

HPHCURRENT EVENTS

Streamlining Provider Enrollment and Credentialing Processes

Harvard Pilgrim has made improvements to our provider enrollment and credentialing processes, with a focus on turnaround times, quality, and service. As part of this effort, we recently redesigned our [Provider Change Form](#) to display information more clearly and create a simpler experience for providers. Please use this form for demographic changes such as change in address, telephone number, or panel status; changes to local care unit; or a provider termination.

One of the most significant contributors to an efficient experience is Harvard Pilgrim's timely receipt of all the information required to process provider enrollment changes. Because of the importance of this information in reducing turnaround times, Harvard Pilgrim would like to share the following reminders regarding commonly missing items:

- Please include the requested effective date of the change.
- Changes to provider enrollment must be made on a prospective basis, in accordance with Harvard Pilgrim policies and procedures. For example, for demographic changes, such as a change to a provider's name, address, NPI, or practice status, a minimum of 30 days' notice is necessary, whereas at least 60 days' notice is required for the addition of a local care unit or hospital affiliation, or for a termination.
- Be sure that you include a valid NPI, TIN, and all other applicable provider information.
- For provider termination changes, the reason for termination is required.
- Harvard Pilgrim cannot process changes to a PCP's local care unit affiliation until we have received a termination request from the previous local care unit affiliation.
- For new or additional specialties or provider types that require credentialing, a W9 and an [HCAS Provider Enrollment Form](#) are necessary.

Harvard Pilgrim is also making a change to our credentialing practices for physical, occupational, and speech therapy (PT/OT/ST) providers in New Hampshire, as well as some providers in Connecticut.

Effective Dec. 1, 2017, each PT/OT/ST group will be credentialed and enrolled at the group level. PT/OT/ST practitioners who are part of a group will not be credentialed or contracted individually. This is currently our standard practice for most PT/OT/ST providers, and we are applying it universally to generate greater consistency across all states. PT/OT/ST practitioners who are not part of a group will continue to be credentialed and contracted individually.

If you have any further questions, please contact the Provider Service Center at 800-708-4414.◆

Webinar for Genetic Testing Authorization

Next month, Harvard Pilgrim and AIM Specialty Health are hosting a webinar for providers who want to learn more about the genetic/genomic and molecular testing program for our Medicare Advantage members.

The webinar will be offered on Wednesday, Dec. 6 at noon. Registration is not required. For information and to connect to the meeting, please visit the [webinar website](#).

Additional webinars will be offered in the first quarter of 2018, at which time we anticipate expanding the genetic testing authorization program to include our commercial members.

Overview of the genetic testing program

As we announced in [last month's issue of *Network Matters*](#), for dates of service beginning Jan. 1, 2018, Harvard Pilgrim is requiring prior authorization through AIM Specialty Health for genetic/genomic and molecular testing for our Medicare Advantage members, including:

- Genetic testing for hereditary cardiac disease
- Genetic testing for hereditary cancer susceptibility
- Genetic testing for single-gene and multifactorial conditions
- Pharmacogenetic and thrombophilia genetic testing
- Reproductive carrier screening and prenatal diagnosis
- Somatic tumor testing
- Whole genome sequencing

Under this program, the ordering clinician is responsible for obtaining prior authorization through AIM Specialty Health. Providers may begin making prior authorization requests for genetic/genomic and molecular testing beginning Dec. 18, 2017.

Any genetic/genomic and molecular tests performed on or beyond Jan. 1, 2018 will not be reimbursed if a prior authorization was not obtained. To ensure that they are eligible for reimbursement, providers rendering these services should verify that the necessary prior authorization has been obtained prior to performing the test. Ordering providers should request prior authorization 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)

More information

Please refer to our [Stride \(HMO\) Medicare Advantage Molecular Diagnostic Management Medical Review Criteria](#) and [Molecular Diagnostic Management Authorization Policy for Stride](#) for complete information. ◆

2018 Star Ratings Measure Quality and Patient Satisfaction

The Centers for Medicare and Medicaid Services (CMS) has recently released its 2018 Star Ratings measures, which gauge the quality of care delivered to members of Medicare Advantage plans and assess patient satisfaction. The Star Ratings program evaluates health plans' performance on weighted measures related to clinical outcomes, patient experience, access to care, and general process.

Our providers' commitment to care coordination and follow-up, patient outreach, and getting patients in for regular visits is vital to Harvard Pilgrim's performance, as well as to patients' perception of the quality of care they receive from their health plan and their health care providers.

Measures for 2018 Star Ratings are determined based on numerous HEDIS measures, Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (MA and PDP CAHPS) responses, the Medicare Health Outcomes Survey (HOS), and more. Topics include:

- Medication adherence
- Care and outreach regarding issues common in the Medicare Advantage population (e.g., diabetes, hypertension, cholesterol, medication therapy management, balance and falling, physical activity, and bladder control)
- Members' perception of their ability to get appointments in a timely manner
- How well members believe their care is coordinated
- How members rate their health plan and the quality of their prescription drug plan
- Members' perception of their physical and mental health and whether they have improved, declined, or stayed the same over the past year

Harvard Pilgrim recently completed a proxy survey that asked our Medicare Advantage members the same sorts of questions that are found in the surveys noted above. The proxy survey will help Harvard Pilgrim understand where patient experience is better, where it is not as strong, and what needs to be improved.

Harvard Pilgrim's Network Medical Management team looks forward to sharing reports with feedback from the proxy survey with our large provider groups in 2018. We value our relationships with our trusted providers; together as partners, we can collaborate to deliver the best possible care to our members.

For any questions you may have about the program and what Harvard Pilgrim is doing to improve our performance, please contact Noreen Hurley by phone at 617-509-2111 or via email at noreen_hurley@harvardpilgrim.org. ♦

CLINICIAN CORNER

Update: 3D Mammography Coverage

Effective for dates of service beginning Jan. 1, 2018, Harvard Pilgrim will cover digital breast tomosynthesis (DBT), commonly known as 3D mammography, for screening or diagnostic purposes in all states. Previously, 3D mammography services were denied as experimental/investigational*.

In 2018, when 3D mammography is performed for medically necessary screening, Harvard Pilgrim will accept the 3D add-on code 77063+ when filed with a 2D CPT (77067 or G0202) code.

When 3D mammography/DBT is used for diagnostic purposes, providers may submit 3D services in one of the following ways:

- Using one of the following 3D-specific codes: 77061 and 77062
- Using 2D (77065 or 77066) diagnostic codes with the following 3D add-on code: G0279.

Harvard Pilgrim will not separately reimburse 3D add-on codes filed with 2D services. These add-on codes will deny as provider liable and the member cannot be balance billed.

Harvard Pilgrim will add any newly covered codes to the fee schedules as needed. For additional information, please refer to the updated [Mammography Medical Policy](#).

**Harvard Pilgrim recognizes and reimburses all 3D mammography in Connecticut in accordance with a 2016 state mandate. ♦*

Update: Commercial Medical Transportation Policy

Harvard Pilgrim further updated and clarified our policy requiring prior authorization for non-emergent transportation for our commercial members. Under this policy, which went into effect in May, Harvard Pilgrim requires prior authorization for non-emergent transportation including air (fixed-wing) and ground transportation (ambulance).

Effective immediately, please note that prior authorization is not required for commercial members being transported from a hospital to a skilled nursing facility (H to N). However, prior authorization remains required for non-emergent transport from a skilled nursing facility to a hospital (N to H).

In summary, prior authorization is also **not required** for commercial members for the following:

- Transportation between acute care hospitals and mental health facilities (H to H)
- Transportation between acute care hospitals (H to H)

- Transportation between an acute care hospital and a long-term acute care facility (LTAC) or inpatient rehabilitation facility (IRF) [H to H]
- Transportation from a hospital to a skilled nursing facility (H to N)
- Wheelchair van transports

All other non-emergent transportation requires prior authorization. Providers coordinating transportation should utilize participating medical transportation providers. For complete information, please refer to our updated commercial [Medical Transportation Medical Review Criteria](#) and when requesting authorization please complete the [Non-Emergent Ground Transportation Prior Authorization Request Form](#). ♦

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 *Provider Manual*.

Members have a right to:

- Receive information about Harvard Pilgrim, its services, its practitioners, and 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 ◆

PCPs and Behavioral Health Care Providers — Working Together

Collaboration between PCPs and behavioral health care providers is central to effective patient care, helping to minimize adverse medication interactions for patients taking medications for behavioral health conditions, allowing for better management of treatment, and improving follow-up for patients with mental health and other medical disorders.

How providers can help each other

Post-referral communication among providers treating a common patient aids the PCP by confirming that the patient followed through on the referral to the behavioral health care provider. In requesting that the patient complete a confidential exchange-of-information form, the PCP assists the behavioral health practitioner by providing, among other things:

- The reason for the referral (presenting problem, preliminary behavioral health diagnoses, chief concern, etc.)
- Information on any medical conditions the patient may have or medications currently being prescribed
- Any helpful follow-up information or updates

You can find an easy-to-use [Confidential Exchange of Information form](#) on Harvard Pilgrim's website to help you facilitate coordination of care. The form requires the signature of the member, authorizing the release of confidential information.

How Optum/UBH can help you

Optum/UBH can help with referrals for outpatient behavioral health services by locating in-network services — including chemical dependency services and providers of specialized treatments — and locating practitioners to provide initial screening

evaluations and, if needed, subsequent psychological or neuropsychological testing referrals.

They can also assist with inpatient behavioral health services in a multitude of ways, including:

- coordinating bedside psychiatric consultation for patients admitted to medical inpatient units
- assisting with any medically necessary transfers to inpatient behavioral health services
- identifying in-network behavioral health care providers to facilitate discharge planning

Practitioners can call the Optum/UBH Physicians Consultation Service at 800-292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. ◆

OFFICE ASSISTANT

Clarification on Inpatient Acute Medical Admissions Policy

In the September 2017 issue of *Network Matters*, Harvard Pilgrim published [an article](#) informing providers that effective Nov. 15, 2017, we are extending the timeframe from 7 days to 30 days for what Harvard Pilgrim considers to be a readmission for diagnosis-related groups (DRGs) and global case rate facilities.

We would like to clarify that the readmission policy addressed in the September article applies only to members who are readmitted **to the same hospital or facility**.

Under the updated policy, members who are readmitted to the same hospital or facility within 30 days of an inpatient discharge, for the same or a related condition for which they were treated during the original admission, may be reviewed. If it is determined that the member is being treated for the same or a related condition as the original admission to the same facility, reimbursement for the readmission will be retracted.

For more information, please refer to Harvard Pilgrim's updated [Inpatient Acute Medical Admissions Payment Policy](#). ♦

Update to Evaluation and Management Payment Policy

Harvard Pilgrim is updating our Evaluation and Management Payment Policy, effective for dates of service beginning Dec. 15, 2017.

With the update, Harvard Pilgrim's policy concerning reimbursement for multiple evaluation and management (E&M) services provided to the same patient, on the same day will not distinguish between outpatient and inpatient E&M services. Additionally, reimbursement will be based on federal tax identification number (TIN) and specialty/subspecialty — regardless of whether the visits are for related diagnoses.

If multiple providers in the same billing group (using the same TIN) and of the same specialty provide inpatient or outpatient E&M services to the same patient on the same date of service, Harvard Pilgrim will reimburse only the E&M service with the highest allowable amount.

For more information, please refer to Harvard Pilgrim's updated [Evaluation and Management Payment Policy](#). ♦

Accident/Injury Questionnaire for Members

As a reminder, a copy of our Accident/Injury Questionnaire is available on our website. Members are required to complete this form if a claim may be related to an accident, in which case the financial responsibility may reside with another insurer, such as an auto insurer or worker's compensation program. This information is required in order for the claim to be processed.

While Harvard Pilgrim mails this questionnaire to members with an explanatory letter in the appropriate cases, some providers have also requested access to this form to assist their Harvard Pilgrim patients who may need it and to help expedite processing of these claims. You'll find this questionnaire in the following places on our website:

- Through our home page, in the [“Member Forms” section](#)
- On our provider page, in the [“Office Support/Forms” section](#) ◆

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

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