

**HPHCURRENT EVENTS****CVS/specialty Becomes New Preferred Specialty Pharmacy in July**

Harvard Pilgrim is pleased to announce that we will be working with CVS/specialty pharmacy as our preferred specialty pharmacy, effective July 1, 2017. We anticipate that our new partnership with CVS/specialty will deliver members and providers improved service and greater convenience, aid Harvard Pilgrim in ensuring the effective and appropriate use of these medications, and better manage increasing drug costs.

**Specialty pharmacy services**

CVS/specialty will provide specialty medications and additional education for your Harvard Pilgrim patients, and will collaborate with you on the close monitoring of their clinical response. To ease your administrative burden, CVS/specialty will manage benefit investigations, determine plan coverage, and communicate financial obligations to the patient. A pharmacist is available for emergency consultations 24 hours a day, seven days a week.

Your patients will receive personalized specialty pharmacy services, such as access to pharmacists and nurses specializing in their condition, a 24-hour-a-day on-call pharmacist, and convenient delivery to their doctor's office, home, or a CVS pharmacy retail location.

**Obtaining specialty medications**

Beginning on July 1, 2017, please contact CVS/specialty to order new specialty medications or to renew specialty medications for your Harvard Pilgrim patients. All previously approved prior authorizations will remain in effect for the originally approved time frames.

You may submit an order for a specialty medication to CVS/specialty in one of the following ways:

- Call toll-free at 800-237-2767 (from 7:30 a.m. to 9 p.m. ET)
- E-prescribe by visiting CVS/specialty online at [www.CVSspecialty.com](http://www.CVSspecialty.com)
- Fax your specialty prescriptions to 800-323-2445

To aid with this transition, in May, Harvard Pilgrim and CVS/specialty will send letters to members currently taking specialty medications and to providers with patients currently receiving specialty medications. The letters to physicians will provide them with a list of their Harvard Pilgrim patients currently taking a specialty medication, along with the name of the drug.

Harvard Pilgrim's [website](#) will be updated prior to the July 1 effective date to include information on CVS/specialty. If you have any further questions about this change, please contact the Provider Service Center at 800-708-4414. ♦

### **Boston Medical's Industry-Leading Transgender Care and Provider Education**

While notable progress has been made regarding medical care for transgender individuals, there remains a significant health disparity among this population. Harvard Pilgrim would like to highlight the work being done at Boston Medical Center's (BMC's) [Center for Transgender Medicine and Surgery](#) to diminish this disparity by providing high-quality, comprehensive care to the transgender patient population — as well as employing an evidence-based approach to educating medical students and physicians in transgender medicine.

#### **The current status of care**

Barriers to quality care for transgender patients include financial support from payers, institutional workplace discrimination resulting in less income and less access to medical resources, and stigmatization. Yet, according to Dr. Josh Safer, an endocrinologist and the Medical Director for the Center for Transgender Medicine and Surgery, "While that's all true, despite the often-egregious examples of real discrimination they face, polls of transgender individuals *still* indicate that the primary barrier to good care for transgender patients remains a knowledgeable clinical workforce. Physicians may be welcoming and respectful, but they haven't been taught even the basics of trans-friendly care, so they are not comfortable or confident in providing it."

Many medical training programs focus heavily on creating a welcoming environment for transgender individuals. Dr. Safer believes this is important and a very positive step, but it's not enough without real knowledge about gender incongruence (when one's gender identity does not match his/her external anatomy), data, and exposure to transgender people and interventions.

**BMC's education-driven approach**

"I consider myself lucky because I actually am in a position to make some sort of incremental change," says Dr. Safer. Through his curriculum at BMC-affiliated Boston University (BU) School of Medicine, as well as his work with medical residents at the hospital, Dr. Safer uses an evidence-based approach to teaching transgender medicine.

"One thing I do is speak 'doctor speak,' and I focus on things doctors want to know. What are the data that this treatment works, or that it's safe? What is the evidence for harms, and for how we can protect people from these harms? I started with this approach at BU at the medical school level, and have since applied it to the residency level — and I think it's definitely scalable to the practice level."

BMC has drawn from its mission of taking care of underserved populations to be a leader in providing trans-friendly care for decades, through an interdisciplinary program that is administered within all existing departments. But with the recent creation of a dedicated Center for Transgender Medicine and Surgery and the Transgender Patient Task Force, transgender patients have a unified point of contact to help them navigate the system, while maintaining their relationship with their PCP, and the list of trans-friendly services continues to grow as gaps in care are identified. Current services include hormone therapy, behavioral health support and primary care, plastic surgery procedures such as facial feminization and mammoplasty, dermatological care, and male-to-female gender affirmation/genital surgical procedures.

**Boston Trans Health Institute in May**

The Center for Transgender Medicine and Surgery, BU, and Rush University Medical Center have partnered to host the Boston Trans Health Institute on Friday, May 12. Registration for [this event](#) is free. For information about Harvard Pilgrim's coordination of care for transgender patients, refer to [this article](#) from the August 2015 issue of *Network Matters*. ◆

**Behavioral Health to Be Offered via Telemedicine**

Doctor On Demand's behavioral health providers are now available to serve Harvard Pilgrim members. As we communicated in the [June 2016 issue](#) of *Network Matters*, Harvard Pilgrim has partnered with Doctor On Demand to provide medical care to our members through the use of telemedicine, which provides real-time communication between a provider and a patient via synchronous, interactive audio and video telecommunications systems.

Members have received information about Doctor On Demand and can access their services by setting up an account on the Doctor On Demand [webpage for Harvard Pilgrim members](#), or by downloading the app. In support of care coordination, any Harvard Pilgrim member who uses Doctor On Demand's medical or behavioral telemedicine services can elect to have a visit summary forwarded to his or her PCP. In addition, other providers in our network may also provide telemedicine services, as outlined in our [Evaluation and Management Payment Policy](#). If you have any questions, please contact the Provider Service Center at 800-708-4414. ◆

## CLINICIAN CORNER

### Updated Medical Review Criteria for Rituxan

Effective for services authorized on or after April 1, 2017, Harvard Pilgrim is updating its medical review criteria for Rituxan. Harvard Pilgrim covers the medically necessary use of Rituxan to treat certain conditions in patients 18 and older.

Effective immediately, coverage for the medication will be expanded to include the following indications:

- Acquired Blood Factor Deficiency
- Castleman's Disease
- Sjögren's Syndrome

As a reminder, all use of Rituxan, which is administered by intravenous infusion, requires prior authorization. It must be supported by evidence-based literature, and clinically appropriate based on the member's condition and previous response to treatment. For more information and the complete list of covered conditions, please refer to Harvard Pilgrim's updated [Rituxan Medical Review Criteria](#). ◆

### Bronchial Thermoplasty Now Covered With Prior Authorization

Effective immediately, Harvard Pilgrim now covers medically necessary bronchial thermoplasty, with prior authorization, for certain members 18 and older whose chronic, severe persistent asthma is not well controlled with inhaled corticosteroids and long-acting beta-agonists — and who meet all of the conditions specified in the Bronchial Thermoplasty Medical Review Criteria.

Bronchial thermoplasty, which consists of radiofrequency energy being delivered to the distal airways with the aim of decreasing smooth muscle mass believed to be associated with airway inflammation, is covered for a maximum of three treatment sessions with a recovery period of three weeks or longer between sessions. The treatment is represented by the following newly covered codes:

- 31660 – Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
- 31661 – Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes

To obtain prior authorization, providers must submit the required written information and meet the criteria as indicated in Harvard Pilgrim’s [Bronchial Thermoplasty Medical Review Criteria](#). Prior authorization requests may be made electronically through *HPHConnect* or NEHEN, by fax (800-232-0816), or phone (800-708-4414; select the option for the Referral/Authorization Unit). ♦

### **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 (such as asthma, diabetes, etc.) to help coordinate care and access to services for patients with multiple complex conditions.

These programs assist patients with conditions such as chronic kidney disease, cancer, heart disease, and a variety of rare diseases. 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 website or call 866-750-2068. ◆

### **Disease Management Programs Reinforce Physician Treatment Plans**

Harvard Pilgrim takes a comprehensive approach to disease management, focusing 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 issues 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](#) webpage. To enroll a Harvard Pilgrim member into one of our programs, e-mail [healthandwellness@harvardpilgrim.org](mailto:healthandwellness@harvardpilgrim.org) or call 866-750-2068. ◆

**P&T Committee Updates**

At the March 6th, 2017 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed three medications and decided the following:

P&T Committee Review and Decisions		
Name	Description and Indication	Decision
Vraylar (cariprazine)	Vraylar (cariprazine) is an atypical antipsychotic indicated in adults for the acute treatment of manic or mixed episodes associated with bipolar I disorder and the treatment of schizophrenia.	<ul style="list-style-type: none"> <li>• <b>Premium formulary:</b> Continued coverage at non-preferred brand tier, step therapy required</li> <li>• <b>Value formulary:</b> Remains non-covered</li> <li>• <b>Medicare Advantage formulary:</b> Continued coverage at Tier 5 (Specialty Tier), step therapy required</li> </ul>
ADHD Drug Formulations:  Quillivant XR suspension (methylphenidate HCl ER)  Quillichew ER tablets (methylphenidate HCl ER)  Aptensio ER capsules (methylphenidate HCl ER)	These medications are CNS stimulants indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).	Quillivant XR suspension <ul style="list-style-type: none"> <li>• <b>Premium formulary:</b> Continued coverage at non-preferred brand tier</li> <li>• <b>Value formulary:</b> Continued coverage at non-preferred brand tier</li> <li>• <b>Medicare Advantage formulary:</b> Remains non-covered</li> </ul> Quillichew ER tablets, Aptensio ER capsules, Dyanaval XR suspension

<p>Dyanaval XR suspension (amphetamine XR)</p>		<ul style="list-style-type: none"> <li>• <b>Premium formulary:</b> Continued coverage at non-preferred brand tier</li> <li>• <b>Value formulary:</b> Remains non-covered</li> <li>• <b>Medicare Advantage formulary:</b> Remains non-covered</li> </ul>
<p>Xtampza ER (oxycodone ER)</p>	<p>Xtampza ER is an opioid agonist indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.</p>	<ul style="list-style-type: none"> <li>• <b>Premium formulary:</b> Continued coverage at non-preferred brand tier with prior authorization</li> <li>• <b>Value formulary:</b> Remains non-covered</li> <li>• <b>Medicare Advantage formulary:</b> Remains non-covered</li> </ul>

**Identifying and Treating Postpartum Depression**

Postpartum depression, which affects nearly 15 percent of new mothers, can be a debilitating and long-lasting condition that greatly interferes with the well-being of both mother and baby. Complications associated with postpartum depression can be minimized with proper screening and early detection in the primary care setting, and referral of the patient to a behavioral health specialist for appropriate care.

**Symptoms and risk factors**

Postpartum depression should not be confused with the significantly more common and less severe “baby blues,” which affect many new mothers and are characterized by feelings of worry, sadness, irritability, and fatigue in the few days or weeks following childbirth. While the baby blues subside on their own, the symptoms of postpartum depression are more extreme and persistent, and can hinder a mother’s ability to

properly care for her baby. Although all women are at risk of postpartum depression, the following factors can heighten risk:

- A personal history of depression, postpartum depression, or other mental health disorders
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy; an unplanned or unwanted pregnancy
- Stressful life events in the last year, including marriage or money problems
- Young age
- Substance abuse

Symptoms of postpartum depression include:

- Crying
- Feeling sad, hopeless, and overwhelmed
- Loss of interest in activities the patient once enjoyed
- Trouble sleeping, even when the baby is sleeping, or sleeping more than usual
- Having little energy
- Difficulty concentrating and making decisions
- Feeling restless, irritable, or anxious
- Withdrawal from family and friends
- Feeling overly worried about the baby or feeling distant and detached from the baby

### **Detecting postpartum depression**

Early detection and treatment of postpartum depression is vital in preserving the health of mother and child. The [Edinburgh Postnatal Depression Scale \(EPDS\)](#) is a reliable tool for detecting postpartum depression. This ten-item questionnaire inquires about mood symptoms and self-destructive thoughts. It can be used in many settings, including primary care, OBGYN, and behavioral health practices. Additionally, the [Patient Health Questionnaire \(PHQ-9\)](#) — referenced in [this article from the September 2015 issue](#) of *Network Matters* — is a useful, efficient tool for assessing the severity of all types of depression in behavioral health patients. The PHQ-9 can be administered by the primary care physician and completed by the patient in minutes and serves as a base for diagnosing depression and coordinating follow-up care.

**Referrals for behavioral health treatment**

Treatment options in the initial stages of postpartum depression depend on the severity of the symptoms. The care for a patient diagnosed with postpartum depression may involve collaboration between the PCP and behavioral health practitioners, and may consist of referring the patient for psychotherapy, prescribing antidepressants, or a combination of both. While some new mothers have concerns about whether it is safe to take antidepressant medications while breastfeeding, experts generally agree that women do not need to stop breastfeeding when taking selective serotonin reuptake inhibitors to treat postpartum depression. Additionally, encouraging patients to seek out a support system — a new mother's group or a group for women dealing with postpartum depression — can also be helpful.

***How Optum/UBH can help your patients*** — For complex clinical situations, Optum/UBH is available to provide consultative assistance. Practitioners can call the Optum/UBH Physicians Consultation Service at 800-292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. ◆

**OFFICE ASSISTANT****Harvard Pilgrim's Maximum Units Per Day Policy**

Effective July 1, 2017, Harvard Pilgrim will begin utilizing the Centers for Medicare and Medicaid Services' (CMS's) maximum unit values — or medically unlikely edits (MUE) — for CPT and HCPCS codes, where available. Harvard Pilgrim will continue to apply its own existing maximum frequency per day values for those CPT or HCPCS codes that do not have an associated MUE value from CMS.

With this update, Harvard Pilgrim will not provide additional reimbursement for codes for which the MUE value has been exceeded. As a reminder, when submitting a claim, it is important to submit the total number of units on one line, rather than individual claim lines; billing the same procedure code on multiple individual claim lines may result in the claim being denied as a duplicate. For more information, please refer to Harvard Pilgrim's updated [Maximum Units Per Day Payment Policy](#). ◆

**Payment Policy Update: Anatomical Modifiers**

In June, Harvard Pilgrim will require that the appropriate anatomical modifier be appended to claims for applicable procedures. Anatomical modifiers are used to indicate the specific area or part of the body on which a procedure was performed. Effective for dates of service beginning June 15, 2017, Harvard Pilgrim is requiring the use of the following modifiers whenever they apply to a procedure you have performed:

- E1-E4 – Eyelids
- FA, F1-F9 – Fingers
- TA, T1-T9 – Toes
- LC – Left circumflex, coronary artery
- LD – Left anterior descending coronary artery
- LM – Left main coronary artery
- RI – Ramus intermedius
- RC – Right coronary artery

Failure to append the anatomical modifier, or appending an anatomical modifier that does not match the appropriate anatomical site, may result in a claim denial. For more information, refer to Harvard Pilgrim's updated [CPT and HCPCS Level II Modifiers Payment Policy](#). ◆

**Payment Policy Update: Billing Consultation Codes 99241 – 99245**

Effective for dates of service beginning June 15, 2017, Harvard Pilgrim will no longer reimburse for consultation services (CPT codes 99241 – 99245) when the same provider has previously billed for the same or a similar condition for the same member in the previous 12 months. The American Medical Association's (AMA's) Current Procedural Terminology (CPT) manual defines a consultation as an evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem, or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.

For more information, please refer to Harvard Pilgrim's updated [Evaluation & Management Payment Policy](#). ◆

**Payment Policy Update: Fetal Anatomical Ultrasound**

According to the Society for Maternal-Fetal Medicine (SMFM), a fetal ultrasound with detailed anatomic examination should only be performed when there is a known or suspected fetal abnormality, fetal growth disorder, genetic abnormality, or increased risk for fetal anatomic or genetic abnormality. Effective for dates of service beginning June 15, 2017, Harvard Pilgrim will no longer reimburse detailed fetal anatomical ultrasound (CPT codes 76811 and 76812) when performed as a routine service.

In keeping with the intended use of these codes and SMFM's guidelines, Harvard Pilgrim will cover 76811 and 76812 only in the presence — or suspected presence — of a fetal abnormality. For more information, please refer to the updated [Obstetrical/Maternity Care Payment Policy](#). ◆

**Payment Policy Update: Pelvic/Transabdominal and Transvaginal Ultrasounds**

Effective for dates of service beginning June 15, 2017, based on rationale from the American Congress of Obstetricians and Gynecologists (ACOG), Harvard Pilgrim will no longer separately reimburse transabdominal ultrasounds (CPT codes 76801-76812) or pelvic ultrasounds (CPT codes 76856, 76857) when performed during the same session as a transvaginal ultrasound (CPT codes 76830 or 76817).

If a provider performs a pelvic or transabdominal ultrasound and determines that the resulting image is not adequately clear and that a transvaginal ultrasound is necessary, Harvard Pilgrim considers the initial pelvic or transabdominal ultrasound to be a redundant service, and only the subsequent transvaginal ultrasound will be eligible for reimbursement. For more information, please refer to the updated [Obstetrical/Maternity Care](#), [Gynecology](#), and [Radiology](#) Payment Policies. ◆

**HPHConnect: Inactive Account Management**

Attention Main Office Contacts: Beginning May 15, 2017, Harvard Pilgrim will remove inactive *HPHConnect* user accounts for users with “front office” and “back office” roles who have not had any activity in the last 12 months (users who have not logged in since May 2016). The process of removing inactive accounts will be undertaken on a rolling basis, with inactive users being deleted each week beginning May 22, 2017. Users with “office manager” or “clinician” roles will not be removed.

Please review your users to determine whether you have any inactive users who still require access to *HPHConnect*. If so, please have the user log in prior to May 15, 2017. Users who don't remember their password may utilize the online password reset, which is available on the *HPHConnect* login screen. In order to reset the password, the user will need to recall their security questions. If the user can't do so, contact the Health Trio Help Desk at 877-814-9909 to assist with the password reset.

If you have any additional questions, please contact Harvard Pilgrim's Provider eBusiness Services team at 800-708-4414 (select option 1 and then option 6). ♦

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