New Massachusetts Mandate for Oral Chemotherapies
In January, Massachusetts Governor Deval Patrick signed into law a bill that affects the member cost sharing for oral medications used to treat cancer. The new law requires insurers to cover oral chemotherapies on a basis no less favorable than coverage applied to intravenously administered or injected cancer medications.

As a result, for plans other than Best Buy HSA plans, Harvard Pilgrim will now be covering oral medications for cancer treatment obtained at a pharmacy at no charge to members. For Best Buy HSA plans, the in-network deductible that pertains to intravenously administered or injected cancer medications will also apply to oral chemotherapies.

The new mandate applies to fully-insured plans purchased or renewed on or after January 1, 2013, and Harvard Pilgrim is currently working to implement this change for fully-insured groups. Members enrolled through self-insured plans may not be subject to this mandate. ◆

Growing the Medicare Advantage Network
Effective January 1, 2014, Harvard Pilgrim plans to offer a Medicare Advantage HMO product to Medicare beneficiaries in Massachusetts, Maine, and New Hampshire.* Throughout 2013, we will continue to contact providers in targeted counties to participate in this new product.

If you’ve received a Medicare Advantage contract information packet from Harvard Pilgrim, we encourage you to complete and return it as quickly as possible. You may return the requested documents by mail to the following address:

Harvard Pilgrim Health Care
1600 Crown Colony Drive
Quincy, MA 02169
ATTN: Network Services
We will counter-execute and return one signed original amendment to you for your records. For more information, please call Harvard Pilgrim’s Provider Service Center at 1-800-708-4414.

* Pending approval from the Centers for Medicare & Medicaid Services

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**CLINICIAN CORNER**

**Complex Case Management Services**

Harvard Pilgrim provides case management services to help patients attain optimum health and quality of life and achieve greater self-reliance in managing their health care. Our complex case managers are nurses who provide systematic coordination and assessment of services using evidence-based clinical guidelines. Harvard Pilgrim’s complex case managers partner with our staff social workers and pharmacists, and draw on disease management programs (e.g., asthma, diabetes, etc.), to help coordinate care and access to services for members with multiple complex conditions.

Complex case managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness. Our case management programs focus on diagnostic conditions and proactively identify at-risk patients. Typically, the patients in our case management programs have co-morbidities and psychosocial needs that can significantly diminish their quality of life and make it difficult for them to adhere to treatment plans.

Case management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self referral
- Health risk appraisal

For more information about Harvard Pilgrim’s complex case management programs, including how to refer patients, please see the Complex Case Management page on Harvard Pilgrim’s provider web site (www.harvardpilgrim.org > Providers > Medical Management > Disease and Health Risk Management > Complex Case Management) or
call 1-866-750-2068. Also, if you have patients interested in Harvard Pilgrim’s complex case management programs they can get more information on the program by visiting the diseases and conditions section of our Health and Wellness page (www.harvardpilgrim.org > Visitors > Health and Wellness > Chronic Conditions). ◆

Disease Management Programs that Reinforce Physician Treatment Plans
Harvard Pilgrim takes a comprehensive approach to disease management, which focuses on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. Harvard Pilgrim’s disease management programs include a range of components specifically designed to reinforce clinicians’ treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are automatically enrolled in Harvard Pilgrim’s disease management programs through the following:

- referrals by their physicians, case managers, and specialty care providers
- census reports from hospital or ER visits
- medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- self referral
- health risk appraisal

For a full list of all of Harvard Pilgrim’s disease management programs, visit our Disease and Health Risk Management page (www.harvardpilgrim.org > Providers > Medical Management > Disease and Health Risk Management). To enroll a Harvard Pilgrim member into one of our programs, e-mail healthandwellness@harvardpilgrim.org or call (888) 888-4742. ◆
P&T Committee Update

At a March 4, 2013 meeting, the Harvard Pilgrim’s Pharmacy & Therapeutics Committee reviewed the several drugs and decided the following.

<table>
<thead>
<tr>
<th>Name</th>
<th>P&amp;T Committee Review and Decisions</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onfi (clobazam)</td>
<td>Onfi is used along with other medications to treat seizures associated with Lennox-Gastaut syndrome, a severe, difficult-to-treat form of childhood-onset epilepsy.</td>
<td>Prior authorization required. Moved to Tier 2 (Tier 3 for 4-Tier formulary)</td>
</tr>
<tr>
<td>Latuda (lurasidone)</td>
<td>Latuda is an atypical antipsychotic used to treat schizophrenia in adults.</td>
<td>Moved to Tier 2 (Tier 3 for 4-Tier formulary)</td>
</tr>
<tr>
<td>Kapvay (clonidine ER)</td>
<td>Kapvay, an extended release formulation of clonidine, is used to treat Attention-Deficit Hyperactivity Disorder (ADHD).</td>
<td>Continued coverage at Tier 3 (Tier 4 for 4-Tier formulary)</td>
</tr>
<tr>
<td>Brilinta (ticagrelor)</td>
<td>Brilinta is used in conjunction with aspirin for secondary prevention of thrombotic events in patients with acute coronary syndrome. Brilinta is in the same therapeutic category as clopidigrel (Plavix)</td>
<td>Moved to Tier 2 (Tier 3 for 4-Tier formulary)</td>
</tr>
<tr>
<td>Picato (ingenol mebutate)</td>
<td>Picato is a topical gel used to treat actinic keratosis.</td>
<td>Moved to Tier 2 (Tier 3 for 4-Tier formulary)</td>
</tr>
</tbody>
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Motivational Interviewing in the Primary Care Setting

As anyone who has tried to adopt a healthy behavior or kick a bad habit can attest, change is difficult. A central challenge for many providers is persuading patients to adopt and stick with healthful changes—from losing weight or starting an exercise program to keeping up with a medication regimen or accepting alcohol or drug treatment. But tools like motivational interviewing and programs such as Harvard Pilgrim’s Lifestyle Management can help clinicians influence patients to make healthy changes and support patients along the way.

Motivation Interviewing Techniques
Motivational interviewing is a patient-centered method for identifying an individual’s readiness for change and enhancing motivation by exploring and resolving ambivalence about the new behavior. These techniques promote informed decision-making and encourage patients to participate in their own health care.

The principles behind motivational interviewing include:

- **Expressing empathy:** By using some of the communication techniques described below, the clinician reassures the patient that ambivalence is normal and helps the patient feel understood.

- **Supporting self-efficacy:** Reinforcing that change is possible can instill confidence in patients and motivate them to change.

- **Rolling with resistance:** Rather than challenging resistance, the provider focuses on helping patients identify solutions to barriers to change.

- **Developing discrepancy:** These interviewing techniques often guide a patient toward presenting arguments for a healthy behavior. Doing so, and recognizing how their current behavior conflicts with their personal goal, can generate motivation.

Motivational interviewing relies on these communication strategies:

- **Open-ended questions:** Asking open questions increases the patient’s involvement in the discussion.

- **Affirmations:** Positive statements about the patient’s progress provide encouragement and help the patient feel supported.

- **Reflective listening:** Engaging in reflective listening—which ranges from simply rephrasing a patient’s statements to providing a more in-depth summary of the patients wants and needs—fosters a sense of understanding and unity.

- **Summary statements:** Providing a summary of the goals and plan to move forward can help resolve patient ambivalence and promote change.

**Lifestyle Management Program**

Motivational interviewing techniques are a cornerstone of Harvard Pilgrim’s Lifestyle Management Program, in which our health coaches help members establish and work toward goals. With a focus on complex cases, the Lifestyle Management Program supplements the work done in a provider’s practice.

The referral process is simple: members complete a health questionnaire and those who indicate that they are interested in coaching receive an outreach call. Providers may also encourage members to complete the health questionnaire if they believe the member would benefit from the program and the additional support.
During one-on-one telephone sessions, the health coach helps interested members identify barriers to wellness and develop a healthy lifestyle roadmap, while promoting self-reliance by offering educational materials and online resources. The coach and member collaborate to establish realistic goals, set milestones, and develop a network of support.

Health coaches employ motivational interviewing to better understand the member’s personal health goals and readiness to change. “Understanding where the individual is coming from is crucial before setting a plan. You can lecture a patient about having diabetes in control but it won’t do any good until they buy in,” explains Catherine McFadyen, director of the Care and Disease Management program.

**Tapping into Individual Motivation**

With motivational interviewing, the aim is to engage the patient in a productive dialogue, without judgment, about her current situation and reasons for change. It’s not to talk the individual into changing. Often, a patient is ambivalent and perceives that she has valid reasons not to change. If this ambivalence isn’t adequately understood and managed, there’s a higher likelihood that the patient won’t comply with the plan and the treatment will fail.

The chances of a new behavior taking root are greater when a coach helps a member identify their individual rationale for making the change. The patient’s own reasons for changing are much more powerful motivators than outside persuasion or coercion.

As one member wrote about Lifestyle Management Program, “Together we set reasonable goals for each month, always with an eye toward what I wanted to achieve longer term. We discussed what was working well and what needed a new approach, and she helped me strategize how I could meet my family’s nutritional needs, as well as my own. That sounds simple but it was not, and this was the kind of thing that had made it so difficult for me to really change my habits in the past.”

Now the member’s blood pressure is lower and she’s steadily losing weight. Better still, she feels empowered to keep improving her health. “I take pride in my modest weekly achievements. Something very important now seems obvious: I can succeed long term even if I fall back once in a while, and I don’t need to spend time getting mad at myself for that as long as I start again and keep trying to move forward.”

To refer a patient to the Lifestyle Management Program, e-mail healthandwellness@harvardpilgrim.org. Also for complex clinical situations, United Behavioral Health (UBH) is available to provide consultative assistance.
Practitioners can call the UBH Physicians Consultation Service at (800) 292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call UBH at (888) 777-4742. ◆

OFFICE ASSISTANT

Updated Pricing for Molecular Pathology Codes
Effective January 1, 2013, Harvard Pilgrim began accepting the new Current Procedural Terminology (CPT) codes for Molecular Pathology (81200-81479). Medicare’s local carrier recently published rates for a subset of these codes. Based on a review of the rates, Harvard Pilgrim will be updating its fee schedule for this subset of codes, effective May 1, 2013. Providers may request a sample fee schedule by calling the Provider Service Center at (800) 708-4414. ◆

Network Matters is a monthly newsletter for the Harvard Pilgrim provider network
Eric H. Schultz, President and Chief Executive Officer
Richard Weisblatt, Ph.D., Senior Vice President, Provider Network and Product Development
Joann Peck, Manager, Network Planning and Administration
Annmarie Dadoly, Editor
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.