

HPHCURRENT EVENTS**Reminder: New Pharmacy Benefit Manager in 2020**

As we announced in last month's issue of *Network Matters*, Harvard Pilgrim has selected OptumRx to offer pharmacy benefit management services for our commercial and Medicare Advantage plans as of Jan. 1, 2020. Following the transition, providers will need to obtain prior authorizations through OptumRx and submit mail service prescriptions to OptumRx Home Delivery.

Key points to be aware of during the transition

- Active prior authorizations and open refills will automatically be transferred to OptumRx
- Harvard Pilgrim will continue to manage our own pharmacy program, including drug formularies, the development of utilization management criteria, and the appeals function
- Requesting new prior authorizations and ordering mail service prescriptions will need to be done using OptumRx
- Harvard Pilgrim's specialty pharmacy and fertility pharmacy vendors are not changing

Requesting prior authorization

Phone and fax:

- Commercial members: Phone – 855-258-1561; Fax – 844-403-1029
- Medicare Advantage members: Phone – 855-524-0380; Fax – 844-403-1028

Mail (all lines of business):

OptumRx
Prior Authorization Department
P.O. Box 25183
Santa Ana, CA 92799

In addition, OptumRx offers a tool that integrates with many electronic medical record systems to enable providers to check current prescription coverage and price based on the member's benefit plan; find alternative medications; and request prior authorization.

Options for ordering mail service prescriptions

Your patients can continue to have maintenance medications mailed to their home through OptumRx Home Delivery. Your patients can sign up for this service directly or you can request it by:

- E-prescribing to OptumRx Home Delivery via your usual e-prescribing system
- Calling OptumRx at 855-258-1561
- Completing a [New Prescription Mail-In Order Form](#) and send it to:
 - OptumRx
P.O. Box 2975
Mission, KS 66201



New Beth Israel Lahey Health Products

Harvard Pilgrim is introducing three new commercial products for Beth Israel Lahey Health (BILH) employees, effective Oct. 1, 2019 for Anna Jaques Hospital employees and Jan. 1, 2020 for the remainder of the BILH member population.

The new products will be called Domestic and Community HMO, HMO Plus, and Tiered POS. The BILH Tiered POS and HMO Plus plans will be tiered, full-network products, with cost sharing varying by tier. The BILH Domestic and Community HMO will be a tiered, limited-network product. Members of this plan will have access to network benefits when services are rendered by providers who are participating in the network, and cost sharing will vary by tier.

Please refer to our online [provider directory](#) for information on participating providers and tier, when applicable, for these new products and benefits. You can recognize members with these products and benefits by their ID cards. ◆

Medicare Advantage 2020 Updates

As open enrollment for Medicare Advantage began on Oct. 15, we want to update you on our plans and benefits for 2020.

Service area

The service area for StrideSM (HMO)/(HMO-POS) Medicare Advantage plans remains the same for 2020. As a reminder:

- **Maine:** Androscoggin, Cumberland, Franklin, Kennebec, Knox, Sagadahoc, Waldo, and York counties

- **Massachusetts:** Barnstable, Bristol, Essex, Middlesex (excluding ZIP Codes 01824, 01826, and 01863), Norfolk, Plymouth, Suffolk, and Worcester counties
- **New Hampshire:** Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan counties

Benefit and plan changes for 2020

Depending on the state, Medicare beneficiaries can choose from the following Stride plan options:

<i>PLAN NAME</i>	<i>MAINE</i>	<i>MASSACHUSETTS</i>	<i>NEW HAMPSHIRE</i>
Basic Rx (HMO)	✓	✓	✓
Value Rx (HMO)	✓	✓	✓
Choice Rx (HMO-POS)	✓		✓
Value Rx Plus (HMO)		✓	✓
Gain Rx SM (HMO)			✓

Plans continue to offer competitive premiums; low or no PCP copays; inpatient hospital coverage; routine care and wellness visits; Part D prescription drugs; hearing aid coverage; and annual eye exams. In addition, members can still earn up to \$125 in gift cards for completing activities to support their health.

Depending on the member's plan, below are updates for 2020. As a reminder, coverage for these benefits is dependent on medical necessity, and applicable prior authorization requirements may apply.

- Choice Rx (HMO-POS) plan option with the flexibility to go outside the Stride provider network for Medicare-covered outpatient items and services. Member cost sharing is the same out-of-network as in-network, as are referral and authorization rules. This is the only Medicare Advantage plan Harvard Pilgrim offers that includes an out-of-network benefit.
- \$0 premium Basic Rx (HMO) plan options available in every county.
- \$0 copay for Tier 1 preferred generic drugs during the Coverage Gap across all plans.
- Dental coverage enhanced across all plans. For example, Basic Rx (HMO) plans will now cover preventive dental services up to \$500 annually.
- Over-the-counter items expanded to include electric toothbrushes, water flossers, digital scales, and incontinence supplies.
- The Wallet Benefit enhanced to include reimbursement for a fitness tracking device as well as bathroom safety devices and installation, if needed.
- \$0 copay for one-way trips by car or SUV to routine medical appointments.

- The Gain RxSM (HMO) plan expanded into Cheshire and Coos counties. This plan is designed to complement the New Hampshire Medicaid Program, even though it is not a specialized Medicare Advantage Plan (also known as a Medicare “Special Needs Plan”).

If you have questions about our 2020 StrideSM (HMO)/(HMO-POS) Medicare Advantage plans or would like information to display in your office, please contact your [Provider Relations representative](#). ◆

MA Ban on Vaping Products and Harvard Pilgrim’s Smoking Cessation Coverage

In support of state and national regulatory efforts aimed at vaping and e-cigarette usage, Harvard Pilgrim would like to remind our provider network of our smoking cessation product coverage.

In September 2019, Massachusetts Governor Charlie Baker declared a public health emergency due to severe lung disease associated with the use of e-cigarettes and vaping products. The state has imposed a four-month ban of all sales of vaping products to allow medical experts to determine what is causing vaping-related pulmonary illnesses and how to improve the regulation of these products. Other states have issued bans on flavored vaping products. In conjunction with the MA ban, Governor Baker has also issued a standing order for FDA-approved over-the-counter (OTC) nicotine replacement therapy products.

Commercial pharmacy coverage

Harvard Pilgrim’s Commercial Premium and Value formularies cover OTC and prescription smoking cessation products within quantity/duration limits as noted below:

Smoking Cessation Products	Maximum Quantity	Maximum Day Supply (within the previous 365 days)
OTC Products*		
Nicotine patch	1 per day	180
Nicotine gum & lozenge	480 in 30 days	180
Prescription Products		
Nicotrol cartridge inhaler	168 cartridges per fill	180
Nicotrol NS Spray	40 mLs [4 units] per fill; 180 mLs per year	180
Chantix (varenicline)	N/A	182
Bupropion SR 150 mg tablet (generic of Zyban)	180 tablets in 365 days	180

**Although OTC nicotine replacement products can be purchased without a prescription, a prescription is required for coverage through Harvard Pilgrim.*

All of these smoking cessation products fall under the **Affordable Care Act** and are eligible for \$0 cost share under most benefit plans. Age restrictions may apply.

Medicare Advantage pharmacy coverage

Harvard Pilgrim's StrideSM (HMO) Medicare Advantage formulary includes coverage for prescription smoking cessation products, some with quantity limits, as noted below. Please note that OTC products are excluded from Stride coverage.

Prescription Smoking Cessation Products	Maximum Quantity
Nicotrol cartridge inhaler	N/A
Nicotrol NS Spray	400 mLs per 365 days
Chantix (varenicline)	336 tablets per 365 days
Bupropion SR 150 mg tablet (generic of Zyban)	N/A



Harvard Pilgrim and Boston Children's Hospital Combat Adolescent Vaping

Harvard Pilgrim is pleased to announce our collaboration with Boston Children's Hospital on an Adolescent Vaping Project to help doctors and counselors care for youth with vaping addictions. Harvard Pilgrim Health Care Foundation has provided a \$100,000 grant to enable Boston Children's Hospital to develop a training manual and protocol for primary care providers and counselors to treat vaping addiction in youths and provide ongoing consultation for treatment and prevention.

"Harvard Pilgrim recognizes the devastating impact vaping is having on our youth and communities throughout Massachusetts," said Michael Carson, president and CEO of Harvard Pilgrim. "We are proud to partner with Boston Children's Hospital to help handle this serious and critical issue, and together we are proactively supporting awareness, prevention, and care programs that address this need."

As part of the Adolescent Vaping Project, Harvard Pilgrim and Boston Children's Hospital will also be hosting three training conferences across Massachusetts in 2020 to disseminate the materials, and will provide ongoing phone consultation to practices that implement the curriculum. ◆

New Address for Submission of Medicare Advantage Claims

Please be aware that beginning Jan. 1, 2020, the address for submitting StrideSM (HMO) Medicare Advantage claims is changing to:

Harvard Pilgrim Health Care, Inc.
c/o Stride Claims Processing
P.O. Box 93430
Lubbock, TX 79493

For Stride claims mailed prior to this date, you should continue to use the following address:

Harvard Pilgrim Health Care, Inc.
c/o Stride Claims Processing
P.O. Box 151288
Tampa, FL 33684-1288

For additional information on claims submission, please refer to the [Claims Policy in the Medicare Advantage Provider Manual](#). ◆

CLINICIAN CORNER

Polivy Now Covered With Prior Authorization

Harvard Pilgrim now covers the medication Polivy, which was approved by the FDA in June 2019, for members of our commercial plans with prior authorization. Polivy is used for the treatment of diffuse large B-cell lymphoma or high-grade B-cell lymphomas.

For complete information, please refer to Harvard Pilgrim's new [Polivy Medical Policy](#). To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). ◆

Updates to Vitamin D Screening and Testing Medical Policy

Effective for dates of service beginning Jan. 1, 2020, Harvard Pilgrim is updating our commercial medical policy for Vitamin D Screening and Testing.

The updated policy will adopt recommendations from Choosing Wisely, an initiative of the American Board of Internal Medicine (ABIM) created to promote medically necessary care that is: supported by evidence, not duplicative of other tests or procedures already received, and free from harm.

Refer to Harvard Pilgrim's updated [Vitamin D Screening and Testing Medical Policy](#) for a list of covered ICD-10 codes as defined by the Massachusetts Health Policy Commission. ◆

Diabetes Management Devices Medical Policy Update

Harvard Pilgrim has updated our commercial Diabetes Management Devices Medical Policy to reflect that the Eversense Continuous Glucose Monitoring System and Omnipod Dash insulin pump are considered experimental/investigational and are not eligible for reimbursement.

As a reminder, prior authorization is required for all covered diabetes management devices. For complete information, please refer to Harvard Pilgrim's updated [Diabetes Management Devices Medical Policy](#). ♦

Medicare Advantage: Authorization for Yescarta, Kymriah, and Onpattro

Harvard Pilgrim will require prior authorization for the following drugs for members of our StrideSM (HMO) Medicare Advantage plans, effective for dates of service beginning Jan. 1, 2020:

- Yescarta (Q2041) — for the treatment of adults with relapsed or refractory large B-cell lymphoma
- Kymriah (Q2042) — for the treatment of B-cell precursor acute lymphoblastic leukemia and hereditary large B-cell lymphoma
- Onpattro (C9036) — for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults

These medications will be covered with prior authorization when the criteria outlined in their respective policies have been met. To request authorization, fill out a [Medicare Advantage Prior Authorization Request Form](#) and fax it to 866-874-0857.

For complete information, please refer to Harvard Pilgrim's StrideSM (HMO) [Yescarta](#), [Kymriah](#), and [Onpattro](#) Medical Policies. ♦

Updates to Commercial and Stride Hysterectomy Policies

Harvard Pilgrim has updated our commercial and StrideSM (HMO) Medicare Advantage medical policies for hysterectomy. The updates to the commercial policy will be effective for dates of service beginning Nov. 22, 2019, whereas the updates to the Stride policy will take effect on Jan. 1, 2020.

Commercial policy

This policy is being updated to adopt the use of InterQual criteria and tools, as part of the initiative detailed in the May 2019 issue of *Network Matters*. This includes an electronic questionnaire with a series of questions to help determine medical necessity.

Stride policy

Updates to the Stride policy include, among other things: the exclusion of single port laparoscopic hysterectomy; robotic hysterectomy; and prophylactic hysterectomy for indications other than Lynch syndrome, as well as the addition of specific coverage criteria for oophorectomy.

Prior authorization will also be required for CPT code 58575 (Laparoscopy, surgical, total hysterectomy for resection of malignancy [tumor debulking], with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed).

More information

For complete information, please refer to Harvard Pilgrim's updated [commercial Hysterectomy Medical Policy](#) and [StrideSM \(HMO\) Medicare Advantage Medical Policy](#). ◆

OFFICE ASSISTANT**2020 CPT and HCPCS codes**

Harvard Pilgrim will accept new 2020 CPT and HCPCS codes for dates of service beginning Jan. 1, 2020, and will update fee schedules and policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2019 will be denied. Harvard Pilgrim's commercial [Non-Covered Services Payment Policy](#) will be updated in the first quarter of 2020 to reflect the 2020 code changes. ◆

Medicare Advantage: Home Care Reimbursement Methodology

Effective for dates of service beginning Jan. 1, 2020, Harvard Pilgrim is updating the reimbursement methodology for Home Care services provided to Harvard Pilgrim StrideSM (HMO) Medicare Advantage members.

This change is to ensure compliance with Centers for Medicare and Medicaid Services (CMS) regulations. In the 2019 Home Care payment rules, CMS determined that a new case-mix adjustment methodology — the Patient-Driven Grouping Model (PDGM) — would replace the current case-mix model (Home Health Resource Groups, or HHRG).

The transition from HHRG to PDGM is based on when the episode of care starts. Payment for all applicable services provided in an episode of care that started on or prior to Dec. 31, 2019 will be processed under HHRG, while payment for services provided as part of an episode that started on or after Jan. 1, 2020 will be processed under PDGM.

We recently mailed a letter and the updated compensation exhibit to affected providers explaining the change. If you have further questions, please contact your contract manager or send an email to DL-Ancillary_Contracting@harvardpilgrim.org. ♦

NDC Code Required for Professional and Facility Claims

Effective for dates of service beginning Dec. 1, 2019, Harvard Pilgrim will require that all commercial professional claims and facility claims, with the exception of inpatient facility claims, include a valid National Drug Code (NDC) number in addition to the appropriate revenue, HCPCS, or CPT code. A valid NDC will continue to be required when billing for any non-specified drug code.

As a universal identifier for drug products, including the NDC enables Harvard Pilgrim to differentiate the drug used from other drugs that share the same procedure or revenue code. Harvard Pilgrim will also validate that the NDC code provided aligns appropriately with the J code, HCPCS, or CPT code billed.

In addition, it's also important to append modifier JW to identify unused or discarded drugs/biologicals from a single use vial or package. The discarded or unused drug/biological should be billed on a separate line.

For more information, please refer to Harvard Pilgrim's updated commercial [Injectable & Implantable Outpatient Drugs](#). ♦

Correct Use of Modifiers 24, 25, and 57

Harvard Pilgrim offers the following reminders regarding the correct use of the modifiers 24, 25, and 57 for our commercial members.

Modifier 24

This modifier is defined as an unrelated E&M service by the same physician or other qualified health care professional during a post-operative period. Correct use:

- Only submit with evaluation and management (E&M) or eye exam codes
- To indicate that an E&M or eye exam, which falls within the global period of a major or minor surgery and is performed by a surgeon or other qualified health care professional, is unrelated to the surgery and supported by the medical documentation

Incorrect use:

- The E&M is for a surgical complication or infection

- The medical documentation does not clearly indicate the E&M was unrelated to the surgery
- The E&M service is outside the post-op period of a procedure

Modifier 25

This modifier is used to report a significant, separately identifiable E&M service or eye exam that is performed by the same physician or other qualified health care professional on the same day of a procedure or other service.

Correct use:

- When the E&M or eye exam service is above and beyond the usual pre- and post-operative work of a procedure that has a global period of 0 or 10 days performed on the same day
- To indicate that an E&M service or eye exam performed on the same day as a minor surgical service (0 or 10 global days) and performed by the surgeon is a significant and separately identifiable from the usual work associated with the minor surgical service
- When supported by the medical documentation

Incorrect use:

- When the medical documentation shows the usual work performed is consistent with the level of effort normally performed to complete the procedure or surgical service
- When the procedure has no global period or has a 90-day global period (major surgery)

Additionally, if a patient presents specifically for a procedure or service and no separate E&M services are provided beyond those necessary for the procedure, do not assign an E&M code or modifier 25. If a patient is presenting for the evaluation of an injury or illness and happens to have a procedure or service during the visit, then it is appropriate to assign an E&M code with modifier 25.

Modifier 57

This modifier is used to report an E&M or eye exam service that resulted in the initial decision to perform surgery either the day before a major surgery (global period of 90 days) or the day of a major surgery.

Correct use:

- When the initial consultation or evaluation is made the day of or day before a major surgical service (90-day global)
- Reported only when supported by the medical documentation when a decision to perform surgery is made

Incorrect use:

- Appending the modifier to an E&M or eye exam service with a minor surgical service (0 or 10 day global period) performed on the same day
- If on the day of surgery when the surgery is preplanned or prescheduled

Please note that payment for each surgical code includes preoperative assessment, as well as intraoperative and postoperative care —they are not separately reimbursable.

For more information, please refer to Harvard Pilgrim’s commercial [CPT & HCPCS Level II Modifiers Payment Policy](#). ♦

Reminder: Refer Members to Participating Laboratories

Harvard Pilgrim would like to remind you of the importance of using participating laboratory providers for our members. Please keep in mind that Harvard Pilgrim participating providers are contractually obligated to **only** use participating laboratory providers for our members.

Under some of our plans, seeking care from lower-cost laboratory providers can reduce, or even eliminate, member cost share. Conversely, some of our plans do not provide coverage for services provided by non-participating laboratories, in which case the member may be liable for the entire cost of the service. As an additional benefit, many participating laboratories can automatically upload test results into electronic health records, which allows you to share results and reports, helps eliminate duplicate testing, and reduces administrative expenses.

Finding a participating lab near you

You can find the complete list of laboratory providers participating in Harvard Pilgrim’s network in our [Provider Directory](#). For Harvard Pilgrim HMO and PPO plans, participating Harvard Pilgrim independent clinical laboratories include:

- Quest Diagnostics (CT, MA, ME, NH, RI, VT)
- LabCorp (CT, MA, NH, RI)
- NorDx (ME)

As locations change periodically, please contact the laboratory provider to confirm which locations are closest to your office or most convenient for the member.

Individualized & appropriate testing

It is important to remember that only tests that are medically necessary and part of a patient's treatment plan are covered under Harvard Pilgrim's payment policies. Orders should be focused on the patient's individualized diagnosis and treatment plan, and testing should be consistent with accepted industry standards of practice.

When choosing a laboratory, the following practices may be indicative of potential policy or legal violations:

- **Laboratory-generated "custom profile" forms:** These forms are used to create testing panels with components that are not specific to an individual patient's diagnosis and treatment plan. Utilization of these forms often results in medically unnecessary testing being billed to Harvard Pilgrim and your patients.
- **Laboratory results:** Test that are not specifically ordered are not being performed by the laboratory free of charge; they are billed to Harvard Pilgrim and are potentially very costly to your patients. As an example, unless ordered for a specific clinical purpose, it would not be appropriate for a laboratory to routinely perform definitive (quantitative) testing for all negative presumptive (qualitative) urine drug test results.
- **Waiver/capping of patient costs:** The practice of routinely waiving or discounting a patient's copayment, deductible, or coinsurance obligations may be a violation of federal and/or state laws. Certain criminal and civil statutes prohibit offering, paying, soliciting, or receiving any remuneration (including the waiver of member cost sharing) to encourage a person to purchase any good or service for which payment may be made by a health care program.

For more information, please refer to our current Harvard Pilgrim [payment policies](#), or for questions or information on potential legal violations, contact Harvard Pilgrim's Special Investigations Unit at 877-548-6712. ◆

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