

HPHCURRENT EVENTS**HPHConnect for Providers Getting a New Look in 2019**

New year, new look, greater convenience. Later this month, we're updating *HPHConnect* for Providers with a fresh, user-friendly design that's more than a pretty face — it will offer even 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

The home page will also feature 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.

These changes are all part of our commitment to improve the experience of our provider partners. We want doing business with Harvard Pilgrim to be as easy and efficient as possible for you, and we think you'll agree that our refreshed *HPHConnect* portal will offer greater convenience.

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](#). ◆

2019 Quality Grant Applications Due by Feb. 15

Harvard Pilgrim would like to invite providers in our network to apply for funding through our 2019 Quality Grants Program. Since we established the program nineteen years ago, Harvard Pilgrim has funded over 290 grants totaling more than \$20 million in support of improved care delivery and reduced costs. We appreciate the exceptional care you provide to our members, and the Quality Grant Program is a means of rewarding and further supporting that care.

For this year, the program continues to focus on supporting clinical practice transformations, cross-discipline integration, effective care transitions, addressing the opioid crisis, and appropriate use of emergency department visits and reducing readmissions. We also invite applicants to explore alternative methods of chronic pain management, behavioral health integration, and the use of social determinates of health for removing barriers to healthcare — as well as any other innovative pilot programs or projects that reflect your practice's passion for health care quality.

If you wish to apply for funding through Harvard Pilgrim's 2019 Quality Grant Program, please submit a completed application to the Network Medical Management team at HPHC_NMM@harvardpilgrim.org by **Feb. 15, 2019 at 5 p.m.** You may also contact the team using this email address for any project ideas and questions.

The application is available on the [Quality Grants Program page](#) in the Medical Management section of Harvard Pilgrim's Provider website, which is also where you will find an overview of the program, the proposal requirements, details about Harvard Pilgrim's evaluation process, and example proposal topics. ◆

HEDIS 2019 Coming Soon: Your Cooperation is Crucial

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS) — includes considerations such as effectiveness of patient care, access to and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

In the next few weeks, you may receive a letter or a phone call from a Harvard Pilgrim representative requesting copies of medical records for specific patients related to the HEDIS project. We appreciate your assistance in providing us access to these records or in sending copies of the requested documentation to us for our review. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Harvard Pilgrim's HEDIS measures accurately represent the high quality of care you provide to our members.

With this in mind, be sure to look out for the bright yellow HEDIS envelope in late January; if you have any questions about the HEDIS process, please call the HEDIS help line at 866-637-3337. ◆

HPI to Administer BMC HealthNet Plan

Effective Jan. 1, 2019, the BMC HealthNet employee benefit plan will be administered by Health Plans, Inc. (HPI), a Harvard Pilgrim company. Please be aware of the following regarding this change.

Recognizing members

BMC HealthNet employees are aware of the change and have been issued new ID cards (see sample below), which display the BMC Select and HMO plan names and Health Plans logo prominently.

Checking benefits & eligibility

Visit www.healthplansinc.com/providers to check benefits and eligibility. Simply click on “Check Eligibility” and follow the onscreen prompts.

PCPs and referrals

BMC HealthNet members on HPI’s Select and HMO plans must have a PCP to coordinate care. In addition, referrals are necessary for members of Select and HMO plans for certain services. Please keep in mind that if the PCP is making the referral within his or her established referral circle with Harvard Pilgrim (usually among specialists in the PCP’s care unit), a referral transaction is not required. However, if a PCP is referring the HMO member outside of his or her referral affiliation, a referral transaction is necessary.

In addition, the following services do not require a referral: family planning services; outpatient maternity services; gynecological services; acupuncture; chiropractic care; routine vision exams; emergency services; and urgent care services with participating providers. Services requiring authorization also don’t require a referral.

To submit a referral in 2019, visit the [Referral Portal](#). If you haven’t already registered to submit referrals to HPI, you’ll need to register online by completing the [Referral Portal Access Form](#).

Or, if you prefer to submit referrals on paper, you can find these in the [Access Forms](#) section of the HPI website.

BMC Select **MediImpact**
 BIN: 003585 PCN: 35026
 ID# **HHB5800XX**
 Group **B58**
 SMITH, COLLEEN, ANDREW, AMY
 JUSTIN, RACHAEL, MATTHEW
 MEG, ANTHONY

Medical Copays
 Preventive \$0
 Office Visit \$0
 ER \$125

HealthPlans, Inc. Harvard Pilgrim HealthCare

Visit us online: HealthPlansInc.com

Members
 For Questions or to Presently Services: 877-490-3636
 If hospitalized, notify your Primary Care Physician within 48 hours.
 Failure to present may result in a benefit reduction.

Providers
 Out of area emergency services will be paid by the plan.
Inside N.E.: Submit claims to: Health Plans, Inc. PO Box 5190 Westborough, MA 01581 WebMO payer #: 44273 To verify coverage or presently services: 877-490-3636
Outside N.E.: Submit claims to: UnitedHealth Shared Services Salt Lake City, UT 84130-0783 Group ID: 7980049 Payer ID: 36026 To verify coverage or presently services: call 866-569-4345 or hpi.us

Pharmacy
 For questions about your pharmacy benefit call MediImpact Pharmacy Help Desk: 800-788-5649

UnitedHealthcare Optima PPO Select
 *N.E. States include: MA, ME, NH, CT, RI & VT

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 SMITH, COLLEEN, ANDREW, AMY
 JUSTIN, RACHAEL, MATTHEW
 MEG, ANTHONY

Medical Copays
 Preventive \$0
 PCP \$25
 Specialist \$40
 ER \$150
 (Specialist referral required)

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Behavioral Health: Services for Improved Access

Harvard Pilgrim and Optum/United Behavioral Health, our behavioral health partner, are committed to providing our members with the highest quality, most convenient health services. That commitment manifests itself in taking every step of a member's experience into account, and always looking to improve in every area we can.

To this end, Optum has developed some additional services that you can refer your Harvard Pilgrim patients to for timely, convenient, and high-quality care. Harvard Pilgrim members are covered to receive virtual visits with psychiatrists, psychologists, nurse practitioners, and master-level therapists in the Optum behavioral health network using a smartphone, tablet or computer. Call 888-777-4742 to refer your Harvard Pilgrim patient to an Optum "Virtual Visit" provider. You may also access the Optum Live and Work Well website at www.liveandworkwell.com/ for a "Virtual Visit" provider referral and to schedule the appointment online.

As a reminder, as we communicated in the [April 2017 issue](#) of *Network Matters*, Harvard Pilgrim members can also access virtual behavioral health services through our telemedicine vendor, [Doctor On Demand](#).

In addition, Optum has a service called Express Access for Optum behavioral health practitioners who have agreed to provide appointment availability within five days of a member's request. Optum's [Provider Express website](#) includes a video channel and a brief overview of the Express Access initiative to encourage Optum practitioners to join the Express Access network. ♦

CLINICIAN CORNER**New Opioid Safety Edits for 2019 Medicare Advantage Plans**

In response to the current nationwide opioid epidemic, the Centers for Medicare and Medicaid Services (CMS) announced new mandatory strategies in 2019 to further support preventing and combating prescription opioid overuse through improved concurrent drug utilization review.

CMS has tailored its approach to help the distinct populations of Medicare Part D opioid users, including new opioid users (opioid naïve), chronic opioid users, and those with potentially problematic concurrent medication use. In alignment with CMS's efforts, Harvard Pilgrim is implementing the following formulary-level opioid safety edits for 2019 for our Medicare Advantage plans. Please note that members in hospice care, at a long-term care (LTC) facility or with a history of cancer therapies filled at a pharmacy are exempt from these edits.

Opioid Care Coordination Safety Edit

If a member fills a prescription for opioids and the morphine milligram equivalent (MME) is greater than or equal to 90MME, a maximum dose alert with a soft stop will be placed on the dispensing of the requested medication (for 2018 this limit was 120MME). This can be overridden at the point of service by the pharmacist with an override code indicating that the prescriber has been consulted and confirmed the intent.

Opioid Naïve 7-Day Supply Limitation

This edit limits the prescription of short-acting or long-acting opioids to seven days if the patient has no history of opioid prescriptions in the previous 60 days (and is thus considered “opioid naïve”). If a provider writes a prescription for an opioid to an opioid naïve patient for more than seven days, the pharmacy can only dispense seven days’ worth and will void the remainder of the prescription.

Opioid – Benzodiazepine Concurrent Use Edit

If a member fills prescriptions for an opioid and benzodiazepine written by two or more prescribers, a soft edit will stop the claim. This can be overridden at the point of service by the pharmacist with an override code indicating that the prescriber has been consulted and confirmed the intent.

Duplicative Long-Acting Opioid Edit

If a member fills prescriptions for two or more long-acting opioids written by two or more prescribers, a soft edit will stop the claim. This can be overridden at the point of service by the pharmacist with an override code indicating that the prescriber has been consulted and confirmed the intent.

There are proactive steps you can take to minimize disruption for your patients, such as requesting coverage determinations in advance for chronic pain patients. Dispensing pharmacists may reach out to your office for consultation regarding members who encounter these edits at the point of service. It is imperative that these requests are addressed promptly. We appreciate your assistance in responding to outreach regarding opioid safety alerts in a timely manner and providing any necessary information.

As a reminder, you have the option to refer your patients for care management services by calling 1-866-750-2068 to work with a Harvard Pilgrim nurse care manager. ◆

Medical Policy Update: Tumor Treating Fields

Harvard Pilgrim has updated our Tumor Treating Fields Medical Policy. Prior authorization is required (E0766) and the updated policy specifies additional criteria that must be met for tumor treating field devices to be covered for the treatment of glioblastoma (a fast-growing malignant tumor of the glial tissue of the nervous system).

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

Reminder: Formulas and Enteral Nutrition Require Prior Authorization

Harvard Pilgrim would like to remind our network that prior authorization is required for all formulas and enteral nutrition requested for members enrolled in commercial products.

Harvard Pilgrim offers coverage of medically necessary special medical formulas and enteral nutrition so that at-risk patients receive the nutritional support needed to prevent clinical deterioration.

Please refer to the [Formulas and Enteral Nutrition Medical Review Criteria](#) for the criteria that must be met for coverage and the list of codes that require prior authorization.

When requesting authorization, please complete the [Pedi/Adult Formula Prior Authorization Request Form](#) and include the following clinical documentation:

- For infants and pediatric patients: weight for age, weight for height growth charts, and Body Mass Index (BMI) charts (if applicable)
- For adults: documentation of BMI and/or weight measured over time. ◆

Updates to Proton Beam Therapy Medical Policy

Harvard Pilgrim has updated our commercial medical policy for proton beam therapy, a type of radiation therapy that fires streams of protons into tumor cells. Harvard Pilgrim considers proton beam therapy medically necessary to treat a number of indications.

The medical policy, which was updated as of Jan. 1, 2019, outlines covered indications for proton beam therapy and the criteria that must be met for coverage. For complete information, please refer to Harvard Pilgrim's updated [Proton Beam Therapy Medical Policy](#). ◆

Lumoxiti Now Covered with Prior Authorization

In September, the Food and Drug Administration approved the drug Lumoxiti for the treatment of adult patients with relapsed or refractory hairy cell leukemia. Effective immediately, Harvard Pilgrim will provide coverage for commercial members for Lumoxiti (moxetumomab pasudotox-tdfk) with prior authorization from CVS Health—NovoLogix, when all of the following criteria are met:

- The patient has received at least two prior systemic therapies, including treatment with a purine nucleoside analog.
- The patient has not previously received 6 or more cycles of treatment with Lumoxiti.

Please use the unlisted code J3590 (unclassified biologics) when billing for the use of Lumoxiti. (For information on billing unlisted codes, please refer to the [Injectable and Implantable Drugs Payment Policy](#).) To request authorization, please contact CVS Health—NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For complete information, please refer to Harvard Pilgrim’s new [Lumoxiti Prior Authorization Policy](#) and the associated [prior authorization request form](#), which you can find on the [Medical Drug Prior Authorization page](#) in the Provider section of Harvard Pilgrim’s website. ◆

TriVisc and Jivi Now Covered with Prior Authorization

As you are aware, prior authorizations are required for select medical drugs for Harvard Pilgrim’s commercial members through CVS Health—NovoLogix. Several coagulation antihemophilic Factor VIII medications for hemophilia A and hyaluronate preparations for osteoarthritis of the knee are currently managed via this prior authorization management program.

Harvard Pilgrim is now covering two additional drugs that fall under those categories — Jivi (antihemophilic factor (recombinant), pegylated-aucl for injection) and TriVisc (sodium hyaluronate) — with prior authorization through CVS Health—NovoLogix.

The following CPT codes will be added to the list of codes associated with the commercial medical drug prior authorization program:

- J7199 – Hemophilia clotting factor, not otherwise classified
- J3490 – Unclassified drugs
- J3590 – Unclassified biologics

For complete information, please refer to the [Factor VIII Concentrates Medical Review Criteria](#) and [TriVisc Medical Review Criteria](#) and the associated prior authorization request forms, which you can find on the [Medical Drug Prior Authorization page](#) in the Provider section of Harvard Pilgrim’s website. ◆

Pharmacy and Therapeutics Committee Meeting Update

At the Dec. 3, 2018 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medications below and decided the following:

P&T Committee Review and Decisions		
Name	Indication	Decision
<p>Calcitonin Gene Receptor Peptide – Class Review:</p> <p>Aimovig (erenumab-aooe)</p> <p>Emgality (galcanezumab-gnlm)</p> <p>Ajovy (fremanezumab-vfrm)</p>	<p>Used for the preventive treatment of migraine in adults.</p>	<ul style="list-style-type: none"> • Premium and Value formularies: Aimovig and Ajovy moved to preferred brand with prior authorization. Emgality moved to non-preferred brand with prior authorization. • Medicare Advantage Formulary: Aimovig and Emgality moved to preferred brand with prior authorization. Ajovy moved to non-preferred brand with prior authorization.
<p>Xofluza (baloxavir marboxil)</p>	<p>Used to treat the flu in patients 12 years of age and older who have been symptomatic for no more than 48 hours.</p>	<ul style="list-style-type: none"> • Premium and Value formularies: Moved to preferred brand • Medicare Advantage Formulary: Moved to preferred brand

OFFICE ASSISTANT

Coding Program Launching in January for Medicare Advantage

Harvard Pilgrim Health Care has engaged Change Healthcare to support complete and accurate claims coding and to help reduce the burden of external medical record audits. Beginning this month for our Medicare Advantage plans, Harvard Pilgrim will use Change Healthcare’s Dx Gap Advisor in which providers review claims coding, where historical information supports a strong probability that a review will result in greater diagnosis coding accuracy.

For this program, claims will be screened using Dx Gap Advisor when they are received into the clearinghouse, before submission to Harvard Pilgrim, to identify any claims that do not include certain expected diagnoses based on previously submitted information — such as diagnoses documented in historical claims data or chronic conditions.

If claims require additional review, the submitter will receive a message indicating that further review is required to validate that the claims diagnosis codes are complete and accurate. Change Healthcare will also provide information about the patient's prior diagnoses to make chart review more efficient.

The provider and coding staff may revise or add diagnoses or could determine that no changes are necessary. After the review is conducted, the provider must resubmit the claim within timely filing deadlines — regardless of whether any changes were made. If the claim is not resubmitted, it will not be processed and reimbursed appropriately.

If you have questions concerning a claim status message received at the point of claim submission, please contact Change Healthcare Customer Service at 844-592-7009 (option 3) or visit this [Google drive video](#) for more information about the program. ◆

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

Robert Farias, Senior Vice President, Corporate Network Strategy

Annmarie Dadoly, Editor

Joseph O'Riordan, Writer

Kristin Edmonston, Production Coordinator

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