

HPHCURRENT EVENTS**NH and ME Telemedicine/Telehealth Mandates Expand Coverage**

As a result of state-specific legislation recently passed in New Hampshire and Maine, Harvard Pilgrim will provide expanded coverage related to telemedicine and telehealth services in 2020 in these states. The expanded coverage will be effective for all fully insured policies in Maine, including Medicare Enhance, issued or renewed on or after Jan. 1, 2020, and it will apply for all New Hampshire fully insured commercial policies effective on or after Jan. 1.

Specifically, remote patient monitoring and the use of asynchronous telecommunication, known as “store and forward” services, will be covered. This is when, as opposed to a real-time consult between a provider and a patient in separate locations, medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner. It is reviewed at a remote site, without the patient being present. Such data could be in the form of still images, video, x-rays, and email communication, among other things. ◆

Fertility Services Coverage Updates for NH, MA, and CT

Harvard Pilgrim will begin offering coverage for fertility treatment for commercial members in New Hampshire (NH) as of Jan. 1, 2020, as a result of recent state legislation requiring health plans to cover certain fertility services. In addition, we are updating our existing commercial Massachusetts (MA) and Connecticut (CT) medical policies for fertility services, effective Feb. 1, 2020.

New NH fertility coverage

Harvard Pilgrim will begin covering fertility services including the following for all NH-based commercial fully insured large and small group plans (the coverage does not apply to individual plans, Medicare Enhance, or Medicare Supplemental):

- Diagnosis of infertility
- Fertility treatment, including evaluations; lab assessments; and medications and treatments associated with the procurement of donor eggs, sperm, and embryos
- Fertility preservation when a member is expected to undergo surgery, radiation, chemotherapy, or other medical treatment that could cause a risk of impairment of fertility — this includes the procurement and cryopreservation of embryos, eggs, sperm, and non-experimental reproductive material

MA and CT medical policy updates

The updates to Harvard Pilgrim's existing commercial medical policies for fertility services will include, among others:

- Clarification that the process of preimplantation genetic testing (PGD) for members seeking in vitro fertilization (IVF) requires two authorizations: the first from AIM for medical review for PGD and the second from Harvard Pilgrim's utilization management department for the IVF portion of the procedure — and that only one cycle of IVF is considered medically necessary (without the need for a documented medical infertility) in order to perform a previously approved PGD
- For members with a BMI greater than 40, weight loss must be accomplished to bring the BMI below 40 before fertility treatment may be covered
- For repeat cycles, documentation must confirm the member requesting IVF has undergone hysterosalpingogram, sonohystogram, or hysteroscopy (to establish uterine contours) **within the past year**
- For cryopreservation related to fertility or medical treatment, documentation must confirm that the member is undergoing medical treatment **in the next three months** (e.g., cancer treatment) that is likely to result in infertility
- Clarification that Harvard Pilgrim covers cryopreservation for a maximum of **up to one year**

More information

For more information, please refer to Harvard Pilgrim's new commercial [NH In Vitro Fertilization \(IVF\) and Other Fertility Services Medical Policy](#) and the updated medical policies for [MA](#) and [CT](#).

We have also updated our [Infertility Services Prior Authorization Request Form](#) and accompanying [IVF/IUI Cycle Summary Forms](#) and will be updating our commercial [Infertility Services Payment Policy](#) as needed by Jan. 1, 2020 to reflect the changes. ◆

Reminder: New Pharmacy Benefit Manager in 2020

As we announced in previous issues 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



Reminder: New Address for Submission of Medicare Advantage Claims

As a reminder, as of 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

Stride members have been provided with new 2020 ID cards, which include the new claims submission address. Please note that EDI payer IDs will remain the same.

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**Genetic Testing Code Updates**

Harvard Pilgrim requires prior authorization for molecular diagnostic testing, managed through AIM Specialty Health[®] (AIM), and as part of our annual code update process, we have updated our Molecular Diagnostic Testing Prior Authorization Policy to include new 2020 CPT and HCPCS codes for dates of service beginning Jan. 1, 2020. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2019 will be denied.

In addition, based on a review of CPT codes for molecular diagnostic services, Harvard Pilgrim will require prior authorization for a number of other existing codes beginning Feb. 1, 2020. For coding and other details, please refer to the updated commercial [Molecular Diagnostic Testing Prior Authorization Policy](#).

As a reminder, ordering providers should request prior authorization from AIM for these codes in one of the following ways:

- Online at www.providerportal.com (refer to www.aimspecialtyhealth.com for registration instructions)
- By telephone at 855-574-6476. (Mon.–Fri., 8 a.m.– 5 p.m. EST)

Medicare Advantage: Coding Updates

Harvard Pilgrim will accept new 2020 CPT and HCPCS codes for dates of service beginning Jan. 1, 2020 and will update policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2019 will be denied.

For details on the services that require prior authorization for Medicare Advantage Stride members and policies, please refer to the [Medicare Advantage Medical Review Criteria](#), as well as this [Stride referral/authorization reference chart](#). ◆

Prior Authorization for Tumor Treating Field Devices

Harvard Pilgrim covers electric tumor treating field devices (HCPCS code E0766), with prior authorization, for the treatment of glioblastoma — a fast-growing malignant tumor of the glial tissue of the nervous system. We have updated the associated medical policy to clarify that these devices are covered for recurrent treatment when initial criteria are met and device data recording confirms compliance of usage for an average of 18 hours per day.

For more information, please refer to Harvard Pilgrim’s updated [Tumor Treating Fields Medical Policy](#). ◆

Cryotherapy Medical Policy Update

Harvard Pilgrim has updated our commercial Cryotherapy for Prostate Cancer Medical Policy to specify that the procedure is considered medically necessary when documentation confirms that the member has not undergone previous local therapy for prostate cancer (for example, radical prostatectomy or radiation) and has localized prostate cancer, stages T1-T3.

As a reminder, prior authorization is required for all cryotherapy procedures requested for members of Harvard Pilgrim’s commercial plans. For more information, please refer to [the updated policy](#). ◆

Medicare Advantage: Chronic Care Improvement Program for Hypertension

Harvard Pilgrim has developed a hypertension program to help support you, your practice, and your Medicare Advantage patients diagnosed with hypertension. Below are just a few ways Harvard Pilgrim supports members, and the clinicians treating them.

Harvard Pilgrim sends an antihypertensive medication adherence report annually in the fall to PCPs, which lists Medicare Advantage members who have a diagnosis of hypertension and a gap in refilling their antihypertensive medication within the past 60 days. It also includes a graph displaying antihypertensive fill history, prescribers' names, and phone numbers, as well as contact information for Harvard Pilgrim's pharmacists for review or consultation.

In addition, Harvard Pilgrim sends a Controlling Blood Pressure booklet to Medicare Advantage members newly identified as having hypertension. The booklet encourages:

- Self-monitoring of blood pressure control through a quiz
- Physician-member engagement and medication review
- Medication adherence through a medication chart and adherence apps
- Blood pressure screening at every office visit or at least annually to identify, prevent, and treat uncontrolled high blood pressure and complications
- Blood pressure monitoring at home and describes how to get a blood pressure monitor
- Support through our nurse care manager program. To refer a patient, call 866-750-2068

In Harvard Pilgrim's StrideSM (HMO) Member Newsletter, we include hypertension-related articles for our Medicare Advantage members at least once a year, covering topics such as the DASH Eating Plan, medication adherence tools, and tips to control blood pressure. This information can be found on the [Health and Wellness page](#) in the Medicare Advantage section of Harvard Pilgrim's member website.

If you have any questions regarding this program, please call our Clinical Programs Department at 800-287-9793. ◆

Metabolic Monitoring for Children and Adolescents on Antipsychotics HEDIS Measure

While the cardiovascular disease (CVD) mortality rate has declined significantly in the United States, patients with severe mental illness continue to die prematurely from cardiovascular disease — with an estimated loss of life expectancy of up to 25 years predominantly due to CVD.

Patients who suffer from serious mental illnesses like schizophrenia, bipolar disorder, and depression comprise about 5 percent of the U.S. population. The leading cause of death in this population is preventable medical conditions like CVD and type 2 diabetes related to health risk factors such as lipid abnormalities, prediabetes, hypertension, metabolic syndrome, overweight/obesity, physical inactivity, and smoking.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS measure, developed in 2015, calculates the percentage of children ages 1–17 who have had two or more antipsychotic prescriptions filled, at least one metabolic test for blood glucose HbA1c, and at least one test for low-density lipoprotein cholesterol (LCL-C) or total cholesterol each year. Examples of first- and second-generation antipsychotic medications included in this measure are chlorpromazine, aripiprazole, clozapine, olanzapine, risperidone, haloperidol, and trifluoperazine.

While antipsychotic medications are effective in treating certain mental illnesses in children, their side effects can lead to or exacerbate other health problems. Children taking antipsychotics are prone to significant weight gain and obesity-related complications such as cardiovascular issues, hypertension, hypercholesterolemia, and insulin-resistant type 2 diabetes. Consequently, it is important that patients on antipsychotic medication have annual metabolic testing, and that the prescribing physician be made aware of the results.

Twice a year, Harvard Pilgrim sends registries to pediatricians and prescribers, listing their patients ages 1-17 who have had two or more antipsychotic prescriptions filled and are missing a cholesterol and/or blood glucose test in the calendar year. Sending this biannual metabolic monitoring report is a fundamental ongoing initiative of Harvard Pilgrim's Patient Safety Program. For more information about this Harvard Pilgrim initiative, contact the Clinical Programs Department at 800-287-9793.

More information

To assist PCPs in navigating behavioral health conditions commonly found in primary care, Optum/UBH's Behavioral Medical Director, Abigail Ostow, has narrated a [Brainshark presentation](#) that highlights various screening tools used as a basis for correctly diagnosing a behavioral health condition and identifying when a referral to a behavioral health provider is necessary. Optum's Provider Express offers additional helpful resources, such as a [Behavioral Health Toolkit for Medical Providers](#), which includes one-page best practices documents on topics like [children and adolescents on antipsychotic medications](#), among others. ◆

Harvard Pilgrim’s Provider Toolkits

As part of an ongoing commitment to improving provider experience and support, we are developing [provider toolkits](#) to assist practices in developing clinical programs and practice standards that improve patient care. These toolkits offer information that can help you identify opportunities for care improvement and implement targeted changes that are evidence-based and can make a meaningful difference in improving continuity and quality of care, enhancing patient-doctor relationships, bolstering engagement and communication, and managing medical costs.

Harvard Pilgrim’s available provider toolkits currently include a [Behavioral Health Toolkit](#) created by Optum, our behavioral health partner, as well as our [Avoidable Emergency Department Utilization Toolkit](#).

As we highlighted in an article from the [April 2019 issue](#) of *Network Matters*, Harvard Pilgrim has made it a priority to reduce avoidable emergency department use among our members. Harvard Pilgrim focuses on access to care, educating Harvard Pilgrim members on the medically appropriate use of emergency departments, and offering support and information to our provider network. The new Avoidable Emergency Department Utilization Toolkit is one example of such provider support. ◆

Commercial Formulary Updates for 2020

Please note the following updates to Harvard Pilgrim’s commercial formularies (Premium, Value, and Core NH), which will take effect on Jan. 1, 2020:

Abbreviations: ST = Step Therapy; PA = Prior Authorization; NF = Non-formulary

Drug	Indication	Formulary Status as of 1/1/20		
		Premium	Value	Core NH
Northera (droxidopa)	Treatment of orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension caused by primary autonomic failure (Parkinson's disease, multiple system atrophy, and pure autonomic failure), dopamine beta-hydroxylase deficiency, and	PA	PA	NF

	non-diabetic autonomic neuropathy.			
Pancreaze (pancrelipase)	Treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.	ST	ST	ST
Pertzye (pancrelipase)		ST	ST	NF
Viokace (pancrelipase)	Treatment of exocrine pancreatic insufficiency due to chronic pancreatitis or pancreatectomy (in combination with a proton pump inhibitor).	ST	ST	NF
Takhzyro (lanadelumab-flyo)	Prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients 12 years and older.	PA	PA	PA
Cerdelga (eliglustat)	Long-term treatment of adult patients with Gaucher disease type 1 who are CYP2D6 extensive metabolizers, intermediate metabolizers, or poor metabolizers as detected by an FDA-cleared test.	PA	PA	PA
Tyvaso (treprostinil inhalation solution)	Treatment of PAH (World Health Organization Group I) to improve exercise ability.	PA	PA	PA
Ventavis (iloprost inhalation solution)	Treatment of PAH (World Health Organization Group I) to improve a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration.	PA	PA	PA
Rinvoq (upadacitinib)	Treatment of adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate.	PA	PA	PA
Skyrizi (risankizumab-rzaa)	Treatment of moderate-to-severe plaque psoriasis in adults	PA	PA	PA

	who are candidates for systemic therapy or phototherapy.			
<p><u>Infertility Medications*</u></p> <p>Bravelle (urofollitropin), Cetrotide (cetorelix), chorionic gonadotropin, Ganirelix, Gonal-F (follitropin alfa), Menopur (menotropin), Novarel (chorionic gonadotropin), Ovidrel (choriogonadotropin alfa), and Pregnyl (chorionic gonadotropin)</p>	<p>Gonadotropin therapy for females with infertility.</p> <p>There may be other indications, which vary depending upon individual drug.</p>	PA	PA	PA

**Coverage is coordinated with medical benefit. Self-administered drugs including ovulatory injections are covered only for members with Harvard Pilgrim prescription drug coverage, who are in an active, authorized cycle of infertility treatment. ◆*

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 began in July and is ongoing via a phased approach. 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. ◆

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

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