

HPHCURRENT EVENTS**Changes to Negative Balance and Refund Processes**

To facilitate more timely and efficient recovery of claim overpayment amounts, Harvard Pilgrim is updating some of our negative balance and refund check processes for our commercial, Medicare Enhance, and Medicare Supplement members. Effective Feb. 1, 2018, we will begin moving some outstanding [negative balances](#) from a provider group/payee with no claims processing to another group/payee within the same provider organization (with the same TIN) that frequently has claims paid. By doing so, Harvard Pilgrim will deduct the negative balance amount from the other group's claims paid amount.

New negative balance information will be included in the summary field on your explanations of payment (EOPs) and in the 835 provider level adjustment segments. Additionally, to make negative balance and refund information more easily accessible for our providers, Harvard Pilgrim has created two new reports — the Negative Balance Report and the Refund Report — both of which are downloadable as Excel files and are available via the Provider Analytics tool in *HPHConnect*.

Negative Balance Report

The new Negative Balance Report identifies claims associated with a negative balance, and records negative balance transfers from one payee entity to another. You can run the report for each payee in your provider organization using the date range that you select, and the report will include the provider name, address, TIN, and Harvard Pilgrim payee, as well as the following for claims associated with a negative balance:

- Claim number
- Patient account number
- Harvard Pilgrim rendering provider ID
- Member name and ID
- Date of service
- The reason the claim was adjusted and adjustment amount
- Offset amount
- The payment number associated with the claim adjustment
- The cumulative negative balance amount

Refund Report

The refund report identifies claims associated with a refund check sent by a provider and processed by Harvard Pilgrim. The report identifies when a full or partial refund was returned by a provider, as well as:

- Payee number (Harvard Pilgrim-assigned provider ID for the provider payment address)
- Payment number
- The check number and dollar amount of the refund check Harvard Pilgrim received from the provider
- The amount accepted on this remittance (Note: one refund check may be split among multiple payments)
- The Harvard Pilgrim claim number/s that the refund was applied to
- The member number or numbers of the Harvard Pilgrim members involved
- The patient account access number
- The date of service of the claim
- The amount of the refund check that was applied to the claim being referenced
- The amount of the refund check being returned to the provider, if any
- The balance still due after the refund check was applied to the claim

More information

To assist you in using these reports, Harvard Pilgrim has created a [Negative Balance Report User Guide](#) and [Refund Report User Guide](#). In addition, we have created [this document](#) on how to read the 835 provider level adjustments.

For any further questions on running these reports, please contact Harvard Pilgrim's Provider eBusiness Services at 800-708-4414, or by email at Provider_eBusiness_Services@harvardpilgrim.org. Also, if you do not currently have an *HPHConnect* account, we encourage you to sign up by clicking on [the registration page](#) in the *HPHConnect* section of Harvard Pilgrim's provider website and following the instructions. ♦

Maximum Dosages for Medical Drugs

As we [announced in previous issues](#) of *Network Matters*, effective for dates of service beginning Feb. 26, 2018, Harvard Pilgrim will apply industry standard claims edits and will not reimburse for drug dosages above limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines [for the medical drugs listed here](#) for our commercial members.

A more detailed list that includes the maximum dosages is also available in *HPHConnect*, Harvard Pilgrim’s secure web-based transaction tool; you’ll find that list in the “Office Management” section of *HPHConnect*. If you are currently not a user of *HPHConnect*, it’s quick and easy [to register](#) online.

Dosages in Accordance with FDA & Other Compendia

Under our new Drug Dosage and Frequency Medical Policy, the drug dosage, frequency and route of administration should be supported by one or more of the following for the treatment indication:

- U.S. Food and Drug Administration prescribing information
- National Comprehensive Cancer Network Drug & Biologics Compendium
- American Hospital Formulary Service Drug Information
- DRUGDEX System

Harvard Pilgrim reserves the right to conduct post-payment review and audit of claims submitted for drugs and may recover payments made for amounts in excess of the FDA labelling.

Billing for Multiple Dates of Service

On a related note, when billing a professional claim with more than one date of service on a paper CMS-1500 form, or electronically via an 837P, please bill each date of service on its own line — along with the procedure code and number of units for that individual day. For example, instead of billing with the date range of 6/29/2017 – 6/30/2017 and 12 units on one line, it would be more appropriate to bill 6/29/2017 and 6 units on one line, and 6/30/2017 and 6 units on the next line. Harvard Pilgrim is updating our systems related to the maximum dosage policy, and as of March 1, 2018, providers who bill professional claims with a date range may experience claims processing issues resulting in partial reimbursement.

For more information, please refer to the:

- [Drug Dosage and Frequency Medical Policy](#)
- [Medical Drug Management Prior Authorization Policy](#)
- A January article on [billing for multiple dates of service](#)
- [Home Infusion Therapy Payment Policy](#)
- [Maximum Units per Day Payment Policy](#)
- [Injectable and Implantable Outpatient Drugs Payment Policy](#) ◆

Reminder: Prior Authorization for Genetic Testing

As a reminder, Harvard Pilgrim currently requires prior authorization for genetic testing for Medicare Advantage members, and will be expanding the program to include commercial members, effective March 1, 2018. Harvard Pilgrim is requiring prior authorization through AIM Specialty Health® (AIM) for genetic/genomic or molecular tests, including those associated with:

- Hereditary cardiac disease
- Hereditary cancer susceptibility
- Single-gene and multifactorial conditions
- Pharmacogenetics and thrombotic disorders
- Reproductive carrier screening and prenatal diagnosis
- Solid and hematologic tumors and malignancies
- Whole exome/genome sequencing

Additionally, preauthorization through AIM is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

Attend a provider education webinar

Harvard Pilgrim and AIM will be hosting provider education webinars for those who want to learn more about prior authorization for genetic/genomic and molecular testing. This one-hour session will provide useful information about the program and an opportunity to receive answers to any questions you may have. Provider education webinars will be offered on the following dates:

- [Wednesday, Feb. 7th at noon](#)
- [Thursday, Feb. 8th at noon](#)
- [Tuesday, Feb. 13th at 8:30 a.m.](#)
- [Thursday, Feb. 15th at 8:30 a.m.](#)

Registration is not required. For information and to connect to the meeting, please visit the webinar websites provided above.

Requesting prior authorization

The ordering clinician is responsible for obtaining prior authorization through AIM. Any genetic/genomic and molecular tests performed without prior authorization (as of January 1, 2018 for Medicare Advantage and March 1, 2018 for commercial members) will not be reimbursed if a prior authorization was not obtained. Therefore, to ensure payment of the claim, 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 (registration instructions are available [online](#))
- By telephone at 855-574-6476 (Mon.–Fri., 8 a.m.– 5 p.m. EST)

For commercial members, providers may contact AIM with prior authorization requests for genetic/genomic and molecular testing beginning Feb. 20, 2018 for dates of service of March 1, 2018 and beyond. Please continue to contact Harvard Pilgrim to request authorization for any genetic testing services for commercial members that we currently manage (including genetic testing for hereditary breast and/or ovarian cancer) if the date of service will be before March 1, 2018.

Genetic counseling

For certain genetic tests, genetic counseling may be required before the request can be authorized for commercial members. When requesting authorization for a test requiring genetic counseling, the ordering provider must provide the name of the genetic counseling provider and the date of that service. If you are using the AIM portal to request authorization, the system will prompt you to include this information; if genetic counseling has not been completed, the portal will supply a list of genetic counseling resources for your consideration.

Additional information

For further details, please refer to the following:

- [Molecular Diagnostic Management Medical Review Criteria](#) (commercial)
- [Molecular Diagnostic Management Authorization Policy](#) (commercial)
- <http://www.aimprovider.com/hpmd>
- [Stride \(HMO\) Medicare Advantage Molecular Diagnostic Management Medical Review Criteria](#)
- [Molecular Diagnostic Management Authorization Policy for Stride](#) ◆

Saheli Boston Can Help Meet the Needs of South Asian Patients

Harvard Pilgrim is pleased to highlight the work being done at [Saheli Boston](#), a community-based non-profit organization dedicated to helping local South Asian immigrants and their families, including those from India, Bangladesh, Afghanistan, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka.

Referrals and help for health care providers

As a leading authority on addressing the specific needs of the members of these communities for 21 years, with advocates who speak multiple South Asian languages, Saheli is an excellent resource for Harvard Pilgrim providers and their South Asian patients.

The volunteers at Saheli collaborate with many South Asian organizations, health care providers, and others to promote education and awareness about gender-based violence, as well as health and wellness issues. Providers can call Saheli at 866-472-4354 for help communicating with South Asian patients, to refer patients to Saheli for follow-up support and care, or to leverage Saheli's resources to find physicians with linguistic and cultural expertise for referrals.

[Saheli's website](#) offers extensive informational links dealing with topics ranging from mental health and substance abuse, to South Asian health, to senior citizens, and more.

Partnership with Harvard Pilgrim

One of Saheli's areas of focus is on advocating against domestic violence and sexual assault, and for mental and physical health in the South Asian community.

Harvard Pilgrim began our collaboration with Saheli in 2013, in support of an ongoing effort to engage directly with the region's diverse communities. Since then, they have remained a valued partner, and recently honored Harvard Pilgrim and Brenda Cole, Vice President of Marketplace Inclusion Development, with an award for "Commitment, Support and Friendship for South Asian Families."

Saheli's mission aligns with Harvard Pilgrim's commitment to diversity and cultural responsiveness, which are the focus of our Center for Inclusion Initiatives. In support of inclusion efforts, Harvard Pilgrim created [Eastern Harmony](#), a program that integrates the health and wellness practices of Eastern and Western medicine with our popular benefit plans to deliver an experience that values the beliefs, languages, and cultures of our Asian members. ◆

CLINICIAN CORNER**Prior Authorization for Diabetes Management Devices**

Effective for dates of service beginning April 1, 2018, Harvard Pilgrim is updating our commercial Continuous Glucose Monitoring Systems Medical Review Criteria, which will be renamed Diabetes Management Devices Medical Review Criteria. Updates to the policy include extensive criteria revisions and changes to coverage and prior authorization requirements.

Under the updated policy, prior authorization will be required for the coverage of insulin pumps, which Harvard Pilgrim considers medically necessary for the management of diabetes mellitus when the criteria outlined in the policy are met.

Additionally, Harvard Pilgrim will begin covering the medically necessary use of integrated sensor-augmented pump therapy systems, with prior authorization.

The new policy also includes criteria that must be met for the replacement of a continuous glucose monitoring system, insulin pump, or combined system. Among other criteria required for replacement, the clinician overseeing the member's diabetic condition must submit documentation in the form of clinical notes or letters supporting the necessity of the device's replacement and continued use.

For more information, refer to the updated [Diabetes Management Devices Medical Review Criteria](#). ◆

Coverage of Exondys 51 with Prior Authorization

Effective immediately, Harvard Pilgrim is covering Exondys 51 (eteplirsen) for the treatment of Duchenne Muscular Dystrophy (DMD) with prior authorization for our commercial members.

DMD is a genetic disorder characterized by progressive muscle degeneration and weakness that usually appears during childhood and predominantly affects boys. It is caused by a mutation in the gene that codes for dystrophin, a protein that helps keep muscle cells intact. Exondys 51 is an injectable solution designed to facilitate dystrophin production.

Harvard Pilgrim covers Exondys 51 for commercial members when the policy criteria are met. For the criteria and other information, please refer to the [Eteplirsen \(Exondys 51\) Injection Medical Policy](#). ◆

PCP Cardiac Medication Adherence Report

Are you familiar with Harvard Pilgrim’s Cardiac Medication Adherence report? On a semi-annual basis, Harvard Pilgrim sends a Cardiac Medication Adherence Report to PCPs for each patient discharged with an acute myocardial infarction (AMI), or heart attack, in the past two years. The report identifies patients who may require follow-up due to gaps in their adherence to beta blocker therapy and other cardiac medications.

The importance of beta blocker therapy after an AMI is widely recognized. According to the results of large-scale clinical trials, beta blockers consistently reduce subsequent coronary events, cardiovascular mortality, and all-cause mortality by 20 to 30 percent after an AMI *when taken indefinitely*. Today, according to published research, more than 90 percent of patients discharged from the hospital after having a heart attack receive beta blockers. Despite the proven long-term benefits of beta blockers, many patients don’t take the medication as prescribed after discharge.

In the Cardiac Medication Adherence Report, Harvard Pilgrim calculates beta blocker Proportion of Days Covered (PDC) — the sum of days’ supply for all beta blocker pharmacy claims divided by the number of days elapsed for that time period — for each patient discharged after having a heart attack. Our analysis revealed that from January to June 2016 only 60 percent of Harvard Pilgrim members achieved a PDC rate of 80% or higher to beta blocker therapy 6 months post AMI and for January to June 2017 that number was 70%.

The Cardiac Medication Adherence Report can help PCPs identify such gaps in care. It displays each patient’s: name and date of birth; AMI discharge date; most recent six-month refill history of cardiac medications; the prescribing physician’s name and phone number, and the patient’s beta blocker PDC rate. This report can help PCPs:

- identify patients discharged with a diagnosis of an AMI,
- identify specialist(s) caring for their patient,
- review cardiac medication fill history,
- identify non-adherence or discrepancies with a patient’s cardiac medications including beta blockers,
- coordinate care with a specialist.

For more information about this report, please contact our Clinical Programs Department at 800-287-9793. ◆

Member Blood Pressure Quiz

Harvard Pilgrim has a variety of programs aimed at helping members live a healthier lifestyle and supporting providers by encouraging patients to comply with treatment recommendations. One such tool is our member blood pressure quiz. On a monthly basis, Harvard Pilgrim commercial members who are newly identified as having hypertension receive a quiz in the mail, *Are You Doing All You Can to Control Your Blood Pressure?* The six-question quiz is quick and easy for members to take. Based on their score, a patient may be directed to engage in lifestyle changes such as being more physically active, limiting sodium intake to under 2,300 mg a day (with an ideal limit of no more than 1,500 mg a day), quitting smoking, and taking medications as instructed by their health care provider.

For more information on their blood pressure medications, members are directed to call a Harvard Pilgrim clinical pharmacist. Other resources — such as a medication chart and access to a nurse care manager for support — are also provided in the cover letter accompanying the quiz. If you have any questions regarding this program, or if you would like copies of the quiz sent to your office, please contact the Clinical Programs Department at 800-287-9793. ◆

Endoscopic Sinus Surgeries Medical Review Criteria Updates

Harvard Pilgrim is making some updates to our commercial prior authorization policy for endoscopic sinus surgeries. Effective for dates of service beginning Feb. 22, 2018, coverage for the following CPT codes will require prior authorization:

31040 – Pterygomaxillary fossa surgery, any approach

31253 – Nasal/sinus endoscopy, surgical with ethmoidectomy total including frontal sinus exploration, with removal of tissue from sinus, when performed

31257 – Nasal/sinus endoscopy, surgical with ethmoidectomy total including sphenoidotomy

31259 – Nasal/sinus endoscopy, surgical with ethmoidectomy total including sphenoidotomy, with removal of tissue from the sphenoid sinus

31298 – Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (e.g., balloon dilation)

In addition, the following codes were removed from the policy as of Dec. 22, 2017 and no longer require prior authorization.

31231 – Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

31233 – Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)

31235 – Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)

30140 – Submucous resection inferior turbinate, partial or complete, any method

For complete information, please refer to Harvard Pilgrim's updated [Endoscopic Sinus Surgeries Medical Review Criteria](#). ◆

Lyme/Tick-Borne Diseases: Use of Parenteral Antibiotics Criteria

Harvard Pilgrim is updating our commercial prior authorization criteria for parenteral antibiotic treatment of Lyme and other tick-borne diseases, effective for dates of service beginning Feb. 22, 2018. Updates include adding 5 additional codes to the policy requiring prior authorization; changes to the limits on the number of days for which parenteral antibiotics are covered for human granulocytic anaplasmosis (HGA); and a coverage exclusion related to doses or courses of treatment far in excess of approved treatment regimens.

Harvard Pilgrim will continue to require prior authorization for all commercial members receiving parenteral (IV) antibiotic treatment of Lyme and other tick-borne diseases in outpatient, office, or home settings. Harvard Pilgrim considers parenteral antibiotics — such as ceftriaxone, cefotaxime, clindamycin, and penicillin — to be medically necessary for the treatment of Lyme disease for up to 30 consecutive days, when they are ordered by a licensed physician and documentation confirms all the criteria included in the policy.

The updated policy will now require prior authorization for the following additional codes for the treatment of Lyme disease:

J0120 - Injection, tetracycline, up to 250 mg

J0558 – Injection, penicillin G benzathine and penicillin G procaine, 100,000 units

J0561 – Injection, penicillin G benzathine, 100,000 units

J0697 – Injection, sterile cefuroxime sodium, per 750 mg

J1364 – Injection, erythromycin lactobionate, per 500 mg

In addition, Harvard Pilgrim is changing the limit to the number of days for which parenteral doxycycline is considered reasonable and medically necessary for the treatment of HGA from 10 to 14 days.

Under the updated policy, Harvard Pilgrim will not provide coverage for doses of antimicrobials far in excess of approved doses or multiple, repeated courses of antimicrobials for the same episode of Lyme disease or a duration of antimicrobial therapy prolonged far in excess of approved regimens.

For complete information, refer to the updated [Lyme/Tick-Borne Diseases: Use of Parenteral Antibiotics Medical Review Criteria](#). ♦

P&T Committee Meeting Update

At the Dec. 4th, 2017 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed two medications and decided the following:

P&T Committee Review and Decisions		
Name	Indication	Decision
Trulance (plecanatide)	Treatment of chronic idiopathic constipation.	<ul style="list-style-type: none"> • Premium formulary: continued coverage at non-preferred brand tier. Prior authorization is no longer required. • Value formulary: moved to non-preferred brand tier • Medicare Advantage formulary: moved to non-preferred brand tier

Emflaza (deflazacort)	Treatment of Duchenne muscular dystrophy (DMD) in patients 5 years of age and older.	<ul style="list-style-type: none"> • Premium formulary: continued coverage at the non-preferred brand tier, with prior authorization and quantity limit • Value formulary: added to non-preferred brand specialty tier, with prior authorization and quantity limit • Medicare Advantage formulary: remains non-formulary
-----------------------	--	--

Specialty Pharmacy Update

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

Name	Indication	Coverage	Available From
Verzenio (abemaciclib)	Treatment of women with HR-positive, HER2-negative advanced or metastatic breast cancer with disease progression, in combination with fulvestrant following endocrine therapy, or alone following endocrine therapy and prior chemotherapy in metastatic cases.	Pharmacy	Mandatory: CVS Specialty
Gocovri (amantadine)	Treatment of dyskinesia in patients with Parkinson’s disease receiving levodopa-based therapy.	Pharmacy	Limited Distribution: Walgreen’s Specialty

Calquence (acalabrutinib)	Treatment of adults with mantle cell lymphoma who have received at least one prior therapy.	Pharmacy	Limited Distribution: Walgreen's Specialty
Hemlibra (emicizumab-kxwh)	To prevent or reduce the frequency of bleeding episodes in adults and children with hemophilia A with factor VIII inhibitors.	Medical	Mandatory: CVS Specialty

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 ♦

HEDIS Spotlight: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

Periodically, we spotlight a particular Healthcare Effectiveness Data and Information Set (HEDIS) quality of care measure and offer related clinical resources. In this issue, we highlight the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) HEDIS measure, which focuses on drug and alcohol treatment services.

What is the IET measure?

The IET measure monitors the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- *Initiation of AOD Treatment* —The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.
- *Engagement of AOD Treatment*— The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

Screening tools

Screening tools are available to assist you in assessing the severity of substance use and identifying the appropriate level of treatment. Some examples that Harvard Pilgrim recommends include:

- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [CAGE, T-ACE, and AUDIT](#) (assessing alcohol use)
- [The Drug Abuse Screening Test \(DAST-10\)](#)

Resources

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 — and locating 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, call the Optum Physicians Consultation service at 800-292-2922.

Telehealth as a treatment option

As a reminder, Harvard Pilgrim [now offers telehealth](#) as a treatment option for behavioral health, including AOD abuse or dependence, via Doctor On Demand's network of exclusive telehealth providers. ◆

OFFICE ASSISTANT**Reminder: Use the Correct Form for Provider Changes for Quicker Service**

As you know, it's critical that members have accurate information about your practice, so they can make informed decisions about their health care options. Harvard Pilgrim is committed to working with you to ensure that the information we currently have for your practice is up to date. Our goal is to process any changes you may have to your practice information as quickly and efficiently as possible. To this end, it's important to submit your changes on the appropriate form:

- [HCAS Provider Enrollment Form](#) — If you are adding a new provider to your practice, please submit that change using the universal HCAS provider enrollment form. The information supplied through this form is necessary for credentialing any new providers.
- Harvard Pilgrim's [Provider Change Form](#) — Please use this form to notify us of other changes to your practice, such as changes to practice address, phone number, LCU affiliation, panel status, etc.

Verifying that the correct form has been filled out completely and accurately before submission helps to avoid unnecessary delays and the need to re-submit your changes.



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

Eric H. Schultz, President and Chief Executive Officer

Robert Farias, Senior Vice President, 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.