

HPHCURRENT EVENTS

Submitting Claims for Members of Certain HPI Accounts

Effective Jan. 1, 2020, Boston Scientific and Kindred Healthcare members residing in Massachusetts, New Hampshire and Maine are being administered by Health Plans, Inc. (HPI) in a joint venture with UMR (United Healthcare’s third-party administrator solution). HPI is a Harvard Pilgrim company.

Submitting Claims for Members

Please keep the following information in mind regarding the correct process for submitting claims for Fidelity Investments, Sedgwick Claims Management Services, Nielsen, Ocean State Job Lot, Boston Scientific and Kindred Healthcare members.

As a result of the HPI-UMR partnership, HPI manages claims from Massachusetts, New Hampshire and Maine providers for these members whereas UMR manages claims from Connecticut, Rhode Island, and Vermont providers for these members.

Submitting Claims for These Members	
Provider State	Submit Claims
MA, NH, ME	<p>HPI</p> <p>Electronic: HPHC Payer ID# 04271</p> <p>HPHConnect, NEHEN, NEHENNet: Claims will be transferred to HPI for processing.</p> <p>Web/MD Change Health: Use HPI’s Payer ID# 44273</p> <p>Paper: Mail to Health Plans Inc., P.O. Box 5199, Westborough, MA 01581</p>
CT, RI, or VT	<p>UMR</p> <p>Electronic: Payer ID# 39026</p> <p>Paper: UMR, P.O. Box 30541, Salt Lake City, UT 84130-0541</p>

Note: 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.

Recognizing members

You can recognize these members by their ID cards, which display the Harvard Pilgrim logo on the front of the card and the HPI logo on the back. In addition, the electronic eligibility response will display the plan name as *Health Plans/UMR PPO National*.

Please note that while HPI members typically are assigned member ID numbers beginning with HH, this is not the case for members of these accounts. For your reference, the group numbers for these accounts are as follows:

- Fidelity Group # 76-413512
- Nielson Group # 76-413554
- Sedgwick Group # 76-413489
- Ocean State Job Lot Group # 76-413926
- Boston Scientific Group # 76-414039
- Kindred Healthcare Group # 76-414055

**HEDIS 2020 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 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. ◆

CLINICIAN CORNER

InterQual Criteria for Cryotherapy for Prostate Cancer

Beginning on Feb. 28, 2020, Harvard Pilgrim will be utilizing InterQual® criteria and tools for our existing commercial cryotherapy for prostate cancer prior authorization policy, including an electronic authorization questionnaire that offers a quick and efficient way for you or your office staff to request authorization via HPHConnect.

While we encourage providers and office staff to request authorization electronically, Harvard Pilgrim will continue to accept authorization requests for cryotherapy for prostate cancer via phone (800-708-4414) or fax (800-232-0816). The InterQual Smartsheet will replace the existing Cryotherapy for Prostate Cancer Prior Authorization Request Form.

If you don't currently use HPHConnect to request authorization, the following resources can help you get started:

- [Training presentation](#) — Includes instructions on how to submit an authorization request, create time-saving templates, search for an authorization, access InterQual Criteria and the authorization questionnaire, and upload clinical documentation.
- [HPHConnect User guides](#) — Step-by-step instructions by service including a [surgical day care services user guide](#) and [quick reference flyer](#).

To request additional training, contact us at Provider_Experience@harvardpilgrim.org.

For more information on the medical review criteria, please refer to the [Cryotherapy for Prostate Cancer Medical Review Criteria](#). You may view and print the complete medical necessity criteria and SmartSheet questionnaire via HPHConnect (go to www.harvardpilgrim.org/providerportal, select Resource Center and then the Upcoming InterQual link). ◆

Prior Authorizations for Xiaflex and Miacalcin

Beginning March 1, 2020, Harvard Pilgrim will require prior authorization for the medications Xiaflex (J0775) and Miacalcin (J0630).

Under these new policies, when clinical criteria is met Xiaflex will be covered for the treatment of Dupuytren's contracture and Peyronie's disease, and Miacalcin will be

covered for conditions including Paget’s disease of bone, hypercalcemia, and postmenopausal osteoporosis, as well as the management of pain following an osteoporotic vertebral fracture.

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

Medicare Advantage: Diabetes Updates for March 1

Harvard Pilgrim is updating our StrideSM (HMO) Medicare Advantage Diabetes Management Devices Medical Policy, effective for dates of service beginning March 1, 2020.

Updates are being made to coverage criteria for continuous glucose monitoring systems, insulin pumps, and sensor-augmented pump therapy, as well as for the replacement of diabetes management devices and for enhancements and accommodations for the visually and/or auditorily impaired.

Additionally, the following CPT and HCPCS codes will be added to the policy and will require prior authorization:

- 95250 – Ambulatory continuous glucose monitoring of interstitial
- 95249 – Patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training and printout of recording
- A9274 – External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
- E0784 – External ambulatory infusion pump, insulin [when specified as an open-loop automated insulin
- K0553 – Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
- K0554 – Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

The policy will also be updated to reflect that the Eversense Continuous Glucose Monitoring System and Omnipod Dash insulin pump are considered experimental/investigational and are not eligible for reimbursement.

To request authorization, please complete the [Durable Medical Equipment \(DME\) Medicare Advantage Prior Authorization Request Form](#) and fax it to 866-874-0857 or call the Medicare Advantage Provider Service Center at 888-609-0692. For more information, please refer to the updated [StrideSM \(HMO\) Medicare Advantage Diabetes Management Devices Medical Policy](#). ◆

Updates to Yervoy Medicare Advantage Medical Policy

Harvard Pilgrim has updated our StrideSM (HMO) Medicare Advantage prior authorization policy for the medication Yervoy (J9228). Changes include:

- Adding cutaneous melanoma, colorectal cancer, and renal cell carcinoma as covered indications and specifying their respective coverage criteria and dosing information per FDA labeling
- Adding criteria for compendial therapy
- Removing stage II melanoma from covered indications
- For coverage of Yervoy for unresectable/metastatic melanoma:
 - Requiring that the member be 12 years of age or older
 - No longer requiring medical record documentation to confirm Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2

To request authorization, please complete the [Medicare Advantage Prior Authorization Request form](#) and fax it to 866-874-0857 or call the Medicare Advantage Provider Service Center at 888-609-0692. For more information, please refer to the updated [StrideSM \(HMO\) Medicare Advantage Yervoy Medical Policy](#). ◆

Pharmacy and Therapeutics Committee Meeting Update

At the Dec. 2, 2019 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medication below and decided the following:

Name & Indication	Decision
<p>Motegrity (prucalopride) — Used to treat chronic idiopathic constipation (CIC) in adults.</p>	<p>Premium, Value, and Core NH formularies: Remains non-Formulary</p> <p>Medicare Advantage formulary: Remains non-Formulary</p>



Palliative Care and the MA Coalition for Serious Illness Care

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. 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.

Key resource

Harvard Pilgrim is proud to be a part of the [Massachusetts Coalition for Serious Illness Care](#), a collaborative workgroup with the goal of ensuring that health care for everyone in Massachusetts is in accordance with their goals, values and preferences at all stages of life and in all steps of their care.

A vital component of this work is offering providers the tools needed for these conversations with their patients. Providers across all states can use this [Good Talk Toolkit](#) developed by the Coalition to promote the idea of goal setting with their patients, and all of the tools it contains can be customized to your practice/organization.

Our advance care planning coverage

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)



Consultation Service for Treatment of Addiction and Pain

In light of Massachusetts' ongoing opioid epidemic, Harvard Pilgrim encourages providers to utilize the [Massachusetts Consultation Service for Treatment of Addiction and Pain \(MCSTAP\)](#), a free service whose mission is to support primary care providers in screening for, diagnosing, treating, and managing the care of all patients with chronic pain, substance use disorders, or both.

MCSTAP is available to all Massachusetts providers within a primary care practice, including physicians, nurse practitioners, physician assistants, registered nurses, behavioral health clinicians, and care managers. You can reach MCSTAP at **1-833-PAIN-**

SUD (1-833-724-6783) between 9 a.m. and 5 p.m. Monday through Friday for real-time, telephonic consultation on safe prescribing and managing care for patients with chronic pain or substance use disorders.

A resource and referral specialist will field your call and gather basic information about your practice and your patient, then share this information with a MCSTAP physician consultant, who will return your call within 30 minutes and assist with any questions you may have regarding the treatment of the patient. Some examples of topics MCSTAP's experts can consult on include:

- Prescribing buprenorphine or naltrexone
- Preparing for medication changes or titrating medications
- The overall management plan for complex and challenging cases
- Review of potential changes to a treatment plan prior to a patient visit
- Medication management for patients on opioids prior to and after surgery
- Questions related to caring for pregnant women with substance use disorders

In addition to the valuable real-time support offered by MCSTAP, Harvard Pilgrim and our behavioral health partner, Optum/UBH, also offer some helpful resources for patients with substance use disorders and the physicians who treat them. (These resources are available to all providers, in all states.) We encourage providers with patients who struggle with drugs or alcohol to direct them to Optum's Substance Use Treatment Helpline at 855-780-5955. 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, as well as links to numerous topics related to substance use.

Optum can also 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. To speak with an Optum clinician to discuss treatment options for adult or pediatric patients, call the Optum Physicians Consultation service at 800-292-2922. ◆

OFFICE ASSISTANT

Connecticut Providers: Termination Requirements

As a reminder, providers must meet certain existing Connecticut Division of Insurance requirements when terminating with a health plan. These requirements include:

- The provider must submit written notice to Harvard Pilgrim at least 90 days prior to the termination. Likewise, Harvard Pilgrim will provide at least 90 days written notice to any provider being removed from the network.
- Within 30 days of issuing or receiving notice of the termination, providers must provide the Plan with a list of the Harvard Pilgrim patients they have treated within the last 12 months.

These requirements apply to Connecticut-contracted providers of all types. For additional information, please contact your contract manager. ◆

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

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