

HPHCURRENT EVENTS

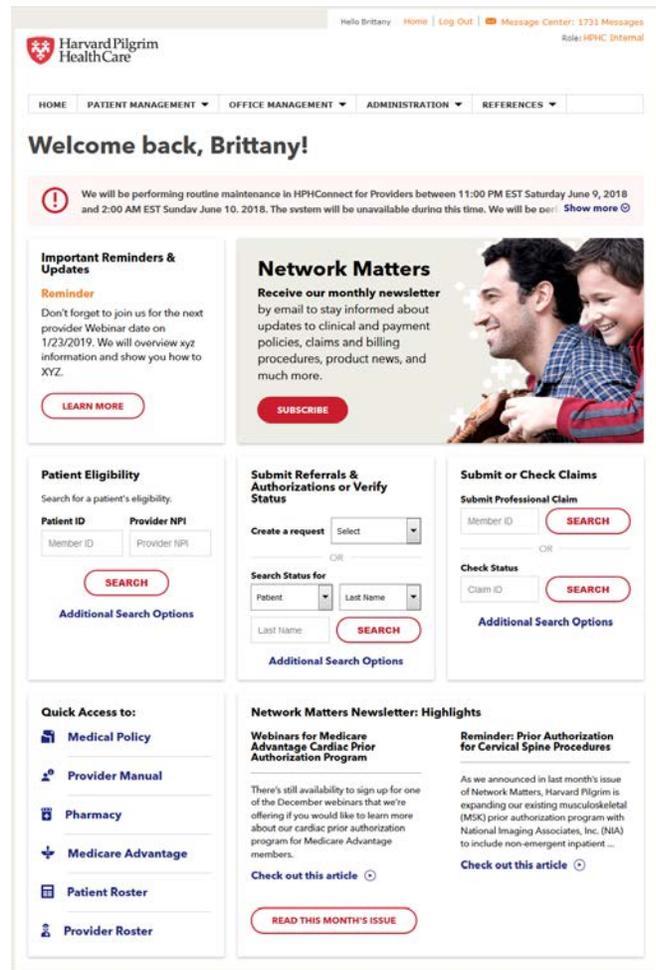
HPHConnect for Providers Updated with New Look and Functionality

If you haven't used *HPHConnect* for Providers lately we encourage you to [visit the portal](#) to see the new look. On Feb. 1, we launched a new portal home page that offers greater convenience for users. You'll find the tools you use most frequently at your fingertips, with the home page featuring quick access to:

- Verifying eligibility
- Submitting referrals
- Checking authorization status
- Viewing claims status

As you can see in the image included, the home page also features the latest news, policy updates, and 60-day notices from our monthly provider newsletter *Network Matters* to keep you and your office staff up to date on everything you need to know. The toolbar at the top of the page will remain the same.

This change reflects our commitment to making it as easy and efficient as possible for you to do business with us. If you haven't signed up to use *HPHConnect* yet, visit our website today [to learn more](#) about this web-based transaction service and to [register today](#). ♦



2018 Physician Group Honor Roll Announced

Harvard Pilgrim would like to congratulate the 61 physician groups in Massachusetts, Maine, and New Hampshire named to our 17th annual Physician Group Honor Roll. The annual Honor Roll highlights physician groups that have achieved exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

Harvard Pilgrim selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 16 measures, such as appropriate treatment for children with upper respiratory infection, comprehensive diabetes care, and breast cancer screenings. 12 of the 61 practices on the Physician Group Honor Roll achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in all domains of clinical care.

Honor Roll physician groups are noted in Harvard Pilgrim's [Provider Directory](#), enabling members to evaluate and select providers based on quality and safety performance. To view the complete list of this year's recipients, and to learn more about Harvard Pilgrim's methodology, please visit the [2018 Physician Group Honor Roll page](#). ♦

CLINICIAN CORNER

Reminder: UM Decision-Making and Communications

As a reminder, Harvard Pilgrim has established policies and procedures that govern our utilization management program. We will periodically share this information in *Network Matters* to ensure that providers are familiar with our policy and know how to access it.

As our [Utilization Management Policy](#) documents, Harvard Pilgrim makes utilization decisions that are clinically appropriate for the member and consistent with evidence-based standards of care. Harvard Pilgrim's utilization management 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, or promotion 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.

Our utilization management reviewers and care management staff are available during regular business hours (Monday-Friday, 8:30 a.m.- 5 p.m. EST) to speak with members, practitioners, and providers seeking information about utilization management processes and/or the authorization of care. Providers seeking this information should

call Harvard Pilgrim's Provider Call Center at 800-708-4414, or our Medicare Advantage Provider Service Center at 888-609-0692.

For complete details, please read the [Utilization Management Policy](#) in our online *Provider Manual* (visit www.harvardpilgrim.org > Provider Manual > Network Operations and Care Delivery Management > Care Delivery Programs). You can also find information on which services require prior authorization for commercial members in the [Referral, Notification, Authorization section](#) of the [commercial Provider Manual](#) and the [Quick Reference Guide by Service & Product chart](#). For Medicare Advantage prior authorization information, please refer to the [Access to Care](#) section of the [Medicare Advantage Stride Provider Manual](#) and the [Stride Prior Authorization and Referral Chart](#).

To ensure providers understand the basis upon which Harvard Pilgrim coverage decisions are made, clinical criteria are published on Harvard Pilgrim's provider site at www.harvardpilgrim.org/providers. You may also obtain printed copies by contacting the Provider Service Center at 800-708-4414 (commercial products) or 888-609-0692.



Retacrit Now Covered with Prior Authorization

Harvard Pilgrim now covers the medication Retacrit for members of our commercial plans. Retacrit is an epoetin alfa that was approved by the FDA in May 2018 as a biosimilar to Epogen and Procrit for the treatment of anemia due to: chronic kidney disease in patients on dialysis and not on dialysis; the use of zidovudine in patients with HIV infection; and the effects of concomitant myelosuppressive chemotherapy. It is also approved to reduce the need for allogeneic red blood cell transfusions in patients undergoing elective, noncardiac, nonvascular surgery.

As with Epogen and Procrit, the use of Retacrit requires prior authorization. You can find the complete list of covered indications and coverage criteria on Harvard Pilgrim's updated Epogen, Procrit, and Retacrit prior authorization policy.

The following codes have been added for coverage, and require prior authorization:

Q5105 - Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units

Q5106 - Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units

To request authorization, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For more information, please refer to Harvard Pilgrim's [Epogen, Procrit, and Retacrit Medical Review Criteria](#) and [prior authorization request form](#). ◆

Harvard Pilgrim No Longer Covers Cooling Devices

Harvard Pilgrim considers cold therapy units and passive or active cooling and compression devices for all uses — including but not limited to the treatment of musculoskeletal injuries and the reduction of pain and swelling associated with postoperative orthopedic trauma and orthopedic surgery recovery — experimental/investigational. Effective for dates of service beginning Feb. 1, 2019 for our commercial plans, Harvard Pilgrim will no longer cover these devices.

The following associated HCPCS codes have been added to Harvard Pilgrim's [Non-Covered Services Medical Policy](#), and will deny if billed:

- E0218 – Water circulating cold pad with pump
- E0236 – Pump for water circulating pad

**Members' Rights and Responsibilities**

Harvard Pilgrim members receive a copy of the Members' Rights and Responsibilities upon enrollment, and all clinicians receive a copy at the time of contracting and credentialing and annually thereafter. Periodically, Harvard Pilgrim includes this information in *Network Matters*. Please take a moment to review. Because this information may vary among states, please be sure to read the full [Rights and Responsibilities page](#) of the commercial *Provider Manual*.

Members have a right to:

- Receive information about Harvard Pilgrim's services, practitioners, providers, and members' rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in decision-making regarding their health care
- Engage in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Harvard Pilgrim or the care provided
- Make recommendations regarding the organization's members' rights and responsibilities policy

Members have a responsibility to:

- Provide, to the extent possible, information that Harvard Pilgrim and its practitioners and providers need to care for them
- Follow the plans and instructions for care that they have agreed upon with their practitioners

- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible



OFFICE ASSISTANT

Medicare Advantage: Report Primary Diagnosis Codes in Primary Position

For dates of service beginning April 4, 2019, when a claim is submitted for a StrideSM (HMO) Medicare Advantage member that includes a Z code with a Primary Diagnosis Only (PDO) requirement, the Z code must be reported as the principal diagnosis for an institutional claim or primary/first-listed diagnosis for a professional claim.

If a claim is submitted with a Z code with a PDO requirement listed in any position other than the first position, the claim will deny and will need to be resubmitted in order for the submitter to be reimbursed. Codes for any subsequent diagnoses resulting from the primary encounter should be reported in the additional diagnosis fields.

Harvard Pilgrim is implementing this coding update to promote the most accurate possible disease classification and reporting, improve claims payment accuracy, and ensure the correct application of member cost share.

For any questions you may have, please contact Harvard Pilgrim's Medicare Advantage Provider Service Center at 888-609-0692. ◆

2019 Fee Schedule Updates

On April 1, 2019, Harvard Pilgrim will update its commercial:

- Standard professional fee schedule, incorporating recently released Medicare relative value units (RVUs) and laboratory rates for 2019. Reimbursement for injectable drugs will be based on 106% of Medicare Average Sales Price (ASP) where applicable.
- Standard professional and hospital fee schedule methodologies for specialty pharmacy drugs to either the standard fee schedule methodology or Harvard Pilgrim's specialty pharmacy discount, depending on which is lower.
- Durable medical equipment (DME) fees, which may also include changes resulting from Harvard Pilgrim's annual review of purchase (NU), maintenance (MS), and rental (RR) terms, and item limits.

- MA Chiropractor and Optometry fee schedules to include differential rates when services are provided in a facility setting.

Beginning in mid-February, providers may request 2019 sample fee schedules by calling the Provider Service Center at 800-708-4414. ◆

Reminder: HPHConnect Account Revalidation

Each year, *HPHConnect* user accounts must undergo an account revalidation — a regular review by all in the Main Office Contact role to ensure that a user’s access is limited to only those functions that are necessary to accomplish that person’s job.

As part of this review, each main office contact should:

- Delete user accounts for anyone who no longer requires access, including individuals who have changed positions or left the organization, ensuring that only active staff members have access to the portal protects office data.
- Confirm that active accounts are attached to the correct roles.

Completing account revalidation is also a good way for Main Office Contacts to confirm that their staff are using the portal instead of calling Harvard Pilgrim, and thus saving time and using more efficient processes.

Users in the following roles are considered a Main Office Contact: Office Manager, Clinician, and Clinician Designee-Office Manager. Please note that a group may have multiple Main Office Contacts and that each must complete the revalidation.

To determine when your account is due for annual account revalidation, please:

- Log in to *HPHConnect*.
- Click on “System Admin” to view your list of users.
- Review the “Validated Through” column. If any of the dates in that column are prior to today’s date, the account is overdue and should be revalidated.

Failure to complete an annual revalidation may result in losing *HPHConnect* access for the account.

You’ll find instructions on performing an account revalidation at the top of the user maintenance screen in *HPHConnect* or in the [Account Revalidation User Guide](#) found on the [User Guides & Forms page](#) in the *HPHConnect* section of Harvard Pilgrim’s Provider website. For more information, please refer to the [HPHConnect Account Revalidation Policy](#) in our online commercial Provider Manual or contact Provider eBusiness Services at provider_ebusiness_services@harvardpilgrim.org or 800-708-4414 (option 1 then option 6). ◆

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

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Read *Network Matters* online at www.hphc.org/providers. For questions or comments about *Network Matters*, contact Anmarie Dadoly at annmarie_dadoly@harvardpilgrim.org or (617) 509-8074.