

# Utilization Management

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect<sup>SM</sup>. For UnitedHealthcare's related policies/procedures, please go to [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) or call 800-708-4414.

## Programs

Harvard Pilgrim believes members are best served when they receive well coordinated care that is appropriate for their needs. We expect providers who deliver health services to our members to provide high-quality services that are clinically appropriate for the individual, and consistent with evidence-based standards of care.

Harvard Pilgrim makes utilization decisions affecting health care services provided to our members in a fair, impartial, and consistent manner.

We recognize that inappropriate utilization (over or under-use) of health care services may adversely impact members' health or result in adverse outcomes (e.g., missed opportunities to prevent illness or diagnose/treat illness at an early stage, inadequate or excessive treatment of chronic illness), and have designed our Utilization Management (UM) programs to facilitate the appropriate, efficient and cost-effective management of members' care. While cost and other resource issues are considered as part of our responsible decision-making process, Harvard Pilgrim's UM staff (including clinicians who make utilization-related decisions, and those who supervise them) make authorization and denial decisions based solely on medical necessity, clinical appropriateness of care, and the availability of benefits.

As a matter of policy, Harvard Pilgrim does not make decisions regarding the hiring, compensation, termination, promotion or other similar matters of clinical reviewers based on the likelihood that they will support the denial of benefits. In addition, we do not reward individuals who conduct utilization review for issuing inappropriate denials (i.e., denials of coverage for appropriate, medically necessary services), or offer utilization decision-makers any financial incentives intended to reward the inappropriate restriction of care, or result in under-utilization of medically necessary services. (This does not preclude the use of incentives designed to foster the appropriate, efficient utilization of covered services.)

## Communication Services

Harvard Pilgrim's UM reviewers are available to discuss clinical denials with the practitioners and providers impacted by the denial decision. Written notification of denial decisions includes information explaining how to contact the UM reviewer.

- Providers seeking information about Harvard Pilgrim's UM processes or the authorization of care should call Harvard Pilgrim's Provider Call Center at 800-708-4414.

Harvard Pilgrim's UM and Care Management staff are accessible during regular business hours (Monday-Friday, 8:30 a.m.- 5:00 p.m.) to members, practitioners, and providers seeking information about Harvard Pilgrim's UM processes and/or the authorization of care.

Inquiries received outside of regular business hours are recorded on voice mail. UM and/or Care Management staff (as appropriate) are responsible for following up on all inquiries, and initiating outbound communication to the member or provider, within one business day of receipt, or on the same business day that urgent requests are received.

## Pre-Certification/Prior Authorization

For members enrolled in commercial (HMO, POS, PPO) products, Harvard Pilgrim requires prior authorization for the services listed below. (See *Prior Authorization Policy* in this manual for specific information.):

- Select elective procedures and services (e.g., Bariatric Surgeries, Infertility Services, Formulas and Enteral Nutrition).
- Admissions to skilled and sub-acute nursing facilities (SNFs), inpatient rehabilitation hospitals, and long term acute care hospitals
- Home health services (including home infusion services)
- Hospice services
- New technologies (i.e., services that have not yet been assessed or incorporated into Harvard Pilgrim benefits)

For HMO members, prior authorization is also required for any elective referral to a non-contracted provider.

For the following services, prior authorization is delegated to contracted vendors.<sup>1</sup>

- Lumbar Spine and Interventional Pain Management for Back Pain — prior authorization is delegated to National Imaging Associates.
- Knee, Hip and Shoulder surgeries — prior authorization is delegated to National Imaging Associates.
- Selected non-urgent behavioral health services — prior authorization is delegated to United Behavioral Health dba Optum Behavioral.

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- Elective (non-emergent) outpatient advanced imaging services (including CT/CTA Scans, MRIs, MRAs, and nuclear cardiology tests — prior authorization is delegated to National Imaging Associates.
- Sleep studies — prior authorization is delegated to National Imaging Associates.
- Selected medical benefit drugs (e.g., Actemra®, Cimzia®, Ilaris®, Rituxan® — prior authorization is delegated to CVS Health—NovoLogix.

Prior authorization requirements and network options may vary according to product, and are subject to change. For up to date information:

- See the *Product and Product Administration* section of this manual
- Contact the Provider Service Center at 800-708-4414 and select the option for the Referral/Authorization Unit, or
- Visit Harvard Pilgrim’s provider site at [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

## Inpatient Utilization Management

Most admissions to participating acute care hospitals may be approved by the primary care physician (PCP) or attending physician. Admission from an emergency department to acute inpatient care does not require prior authorization. This does not preclude concurrent review of the appropriateness and medical necessity of the continued stay, following admission.

Prior authorization from Harvard Pilgrim is required only for:

- Inpatient admissions for services that require prior authorization. (See *Authorization Policy* in this manual for specific information.)
- HMO, Best Buy, and NetOptions member admissions to non-participating facilities

Participating providers are responsible for notifying Harvard Pilgrim before elective inpatient/SDC admissions, and within 48 hours of urgent/emergent admissions. Notification may trigger prospective or concurrent evaluation of the member’s potential care management or discharge planning needs. (During the prior authorization process, our UM staff seeks to identify members whose diagnosis, intensive treatment requirements, and/or co morbidities factors make them likely to benefit from care management or discharge planning assistance/support, and when appropriate, refer these members to available care management or disease management programs.)

### Concurrent Review

Harvard Pilgrim’s nurse care managers (or their designees) use concurrent review to evaluate the medical necessity and clinical appropriateness of ongoing inpatient care provided in selected acute care hospitals, and all extended care facilities including rehabilitation and long-term acute hospitals, and skilled/sub-acute nursing facilities (SNFs). Potential quality of care issues identified during concurrent review are reported to, and reviewed by, Harvard Pilgrim’s Clinical Concerns Department.

Harvard Pilgrim’s care managers are available to assist attending physicians and providers with discharge planning and coordination of care. They are available to discuss Harvard Pilgrim coverage, benefits and utilization management decisions with members and families (as appropriate). Providers can obtain assistance by calling 888-888-4742.

### Retrospective Review

In situations where Harvard Pilgrim’s notification requirements could not be met (e.g., when a member was unable to provide information about his/her Harvard Pilgrim coverage), retrospective review may be used to evaluate potential inappropriate utilization or quality issues.

### Discharge Planning

Hospital/facility staff are responsible for assisting Harvard Pilgrim members with most discharge planning needs. Nurse care managers (or their designees) are available to assist facility staff (and Harvard Pilgrim members and their families, if required) with discharge planning and care coordination.

## Outpatient Utilization Management

All members are encouraged to choose a PCP who is responsible for:

- Providing medically necessary primary care services
- Helping to coordinate the member’s care, including making appropriate referrals (for HMO members using in-network benefits) for medically necessary specialty care

### Ambulatory Services and Outpatient Referrals

The PCP is responsible for determining when specialized care is medically necessary for an individual member.

- In most situations, PCPs refer members to providers within the local medical community, including appropriate specialists available within the PCP’s Local Care Unit (LCU).

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- If an appropriate specialist is not available within the LCU, PCPs are expected to refer members to participating specialists within the Harvard Pilgrim provider network.
- For HMO members, prior authorization is required for all elective (non-urgent) referrals to providers outside the Harvard Pilgrim network.

**Behavioral Health Referral** (See the *Behavioral Health Care Authorization & Notification* policy for more details.)

When behavioral health services are needed, members may be referred (or may self-refer) to Harvard Pilgrim’s Behavioral Health Access Center (888-777-4742) for assistance in accessing mental health and substance abuse services. (Neither prior authorization nor referral from the PCP is required to access routine behavioral health services.)

Unless behavioral health benefits are “carved out” of the member’s Harvard Pilgrim benefit plan, management behavioral health benefits is delegated to United Behavioral Health dba Optum. Harvard Pilgrim retains oversight and overall accountability for all delegated services.

Harvard Pilgrim and UBH expect behavioral health providers to:

- Notify the Behavioral Health Access Center after initiating treatment, and
- Discuss with the member the importance of communicating relevant treatment information to the PCP, and
- Obtain a signed release from the member authorizing the exchange of relevant information (when possible), and
- Provide relevant information including diagnosis and proposed treatment plan (including medications) to the PCP and/or other treating practitioners.

**Other Delegated Services**

UM of prescription benefit drugs that require authorization is delegated to MedImpact, Harvard Pilgrim’s pharmacy benefit management vendor.

**Transfer and Redirection of Care**

**Transfer Between Providers**

A member’s care may be transferred from one provider to another (when medically appropriate) after approval of the member, PCP, and attending physicians. In most cases, transfer of care occurs during the active provision of services to a member.

**Redirection of Care**

Redirection of care occurs when the PCP, or Harvard Pilgrim, intervenes to direct a member’s care from a non-participating to a participating provider. (This includes situations where the member’s LCU intervenes to direct a member’s care from a provider outside the LCU to a provider within the LCU.) Redirection of care typically occurs before services are provided to the member. Harvard Pilgrim:

- Reserves the right to intervene (before services are rendered) to redirect a member’s care from nonparticipating to participating providers (when medically appropriate), and
- Supports LCUs when they redirect a member’s care from a participating provider outside of the LCU to another within the PCP’s LCU

Harvard Pilgrim does not hold members financially responsible for covered services received from “non-participating providers” in situations where the member was referred inappropriately by the PCP, but Harvard Pilgrim and the LCU reserve the right to correct such inappropriate referrals by redirecting members’ care to participating providers when clinically appropriate.

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<sup>1</sup>Harvard Pilgrim retains oversight and overall accountability for all delegated services.