pathology Payment Policy](#). ♦

Payment Policy Updates: Advanced Practice Clinicians

Harvard Pilgrim is updating our commercial Certified Nurse Midwives, Certified Professional Midwives, Nurse Practitioners and Physician Assistants Payment Policy, effective for dates of service beginning April 1, 2020.

The updates provide clarification regarding Harvard Pilgrim’s credentialing and enrollment standards for advanced practice clinicians — including provider types Harvard Pilgrim credentials and assigns an individual provider number, and those we do not require credentialing for but will enroll. For further information, please refer to [the updated policy](#). ♦

***Network Matters* is a monthly newsletter for the Harvard Pilgrim provider network**

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