

## HPHCURRENT EVENTS

### **Improved Functionality, New Design for HPHConnect Referrals**

Starting on May 1, you'll see that we've updated HPHConnect for Providers with a new design that makes it even quicker and easier for you and your office staff to submit and check on referral requests. This is part of an overall project to update the look and feel of HPHConnect and improve provider experience.

Benefits of the updated page include:

- Fresh, intuitive design
- Greater simplicity, with fewer fields to complete
- Smart searches for quicker entry
- Ability to create and save templates for frequently used requests

Keep in mind that the referral process itself remains the same; you'll be submitting the same information as you do today. The only change is that we've revamped our referral page to make it even simpler to use. Refer to the [HPHConnect Referrals Page Update Presentation](#) for sample images and a step-by-step explanation of the new screens.

### **Webinars and training materials**

Because the referral section was redesigned to be intuitive and easy to navigate, it's likely that you'll find that submitting and checking on a referral is simpler than ever before. Still, we have plenty of resources available to answer any questions.

We've posted the following print materials on the [Updated HPHConnect Referral Page](#) section of our provider website: [the training presentation](#), [Referrals User Guide](#) and [Quick Reference Guide](#), and [an FAQ](#). We'll be adding a video training presentation in the coming weeks.

We're also offering webinars in which we'll walk you through the electronic referral process and answer any questions about the updated pages. We're offering one-hour sessions as follows (click the link to register):

- [Thursday, April 25 at 1 p.m.](#)
- [Friday, April 26 at 9 a.m.](#)
- [Monday, April 29 at 10 a.m.](#)
- [Tuesday, April 30 at 9 a.m.](#)
- [Tuesday, April 30 at 1 p.m.](#)

We'll add more sessions as needed in May. See future issues of *Network Matters* and the HPHConnect home page for more details.

**Call-in sessions**

In addition, our eBusiness team is offering drop-in conference calls. If you have a question about the updated referrals page, join us between 9–9:30 a.m. any Tuesday or Thursday throughout May by calling 240-454-0887 and entering access code 162 317 66.

We look forward to hearing your feedback on the new design and functionality for electronic referral submission through HPHConnect. ◆

**Submitting Claims for Fidelity, Sedgwick, and Nielsen Members**

Please keep the following information in mind regarding the correct process for submitting claims for Fidelity Investments, Sedgwick Claims Management Services, and Nielsen members. As a result of the partnership Health Plans, Inc. (HPI), a Harvard Pilgrim company, has with UMR (UnitedHealth Care’s third-party administrator solution) HPI manages claims from Massachusetts, New Hampshire and Maine providers for Fidelity, Sedgwick, and Nielsen members, whereas UMR manages claims from Connecticut, Rhode Island, and Vermont providers for these members. This took effect on Jan. 1, 2019.

<b>Submitting Claims for Fidelity, Sedgwick, and Nielsen Members</b>	
<b>Provider State</b>	<b>Submit Claims</b>
MA, NH, ME	<p><b>Electronic:</b>  <b>HPHC Payer ID# 04271</b>  <b>HPHConnect, NEHEN, NEHENNet:</b> Claims will be transferred to HPI for processing.  <b>Web/MD Change Health:</b> Use HPI’s Payer ID# 44273</p> <p><b>Paper:</b>                      Mail to Health Plans Inc., P.O. Box 5199, Westborough, MA 01581</p>
CT, RI, or VT	<p><b>UMR</b>  <b>Electronic:</b> Payer ID# 39026  <b>Paper:</b> UMR, P.O. Box 30541, Salt Lake City, UT 84130-0541</p>
<p><b>Note:</b> If you submitted a claim for these members to an incorrect address and received a rejection message, you must resubmit the claim to the appropriate address noted above to ensure receipt of claim and appropriate processing.</p>	

## Recognizing members

You can recognize members of the Fidelity, Sedgwick, and Nielsen plans by their ID cards, which display the Harvard Pilgrim logo on the front of the card and the HPI logo on the back (see the sample below). In addition, the electronic eligibility response will display the plan name as *Health Plans HPHC UMR UHC PPO*.

Please note that while HPI members typically are assigned member ID numbers beginning with HH, this is not the case for the Fidelity, Sedgwick and Nielsen members.

For your reference, the group numbers for these accounts is as follows:

- Fidelity                      Group # 76-413512
- Nielson                        Group # 76-413554
- Sedgwick                      Group # 76-413489



## Shared Decision-Making Tools for Members and Providers

To aid you and your patients in making health care decisions together, Harvard Pilgrim offers a variety of shared decision-making tools from Healthwise on our provider and member websites. Healthwise is a leader in delivering actionable health care information, and their shared tools aid providers and their patients in making health care decisions together — decisions based on patients’ preferences and values and the most relevant scientific evidence available.

The [Shared Decision-Making page](#) in the Medical Management section of our provider website provides an overview of the program, which consists of a collection of patient decision aids available through the [Healthwise Knowledgebase](#). These aids address an extensive range of health topics, such as [back and neck pain](#); [obesity and weight loss surgeries](#); [cancer](#); [heart and circulation](#); [behavioral health](#); and much more. They offer valuable educational information to help patients understand the risks and benefits of

different treatment options, so they can make informed health decisions for themselves and their families.

The materials available through our shared decision-making program are designed to foster collaboration among Harvard Pilgrim members and providers that leads to best possible quality of care, health outcomes, and satisfaction. ◆

## CLINICIAN CORNER

### **NICU Program with ProgenyHealth Begins June 1**

Harvard Pilgrim is partnering with ProgenyHealth, which specializes in neonatal care management services for the first year of life, to promote healthy outcomes for newborns who are premature and have medically complex cases. Beginning June 1, 2019, ProgenyHealth's neonatologists, pediatricians, and neonatal nurse case managers will work closely with neonatal intensive care unit (NICU) physicians, nurses, and facilities to perform utilization management, review of level of care, and discharge planning for babies receiving NICU care.

This program applies for members of our commercial products. There is no change in the NICU notification process for providers; please continue to notify Harvard Pilgrim of all non-routine newborn care (Level II-IV), including all NICU admissions, as outlined in our [Non-Routine Newborn Care NICU Admission Notification Policy](#). Notification may be done electronically through HPHConnect or NEHEN or via fax (800-232-0816) or phone (800-708-4414).

After receiving notification, Harvard Pilgrim will inform ProgenyHealth, and their clinical staff will contact the appropriate staff at the NICU facility. Harvard Pilgrim will be mailing information about the program to contracted facilities with NICUs in the next month.

This program takes a collaborative approach with care providers, working with NICU physicians and nurses to share best practices and achieve the best possible outcomes. ProgenyHealth will serve as a liaison for Harvard Pilgrim, providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

In addition, ProgenyHealth offers services to families including a dedicated case manager to support them, as well as access to an extensive online information library and an on-call staff member available 24 hours a day/7 days a week.

Additional information about ProgenyHealth's services is available at [www.progenyhealth.com](http://www.progenyhealth.com). ♦

## **Emergency Department Overuse**

Harvard Pilgrim is committed to improving the quality and value of care for our members, and the physicians in our network are key partners in the pursuit of that goal. In 2019, Harvard Pilgrim has made it a priority to reduce avoidable emergency department (ED) use among our members. Our approach focuses on addressing issues of access to care, offering support and information to our provider network, and educating Harvard Pilgrim members on the medically appropriate use of EDs (the [Emergency Care Payment Policy](#) in Harvard Pilgrim's commercial Provider Manual offers information on the ED services we do and do not cover).

According to [data from the Massachusetts Health Policy Commission](#) (HPC), over half of the respondents to the 2014 Massachusetts Health Insurance Survey who had been to the ED in the past year said they had done so because they could not get a timely appointment with their usual source of care. Some potential solutions that could improve access to timely primary care include expanding provider office hours, connecting patients with retail clinics and [urgent care centers](#), and increasing the availability of nurse hotlines and telehealth (which Harvard Pilgrim offers through our telemedicine vendor, [Doctor On Demand](#)), and granting nurse practitioners full practice authority.

In the 2016 Cost Trends Report, the HPC reported that 42% of all ED visits in Massachusetts in 2015 were avoidable. As we detailed in [this article from the May 2018 issue of Network Matters](#), this sort of overuse can be combated through methods like identifying the critical characteristics of over-utilizers in this space, developing action plans with ED staff, and supporting primary care provider practices.

At the Massachusetts Medical Directors' Meeting last spring, Harvard Pilgrim medical directors, the medical leaders of participating hospitals and provider organizations, and other local industry leaders discussed the importance of decreasing avoidable ED visits and addressed potential strategies. You can find the agenda from that meeting and a copy of the presentation on our [MA Medical Director Meetings page](#). Additionally, the [Massachusetts Employer Health Coalition](#) has some helpful materials on appropriate ED use that you can share with your patients or hang up in your office, like [this poster](#) on when to go to an urgent care center and when to go to the emergency room. ♦

## **Advance Care Planning Coverage (99497 & 99498)**

Advance care planning is a crucial step to ensuring that patients get the medical care they want when they are unable to speak for themselves due to illness or injury.

Without clear end-of-life conversations, family members may be burdened with worry that they will make a choice their loved one would not have wanted, and patients may receive more aggressive treatment than they would have chosen. Conversely, early and frequent conversations among providers, patients, and families about their preferences for end-of-life care can provide the patient with peace of mind that his or her medical wishes will be followed, ease the burden on family members, and prevent unwanted treatment.

While clinical research has found that advance care planning can improve the quality of life for patients with serious, progressive, and potentially fatal conditions, patients rarely initiate these conversations with their doctors and family members. As a result, it's important for physicians to educate patients about advance care options and encourage them to prepare an advance directive.

### **Coverage for advance care planning**

Recognizing the importance of advance care planning, Harvard Pilgrim encourages you to use the following codes to support these important conversations:

- 99497 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- 99498 — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

If you or your patients are interested in learning more about how to start the advance care planning conversation, you can find more resources [here](#). Additionally, the National Institute on Aging offers helpful information and resources for patients on the [Advance Care Planning page](#) on their website, and the [website for National Healthcare Decisions Day](#) (an annual nationwide initiative focused on providing clear, concise, and consistent information on health care decision-making and advance care planning to both the public and providers/facilities) offers helpful resources and suggestions for how providers can take part in this year's April 16 event. ◆

### **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 see 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](mailto:healthandwellness@harvardpilgrim.org) or call 866-750-2068. ◆

### **Prior Authorization Required for Ilumya**

Beginning June 1, 2019, Harvard Pilgrim will require prior authorization for the medication Ilumya for members of our commercial plans. Ilumya (J3245) was approved by the FDA in March 2019 for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

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

### **Prior Authorization for Cutaquig and Libtayo**

Harvard Pilgrim requires prior authorization for the new medications Cutaquig and Libtayo for our commercial members.

Cutaquig, which was approved by the FDA in December 2018, is a subcutaneous immune globulin product used to treat primary humoral immunodeficiency in adults. Libtayo was approved in September 2018 and is used to treat patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation.

For both Cutaquig and Libtayo, bill the HCPCS code J3590 (unclassified biologics). To request authorization, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For complete criteria, please refer to our [Subcutaneous Immune Globulin \(SCIG\) prior authorization policy](#) and [Libtayo prior authorization policy](#). ◆

### **Prior Authorization Required for Onpattro**

Effective for dates of service beginning April 5, 2019, Harvard Pilgrim will require prior authorization for the medication Onpattro (C9036) for our commercial members.

Onpattro was approved by the FDA in August 2018 for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adult members of our commercial plans.

To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to Harvard Pilgrim’s [Onpattro Prior Authorization Policy](#). ♦

## **Alcohol and Drug Use Disorder: Treatment and Helpful Resources**

Abuse of alcohol and drugs is a challenging and far-reaching problem, exacerbated by the fact that patients and their loved ones often do not know where to begin in addressing it — or even how to start the conversation. Harvard Pilgrim wants to support providers and their patients with tools that aid in patient education and effective coordination of care between providers involved in the treatment of a common patient who demonstrates signs of alcohol or drug use disorder.

### **Helpful resources for your patients**

Harvard Pilgrim encourages providers to direct patients who may struggle with alcohol or drugs and/or their families to Optum/UBH’s Substance Use Treatment Helpline at 855-780-5955. This confidential service — which is available 24 hours a day, seven days a week, and provided at no added cost to members — features education on appropriate treatment options, coverage, cost of care, and more, as well as highly personalized attention from substance abuse treatment advocates (specialized licensed clinicians). Also available is an online help and support page at <https://liveandworkwell.com/recovery>, where your patients can find the answers to many frequently asked questions and links to numerous substance use topics.

Additionally, Harvard Pilgrim and Optum/UBH have published several materials for providers to share with patients and their families. The materials, which can be found in the [“Patient Education Handouts”](#) section of our provider website, offer information about warning signs, treatment programs for substance use disorders, and resources for guidance and support. Of particular note, the recently updated “When Does Using Become Abusing?” flyer linked in this section provides a helpful checklist for patients to review when determining whether they may be at risk for a substance use disorder, including binge drinking. It also offers information about how abusing prescribed pain medication can escalate into a serious addiction, and how to anonymously begin to seek treatment for a substance use disorder if the checklist indicates that you may have one.

### **Resources for providers**

Optum/UBH (Harvard Pilgrim’s behavioral health partner) can help with referrals for outpatient behavioral health services by locating in-network services — including chemical dependency services and providers of specialized treatments — as well as practitioners to provide initial screening evaluations and, if needed, subsequent psychological or neuropsychological testing referrals.

To refer a patient for behavioral health services, call Optum at 888-777-4742. ◆

**Pharmacy & Therapeutics Committee Meeting Update**

At the March 4, 2019 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medications below and decided the following:

P&T Committee Review and Decisions		
Name	Indication	Decision
Epidiolex (cannabidiol)	Used to treat seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients age 2 and older.	<ul style="list-style-type: none"> <li>• <b>Premium and value formularies:</b> Moved to non-preferred brand with prior authorization</li> <li>• <b>Medicare Advantage formulary:</b> Remains at specialty tier</li> </ul>
Lucemyra (lofexidine)	Used to mitigate the symptoms of opioid withdrawal to facilitate abrupt opioid discontinuation in adults.	<ul style="list-style-type: none"> <li>• <b>Premium and value formularies:</b> Moved to non-preferred brand with step requirement</li> <li>• <b>Medicare Advantage formulary:</b> Moved to specialty tier</li> </ul>
Qbrexza (glycopyrronium)	Used topically to treat excessive underarm sweating in patients age 9 or older.	<ul style="list-style-type: none"> <li>• <b>Premium and value formularies:</b> Moved to non-preferred brand with step requirement</li> <li>• <b>Medicare Advantage:</b> Not eligible for coverage under Part D as the manufacturer does not have a signed discount agreement with CMS (labeler list).</li> </ul>



**Specialty Pharmacy Program Updates**

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

Name & Indication	Coverage	Available From
<p><b>Xospata (gilteritinib)</b> Treatment of adults who have relapsed or refractory acute myeloid leukemia (AML) with an FLT3 mutation as detected by an FDA-approved test.</p>	Pharmacy	Limited Distribution Drug: Onco 360
<p><b>Daurismo (glasdegib)</b> Used in combination with low-dose cytarabine for the treatment of newly-diagnosed acute myeloid leukemia.</p>	Pharmacy	CVS Specialty Non-Mandatory
<p><b>Vitrakvi (larotrectinib)</b> Used in the treatment of certain adult and pediatric patients with solid tumors.</p>	Pharmacy	Limited Distribution Drug: CVS Specialty
<p><b>Lorbrena (lorlatinib)</b> Used to treat certain patients with non-small cell lung cancer.</p>	Pharmacy	CVS Specialty Non-Mandatory
<p><b>Talzenna (talazoparib)</b> Used to treat adults with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) HER2-negative locally advanced or metastatic breast cancer.</p>	Pharmacy	CVS Specialty Non-Mandatory



**OFFICE ASSISTANT**

**Correct Use of Modifiers 58, 78, and 79**

Harvard Pilgrim would like to offer some reminders regarding the correct use of the modifiers 58, 78, and 79 for our commercial members. These modifiers are used in conjunction with procedures performed within the global period of another procedure, but have commonly misunderstood differences that can often lead to misuse.

**Modifier 58**

This modifier is defined as follows: staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period

Correct use:

- To report a staged procedure planned at the time of the original procedure
- For therapy following a diagnostic procedure
- When performing a second or related procedure during the postoperative period
- When appended or applied to a procedure with a 10- or 90-day global surgical period that requires a return to the operating room for a procedure
- When the staged procedure is more extensive than the original procedure (Example: CPT code 19307-RT is performed during the global period of CPT 19125-RT. CPT code 19307 should be reported with modifier 58 as it is considered a more extensive procedure.)

Incorrect use:

- Appending the modifier to a procedure with a 0-day global surgical period or where the global concept does not apply
- Appending to procedure code that indicates “one or more sessions” (i.e. CPT 67028, Destruction of localized lesion of retina, one or more sessions)
- Reporting the treatment of a complication from the original surgery (see Modifier 78)
- When the procedure is unrelated to the original procedure

### **Modifier 78**

This modifier is used to report a “return to the operating room for a related procedure during the postoperative period.”

Correct use:

- When a second procedure is necessary due to a complication during the postoperative period that requires a return trip to the operating room
- When the procedure was unplanned

Incorrect use:

- When the procedure is unrelated to the original procedure
- On procedures performed in the office location
- When the procedure is not within the postoperative period

### **Modifier 79**

This modified is used to report an “unrelated procedure or service by the same physician during a post-operative period.”

Correct use:

- When the procedures are unrelated but are being performed by the same physician during the postoperative period

Incorrect use:

- When the procedure is related to the original surgery or a staged surgery
- If appended to a procedure code when the global concept doesn't apply

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

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

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