HPHCURRENT EVENTS

New Preferred Biologics Drugs for Step Therapy

Harvard Pilgrim is updating our step therapy criteria for certain biologic drugs covered with prior authorization under our medical or pharmacy benefits to treat conditions such as rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and relapsing multiple sclerosis, among others, for dates of service beginning April 1, 2018.

With these updates, our preferred biologic drugs under our pharmacy benefit will expand to include Stelara (ustekinumab) and Xeljanz (tofacitinib), in addition to the current preferred agents, Humira (adalimumab) and Enbrel (etanercept)*. Under the medical benefit, Remicade (infliximab) and Simponi Aria (golimumab) will become the preferred biologic drugs used in step therapy.

The updates detailed below are effective beginning April 1, and apply for new requests for prior authorization. These changes will not affect members who have previously received authorization and are currently utilizing one of these drugs.

Medical prior authorization criteria being updated

Harvard Pilgrim is updating the prior authorization criteria for the following injectable/infusible medications covered under the medical benefit to reflect that Remicade and Simponi Aria will replace Humira and Enbrel as preferred agents:

- Actemra (tocilizumab)
- Cimzia (certolizumab)
- Entyvio (vedolizumab)
- Orencia (abatacept)
- Remicade (infliximab)
- Rituxan (rituximab)
- Simponi Aria (golimumab)
- Stelara (ustekinumab)
- Tysabri (natalizumab)

These medications, which are obtained and dispensed by clinicians, require prior authorization through CVS Health–Novologix. You may submit your request to CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete details, including criteria and the prior authorization request forms, please visit the Medical Drug Prior Authorization page on Harvard Pilgrim's provider website.

Pharmacy clinical criteria updates

In addition, Harvard Pilgrim is updating the prior authorization criteria for the following biologic drugs covered under the pharmacy benefit (when dispensed to members and self-administered) to reflect that Stelara (ustekinumab) and Xeljanz (tofacitinib) are preferred agents along with Humira (adalimumab) and Enbrel (etanercept)*:

- Actemra (tocilizumab)
- Cimzia (certolizumab pegol)
- Cosentyx (secukinumab)
- Enbrel (etanercept)
- Humira (adalimumab)
- Kineret (anakinra)
- Orencia (abatacept)
- Otezla (apremilast)
- Simponi (golimumab)
- Stelara (ustekinumab)
- Taltz (ixekizumab)
- Xeljanz (tofacitinib citrate)

These medications require prior authorization through MedImpact Healthcare Systems. Updated criteria and medication request forms will be posted in the Pharmacy section of our provider website on April 1, 2018. To request coverage for these medications, please complete the appropriate medication request form and fax it to MedImpact at 888-807-6643.

A note on Stelara

When Stelara was originally introduced, a physician had to administer it, but that has changed over time and it can now be self-administered. For dates of service beginning April 1, 2018, Stelara will be processed under the pharmacy benefit. Pharmacy copayments and cost-sharing will now be applied for members currently taking the drug as well as members who are new to the drug.

**The number of preferred agents may vary by indication.* ◆

2017 Physician Group Honor Roll Announced

Harvard Pilgrim would like to congratulate the 66 physician groups in Massachusetts, Maine, and New Hampshire named to our 16th annual Physician Group Honor Roll. The annual Honor Roll highlights physician groups that have achieved exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

Harvard Pilgrim selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 15 measures, such as appropriate treatment for children with upper respiratory infection, comprehensive diabetes care, and breast cancer screenings. Nineteen of the 66 practices on the Physician Group

Honor Roll achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in all domains of clinical care.

Honor Roll physician groups are noted in Harvard Pilgrim's Provider Directory, enabling members to evaluate and select providers based on quality and safety performance. To view the complete lists of this year's recipients, and to learn more about Harvard Pilgrim's methodology, please visit the 2017 Physician Group Honor Roll page. ◆

CLINICIAN CORNER

Genetic Testing Authorization Updates

With Harvard Pilgrim's prior authorization program for genetic testing taking effect for commercial members on March 1, 2018, please share the following tips with your practice and office staff to minimize any disruption:

- **Authorization requests —** The ordering clinician is responsible for obtaining prior authorization through AIM Specialty Health® (AIM). 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)
- **Convenient access through *HPHConnect* —** For greater ease, *HPHConnect* offers single-sign on, providing users with access to a link to the AIM Specialty Health portal where you can enter genetic testing authorization requests. In addition, you can view the status of your request in *HPHConnect* in real time. You'll find this information in the Office Management section of *HPHConnect*.
- **Authorization status —** Order numbers for authorized tests are available through AIM's provider portal as soon as a test request is authorized, whether the request was submitted online or by phone. In addition, AIM will mail determination letters, including order numbers for authorized tests, to the ordering provider, servicing provider, and patient.
- **An important note for servicing providers —** To ensure appropriate reimbursement, it is important that *prior to* processing any specimens for these specific genetic tests, your laboratory confirm that prior authorization

was given and to obtain the AIM transaction number. Harvard Pilgrim will not provide reimbursement for genetic tests performed without prior authorization.

- **Genetic counselor registration in *OptiNet*® —** For certain tests, genetic counseling may be required before the request can be authorized for commercial members; in this case, the ordering provider must provide the name of the genetic counselor and date of service. Having genetic counselors register in the system will help avoid unnecessary delays or denials. Please refer to these registration instructions for more information.
- **Resources for additional information —**
  - AIM Frequently Asked Questions
  - Network Matters overview from January
  - AIM microsite for Harvard Pilgrim ◆

Update: Monitored Anesthesia Care for GI for Endoscopic Procedures

Harvard Pilgrim is updating our commercial Monitored Anesthesia Care for Gastrointestinal (GI) Endoscopic Procedures Medical Policy to include the appropriate 2018 CPT codes and to expand coverage of monitored anesthesia care to include patients at risk of complication due to mild systemic disease.

2018 coding

The following 2018 CPT codes have been added to the policy and are effective for dates of service beginning Jan. 1, 2018:

- 00731 — Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, not otherwise specified
- 00732 — Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, endoscopic retrograde cholangiopancreatography (ERCP)
- 00811 — Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, not otherwise specified

- 00812 — Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, screening colonoscopy including any surgical removals such as polyps.
- 00813 — Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

The following deleted CPT codes have been removed from the policy:

- 00740 — Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
- 00810 — Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

Criteria update

In addition, the criteria have been updated to allow for monitored anesthesia care for patients at a lower level of risk for complications. Previously, for monitored anesthesia care for upper or lower GI endoscopy to be considered medically necessary, in addition to meeting other criteria, the patient must have an increased risk for complications due to severe co-morbidity corresponding to the American Society of Anesthesiologists (ASA) Physical Status Modifier of P3 or greater (severe systemic disease). For dates of service beginning March 30, 2018, that threshold will be P2 or greater (mild systemic disease), when other coverage criteria are met.

For complete information, please refer to the updated commercial Monitored Anesthesia Care for Gastrointestinal (GI) Endoscopic Procedures Medical Policy. ◆

Reminder: UM Decision-Making and Communications

As a reminder, Harvard Pilgrim has established policies and procedures that govern our utilization management program. We will periodically share this information in *Network Matters* to ensure that providers are familiar with our policy and know how to access it.

As our Utilization Management Policy documents, Harvard Pilgrim makes utilization decisions that are clinically appropriate for the member and consistent with evidence-based standards of care. Harvard Pilgrim's utilization management staff (including clinicians who make utilization-related decisions, and those who supervise them) make

authorization and denial decisions based solely on medical necessity, clinical appropriateness of care, and the availability of benefits.

As a matter of policy, Harvard Pilgrim does not make decisions regarding the hiring, compensation, termination, or promotion of clinical reviewers based on the likelihood that they will support the denial of benefits. In addition, we do not reward individuals who conduct utilization review for issuing inappropriate denials (i.e., denials of coverage for appropriate, medically necessary services), or offer utilization decision-makers any financial incentives intended to reward the inappropriate restriction of care, or result in under-utilization of medically necessary services.

Our utilization management reviewers and care management staff are available during regular business hours (Monday-Friday, 8:30 a.m.- 5 p.m. EST) to speak with members, practitioners, and providers seeking information about utilization management processes and/or the authorization of care. Providers seeking this information should call Harvard Pilgrim's Provider Call Center at 800-708-4414.

For complete details, please read the Utilization Management Policy in our online *Provider Manual* (visit www.harvardpilgrim.org > Provider Manual > Network Operations and Care Delivery Management > Care Delivery Programs). You can also find information on which services require prior authorization for commercial members in the Referral, Notification, Authorization section of the commercial Provider Manual and the Quick Reference Guide by Service & Product chart. For Medicare Advantage prior authorization information, please refer to the Access to Care section of the Medicare Advantage Stride Provider Manual and the Stride Prior Authorization and Referral Chart. ◆

National Healthcare Decisions Day Emphasizes Advance Care Planning

Advance care planning is a crucial step to ensure that patients get the medical care they want when they are unable to speak for themselves due to illness or injury. In recognition of this, National Healthcare Decisions Day was founded in 2008 to educate and empower the public and providers regarding the importance of advance care planning. This year, National Healthcare Decisions Day will take place on April 16.

The annual event is a nationwide initiative focused on providing clear, concise, and consistent information on health care decision-making to both the public and

providers/facilities. It entails independent, coordinated state and local events supported by a national media and public information campaign. Harvard Pilgrim encourages providers to take part in National Healthcare Decisions Day, to engage members about their health, and to take advantage of the following covered services for advance care planning:

- 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)

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 initiate this conversation to better understand the goals of care for their patients.

For more information regarding Harvard Pilgrim's advance care planning coverage and reimbursement, refer to our Evaluation and Management Payment Policy. Visit the National Healthcare Decisions Day website for details on the vision and goals of the initiative, helpful resources, suggestions for how providers can take part in National Healthcare Decisions Day, and a list of participating organizations around the country. ◆

Reminder: Refer Members to Participating Laboratories

Harvard Pilgrim would like to remind you of the importance of using participating laboratory providers for our members.

Members may incur higher out-of-pocket costs when testing is done at laboratories that do not participate in Harvard Pilgrim's network. Under some of our plans, seeking care from lower-cost laboratory providers can reduce, or even eliminate, member cost share. Conversely, some of our plans do not provide coverage for services provided by non-participating laboratories, in which case the member may be liable for the entire cost of the service. As an additional benefit, many participating laboratories can automatically upload tests results into electronic health records (EHRs), which allows you share results and reports, and helps eliminate duplicate testing and reduces administrative expenses.

Finding a participating lab near you

You can find the complete list of laboratory providers participating in Harvard Pilgrim's network in our Provider Directory. For Harvard Pilgrim HMO and PPO plans, participating Harvard Pilgrim independent clinical laboratories include:

- Quest Diagnostics (CT, MA, NH, ME, RI, VT)
- LabCorp (CT, MA, NH, RI)
- NorDx (NH, ME)

As locations change periodically, please contact the laboratory provider to confirm which locations are closest to your office or most convenient for the member.

Individualized & appropriate testing

When ordering testing, it is important to remember that only tests that are medically necessary and part of a patient's treatment plan are covered under Harvard Pilgrim's payment policies. Orders should be focused on the patient's individualized diagnosis and treatment plan, and testing should be consistent with accepted industry standards of practice.

When choosing a laboratory, here are some red flags that may be indicative of potential policy or legal violations:

- **Laboratory-generated "custom profile" forms**: These forms are used to create testing panels with components that are not specific to an individual patient's diagnosis and treatment plan. Utilization of these forms often results in medically unnecessary testing being billed to Harvard Pilgrim and your patients.

- **Laboratory results:** Test that are not specifically ordered are not being performed by the laboratory free of charge; they are billed to Harvard Pilgrim and are potentially very costly to your patients. As an example, unless ordered for a specific clinical purpose, it would not be appropriate for a laboratory to routinely perform definitive (quantitative) testing for all negative presumptive (qualitative) urine drug test results.
- **Waiver/capping of patient costs:** The practice of routinely waiving or discounting a patient's copayment, deductible, or coinsurance obligations may be a violation of federal and/or state laws. Certain criminal and civil statutes prohibit offering, paying, soliciting, or receiving any remuneration (including the waiver of member cost sharing) to encourage a person to purchase any good or service for which payment may be made by a health care program.

For additional questions or further information on potential policy or legal violations, please contact Harvard Pilgrim's Special Investigations Unit at 877-548-6712. ◆

Reminder: No Cost Share for Naloxone and Narcan Nasal Spray

In light of the nation's ongoing opioid addiction crisis, Harvard Pilgrim would like to remind providers of our coverage for generic naloxone and Narcan nasal spray, both of which are available to our members with no copayment requirements. These medications, known as opioid antagonists, are used to counter the effects of opioid overdose.

Harvard Pilgrim supports the prescribing of opioid antagonists to patients who are considered at high risk for opioid overdose. We encourage providers to issue accompanying prescriptions for appropriate naloxone products to patients who are prescribed opioids and display factors that increase the risk of overdose, such as a history of substance abuse.

Generic naloxone coverage

Harvard Pilgrim covers generic naloxone syringes and vials at no member cost share on our Premium and Value formularies, with a quantity limit of four units per 30 days. Naloxone syringes are most commonly used with an atomizer attachment for nasal administration.

Narcan nasal spray

Harvard Pilgrim also covers Narcan (naloxone hydrochloride) nasal spray with no member cost share on our Premium and Value formularies. The efficiency and ease of administration offered by Narcan nasal spray present a tremendous advantage in the emergency treatment of known or suspected overdose. Narcan nasal spray is covered with a quantity limit of two packages (four inhalers) per 30 days. It is intended for immediate administration as emergency therapy.

If you would like more information about Harvard Pilgrim pharmacy programs and medication policies, please visit our Pharmacy website.

How Optum/UBH can help with substance abuse services

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. ◆

Gender Reassignment Services Medical Review Criteria Updates

Effective for dates of service beginning April 1, 2018, Harvard Pilgrim is updating our commercial and Medicare Advantage Gender Reassignment Services Medical Review Criteria, which will be renamed Transgender Health Services Medical Review Criteria.

With the policy update, Harvard Pilgrim will require prior authorization for coverage for all transgender surgical procedures.

Facial feminization coverage expanded

Harvard Pilgrim is expanding the covered indications under the umbrella of facial feminization procedures. The following transfeminine facial surgical procedures will be

covered when documentation demonstrates that they are medically necessary for patients with gender dysphoria/gender incongruence: tracheoplasty; blepharoplasty (lower and upper eyelid); blepharoptosis; brow ptosis; rhytidectomy; suction-assisted lipectomy; genioplasty; osteoplasty; otoplasty; rhinoplasty; forehead contouring; and mandible/jaw contouring.

Changes to the list of coverage exclusions

Laryngoplasty will no longer be excluded from coverage; Harvard Pilgrim will provide reimbursement for the procedure when all criteria outlined in the policy are met and the appropriate documentation is provided.

Certain other services are being added to the list of coverage exclusions (including but not limited to abdominoplasty, chemical peels, and dermabrasion. In addition, the voice modification surgery exclusion item is being updated to encompass voice modification therapy as well as surgery.

Breast and chest surgery for trans-adolescents

Additionally, Harvard Pilgrim will give consideration for breast and chest surgeries for trans-adolescents under age 18 who meet all other criteria on the policy.

For complete information, refer to the updated Transgender Health Services Medical Review Criteria. ◆

Updated: Invasive Treatment of Urinary Incontinence Criteria

Harvard Pilgrim requires prior authorization for invasive and surgical procedures performed for the treatment of urinary incontinence for commercial members, and has updated the coverage criteria on this policy. Among other changes, the criteria now include mid-urethral sling and bladder neck fascial sling as covered procedures. Please refer to the updated Invasive Treatment of Urinary Incontinence Medical Review Criteria for complete information. ◆

Updates to Formulas and Enteral Nutrition Medical Review Criteria

Harvard Pilgrim has updated our commercial Formulas and Enteral Nutrition Medical Review Criteria. The updated policy makes a distinction between oral administration and tube administration of low-protein foods, special medical formulas, and enteral nutrition, and outlines the separate coverage criteria for the two administration methods. In addition, enteral electrolyte hydration fluids and Relizorb have been added to the list of coverage exclusions.

Harvard Pilgrim has also added the following enteral formula codes to the policy, and they will now be eligible for coverage, with prior authorization: B4157; B4158; B4159; B4160; B4161; and B4162.

For complete information, please refer to Harvard Pilgrim's updated Formulas and Enteral Nutrition Medical Review Criteria. ◆

Updates to Biofeedback Medical Policy

Harvard Pilgrim has updated our commercial Biofeedback Medical Policy. Under the updated policy, which is effective immediately, biofeedback therapy will be reimbursed for the following:

- Muscle re-education of specific muscle groups
- Treatment of pathological muscle abnormalities of spasticity, incapacitating muscle spasms, or muscle weakness, when conventional treatments have not been successful

The policy also includes additional criteria for ongoing biofeedback treatment, which Harvard Pilgrim will reimburse as medically necessary for up to 2-3 visits per week, for no longer than 6-8 weeks for single or combination medical conditions. Treatment plans with no benefit after 4 weeks of therapy may be re-evaluated. For complete criteria and coverage exclusions, please refer to Harvard Pilgrim's updated Biofeedback Medical Policy. ◆

New Codes Covered for Varicose Veins with Prior Authorization

Harvard Pilgrim requires prior authorization for all varicose vein procedures provided to our commercial members in any setting — physician office, outpatient/ambulatory setting, surgical day care center, etc. — including the following:

- 36465 – Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein)
- 36466 – Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg
- 36482 – Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
- 36483 – Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

For complete information, including coverage criteria and exclusions for treatments that Harvard Pilgrim considers experimental/investigational (such as VenaSeal Closure System), please refer to our updated Varicose Veins Procedures Medical Policy. ◆

**This article was updated for clarity on June 11, 2019.*

OFFICE ASSISTANT

Reminders and Guidelines when Coding for Cancer

Complete and accurate coding is crucial in determining medical necessity, and supports the delivery of high-quality ongoing patient care. Because coding correctly for cancer can be particularly complex, Harvard Pilgrim would like to offer some reminders and guidelines.

Neoplasms, tumors, and masses

When coding for cancer, it is important to provide detailed documentation. A common issue is that cancer and neoplasms are documented interchangeably in a medical record. Because neoplasms and tumors may or may not be cancerous, please be sure to accurately document in the chart whether they are benign or malignant. In addition, the term "mass" is not regarded as a neoplastic diagnosis, and should not be used to refer to a neoplastic condition.

Other important cancer documentation reminders:

- For malignancies that have spread, remember to code the primary malignancy, as well as any secondary/metastatic malignancy, and indicate that it spread from the primary to the secondary site.
- Document if the malignancy is acute or chronic, in remission or not having achieved remission, relapsed, recurrent, or "history of cancer."
- Include any complications, related conditions, and treatment, and link the condition to the neoplasm using terms like "due to," "caused by," or "secondary to."
- Include any active treatment, such as chemotherapy, radiation, or immunotherapy, so it is clear that the cancer is current/active and not historical. (A primary malignancy is considered current and active until treatment is complete; if a site has been excised but additional surgery, chemotherapy, or radiation are directed to that site, it is still considered active.)

- When a primary malignancy has been excised or eradicated and there is no further treatment of the malignancy to that site, and no evidence of any existing primary malignancy, use a code from category Z85 (personal history of malignant neoplasm) to indicate the former site of the malignancy.

In leukemia and multiple myeloma, among other conditions, documentation often refers to "remission." It is important to note that this should never be used interchangeably with "personal history of," as the latter is appropriate only when the documentation states that the condition no longer exists.

For more information, refer to the 2018 ICD-10-CM Official Guidelines for Coding and Reporting. ◆

Enhancements to 271 Eligibility Response Transactions

Harvard Pilgrim is expanding the benefit details provided in our 271 eligibility response transactions to supply our providers with the most complete information possible. As of March 28, 2018, the 271 eligibility response transaction will include information that reflects member cost sharing for three levels of urgent care services for Harvard Pilgrim products.

The eligibility transaction will provide cost sharing details for the following three levels of urgent care services:

- Convenience Care Clinic (Retail, walk-in, providers contracted and marketed in Harvard Pilgrim's Provider Directory under the specialty of Convenience Care)
- Urgent Care Clinic (Urgent care freestanding providers contracted and marketed in Harvard Pilgrim's Provider Directory under the specialty of Urgent Care)
- Hospital (Hospital-billed Urgent Care)

This is a change from the current approach, in which only one level of urgent care benefit is reported on the eligibility transaction (for plans with multiple levels, only the urgent care benefit with the highest cost share value is reported).

In addition to reporting the cost sharing a member would pay when receiving care at the above-mentioned locations, the 271 eligibility response transaction will also include cost sharing information for the different tiers within those places of service, if the

member has a tiered plan. For example, it may show the member's cost sharing amounts for Convenience Care Clinic, Tier 1; Convenience Care Clinic, Tier 2; Urgent Care Clinic, Tier 1; etc.

For any questions you may have, please contact Harvard Pilgrim's EDI team at EDI_Team@harvardpilgrim.org, or by phone at 800-708-4414. ◆

Keep Panel Status and Demographic Information Up to Date

In the last two years, the Centers for Medicare & Medicaid Services (CMS) and many states have issued new guidance and regulations on maintaining and updating data in Provider Directories in a timely manner.

It is critical that members have accurate information about your practice, so they can make informed decisions about their health care options. Please report changes to your address, panel status (whether your practice is accepting new patients), institutional affiliations, phone number and other practice data in a timely manner.

In Harvard Pilgrim's online Provider Directory, you can review the information we currently have for your practice—including panel status and practice address—to ensure that everything is current. In addition, to improve patient experience and maximize directory accuracy, please share this information with the appropriate staff in your practice and request that they also review this information.

If you need to update your panel status or any other information, please fill out a Provider Change Form and submit it to Harvard Pilgrim's Provider Processing Center by email at PPC@harvardpilgrim.org; notification of panel status changes should be submitted at least 30 days in advance. For any further questions, call the Medicare Advantage Provider Service Center at 888-609-0692 or the commercial Provider Service Center at 800-708-4414. ◆

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 one of your providers will be newly participating with Harvard Pilgrim, 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**

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