

HPHCURRENT EVENTS**GIC Product Updates Effective July 1**

The 2017-2018 plan year for Harvard Pilgrim and the Group Insurance Commission's (GIC's) Primary Choice HMO and Independence Plan POS begins on July 1, 2017. Any updates to provider tier assignments for these products will take effect on that date.

For the 2017-2018 plan year, Harvard Pilgrim made some changes to our physician tiering methodology, performing tiering at the physician group level for our GIC plans. Previously, tiering was performed at the individual provider level. This change creates greater consistency for patients receiving care from PCPs and specialists within the same provider group.

For additional product details, please refer to the [GIC Primary Choice HMO](#) and [GIC Independence Plan POS](#) product pages in Harvard Pilgrim's online *Provider Manual*. For provider tiering information, please visit our provider [GIC 2017-2018 Plan Year webpage](#). ◆

CLINICIAN CORNER**Medical Drug Prior Authorization Program with CVS Health–NovoLogix**

Harvard Pilgrim has selected CVS Health–NovoLogix to oversee and expand our prior authorization program for medical drugs to optimize treatment outcomes and promote the safe and cost-effective use of these medications. CVS Health–NovoLogix will perform medical necessity and utilization review for select medical drugs on behalf of Harvard Pilgrim*.

Prescription drugs, and in particular specialty medications, account for a significant and growing proportion of health care spending. Harvard Pilgrim anticipates that our partnerships with CVS for medical drug utilization management and specialty pharmacy services (*see article below*) will ensure that these medications are being used in a clinically appropriate and effective manner for our members.

Beginning July 14, 2017, prior authorizations for select medical drugs for our commercial members will be required through CVS Health–NovoLogix. Under this program, Harvard

Pilgrim will utilize industry-standard medical necessity criteria developed and maintained by CVS Health–NovoLogix for approximately 200 medical drugs. While CVS Health–NovoLogix will provide the prior authorization review for medical drugs, Harvard Pilgrim will continue to be responsible for claims adjudication and appeals.

For detailed information, please refer to the new criteria and prior authorization forms posted on our provider website at www.harvardpilgrim.org/medicaldrugpa. Please note:

- CVS Health–Novologix will begin processing prior authorization requests for select medical drugs beginning July 3, 2017.
- Harvard Pilgrim will require prior authorization through CVS Health–Novologix for most of these drugs for dates of service on or after July 14, 2017. An additional 24 medical drugs will be added to the program and will require prior authorization by CVS Health–Novologix for dates of service on or after August 10, 2017.
- Harvard Pilgrim has existing prior authorization criteria and policies in place for some drugs covered under the medical benefit (indicated in the chart with **). The Harvard Pilgrim policies and procedures will remain in effect until the transition occurs. For the drugs currently on Harvard Pilgrim’s prior authorization list that are scheduled to transition to CVS Health–Novologix in August, providers should continue to contact Harvard Pilgrim for authorization until August 1.
- Authorizations approved by Harvard Pilgrim prior to July 3 will be grandfathered and will not require authorization from CVS Health–NovoLogix until the existing authorization expires. If there is a material change to the authorization, however, providers must submit a new request made to CVS Health–NovoLogix.
- You may submit your request to CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882); an online portal is being developed for rollout later this year.

Harvard Pilgrim and CVS Health–NovoLogix will be mailing letters to members and providers affected by these changes to inform them about these policies and procedures. Also look to next month’s issue of *Network Matters* for more information and an FAQ.

**Pending regulatory approval in Rhode Island. ◆*

Reminder: CVS Specialty is New Preferred Specialty Pharmacy

As we [announced in last month's issue](#) of *Network Matters*, Harvard Pilgrim has selected CVS Specialty as our preferred specialty pharmacy, effective July 1, 2017.

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. They will also manage benefit investigations, determine plan coverage, and communicate financial obligations to the patient.

CVS Specialty will provide these services for all the medications noted in our [Specialty Pharmacy Drug List](#).

Beginning on July 1, 2017, please contact CVS Specialty to order or renew any of these 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
- Fax your specialty prescriptions to 800-323-2445

If one or more of your Harvard Pilgrim patients is currently taking a specialty medication, you will receive a letter this month from Harvard Pilgrim and CVS Specialty with the relevant patient and drug information. These members will also receive letters informing them about our new partnership with CVS Specialty.

If you have any further questions about this change, please contact the Provider Service Center at 800-708-4414. ◆

Update to ExMI Therapy for Urinary Incontinence Medical Policy

Harvard Pilgrim is updating our medical policy for extracorporeal magnetic innervation (ExMI) therapy for urinary incontinence. ExMI is a noninvasive therapy involving pulsed magnetic stimulation of the sacral nerves and/or pudendal nerves, with the goal of rehabilitating the pelvic floor musculature to reduce urinary incontinence.

Harvard Pilgrim considers ExMI to be experimental/investigation and does not cover the procedure. Effective July 15, 2017, Harvard Pilgrim is updating the policy to include the following code as not covered:

E0740 – Non-implanted pelvic floor electrical stimulator, complete system

For more information, please refer to the updated [Extracorporeal Magnetic Innervation \(ExMI\) Therapy for Urinary Incontinence Medical Policy](#). ◆

Update to Infliximab Medical Review Criteria

Effective for dates of service beginning May 26, 2017, Harvard Pilgrim is updating our commercial and StrideSM (HMO) Medicare Advantage medical review criteria for the medication infliximab (Remicade/Inflectra) to allow coverage for the CPT code Q5102 (Injection, infliximab, biosimilar, 10 mg).

With prior authorization, Harvard Pilgrim covers the medically necessary use of infliximab for members with any of the following:

- Moderately to severely active rheumatoid arthritis or active psoriatic arthritis
- Moderately to severely active Crohn's Disease
- Fistulizing Crohn's disease
- Moderately to severely active pediatric Crohn's disease
- Moderately to severely active ulcerative colitis
- Moderately to severely active pediatric ulcerative colitis
- Active ankylosing spondylitis
- Severe plaque psoriasis (i.e., extensive and/or disabling)
- Non-infectious uveitis (chronic, recurrent, refractory, OR vision-threatening)

To obtain prior authorization for infliximab, providers must meet the criteria as specified in the updated [commercial Infliximab \(Remicade®/Inflectra\) Medical Review Criteria](#) or the [StrideSM \(HMO\) Medicare Advantage Infliximab \(Remicade®/Inflectra\) Medical Review Criteria](#). In addition, please complete the [Immune Modulating Drugs Prior Authorization request form](#) (for non-Massachusetts providers) or the [Massachusetts Standard Form for Medication Prior Authorization Requests](#) (Massachusetts providers only) and submit the necessary information. ◆

Fecal Microbiota Transplantation Medical Policy Updated

Harvard Pilgrim is updating our Fecal Microbiota Transplantation Medical Policy to clarify coverage criteria and add an additional CPT code as eligible for coverage. Harvard Pilgrim considers fecal microbiota transplantation medically necessary when healthy donor stool is available for transplant, and all of the following are met:

- Documentation confirms *Clostridium difficile* infection by a positive stool test
- At least three or more episodes of recurrent *Clostridium difficile* infections
- Documentation confirms episodes are refractory to at least two full courses of antibiotic regimens (e.g. metronidazole, fidaxomicin, vancomycin)

In addition, effective for dates of service beginning June 1, 2017, we are adding the following CPT code to the policy as eligible for coverage:

- 44705 – Preparation of fecal microbiota for instillation, including assessment of donor specimen

Prior authorization is not required. Please refer to the updated [Fecal Microbiota Transplantation Medical Policy](#) for complete coverage criteria. ◆

Reducing Preventable Readmissions in the Medicare Advantage Population

Avoiding readmissions in the Medicare Advantage population is a significant challenge, which Harvard Pilgrim seeks to address through post-discharge follow-up with members.

Medicare's average national hospital readmissions rate (readmission within 30 days of discharge) is approximately 19%, with almost 4% of Medicare beneficiaries having two or more readmissions within 30 days. According to data from the Center for Health Information and Analysis, the estimated annual cost of this problem for Medicare is \$26 billion — \$17 billion of which is considered avoidable. It is estimated that three quarters of readmissions could likely be avoided with a well-coordinated discharge plan and proper follow-up.

Post-hospitalization discharge follow-up

At Harvard Pilgrim, a nurse care manager calls a StrideSM (HMO) Medicare Advantage member after he/she is discharged from an inpatient facility to ensure that the member has a safe and appropriate transition plan in place. The nurse case manager assesses the member to identify and address any gaps in care, and focuses on medication reconciliation and medication adherence. This call may include member education, coordination of care with families and providers, and referral to a Harvard Pilgrim Disease Management program. The nurse case manager's assessment confirms whether the patient:

- Has received discharge instructions from the hospital or facility
- Understands the discharge instructions, including any required actions or special instructions
- Has adequate caregiver support
- Understands how to appropriately use any prescribed medications and has an opportunity to discuss any potential barriers to taking prescribed medications as needed
- Has scheduled a post-discharge PCP visit (recommended within 7 days of discharge)
- Needs assistance in scheduling ancillary services (for example, help with setting up home health visits or DME delivery)
- Would benefit from enrollment in one of our disease management, complex or care management programs

Working together

Our case and disease management staff is available to you, whenever needed. If you believe a patient is at risk for a preventable readmission and may require further assistance, or if you would like to enroll your patient in our disease or care management program, please call Harvard Pilgrim's Case Management Department at 866-750-2068.

**Non-Medication Alternative Treatments for Chronic Pain**

Amid the current opioid addiction crisis in the United States, many patients are wary of taking opioids to manage their chronic pain, and may inquire about non-medication alternative treatments. Two increasingly popular pain management alternatives are acupuncture and cognitive behavioral therapy.

Acupuncture

In recent years, a growing number of Americans have turned to acupuncture for help with a variety of conditions. Studies suggest that acupuncture may be helpful in treating chronic headaches, neck pain, low back pain, knee pain, osteoarthritis, and in relieving side effects from chemotherapy.

Harvard Pilgrim offers acupuncture benefits to most fully insured members of our Massachusetts, Maine, New Hampshire and Connecticut HMO, PPO, and POS products. The benefit includes coverage for up to 20 acupuncture visits per year (copayments, deductibles, and coinsurance may apply).

No referral is required, but HMO members must receive services from participating providers in order for these sessions to be covered. Harvard Pilgrim members have access to a select group of participating Healthways WholeHealth Networks acupuncturists. PPO and POS members can receive covered acupuncture services from participating or non-participating providers. A list of participating providers is available on our [member website](#). If your practice includes an acupuncturist who would like to participate, please visit the [Healthways website](#) (click on the “Nominate a practitioner” link at the bottom of the page) for information on the nomination and credentialing process.

Cognitive behavioral therapy

Like acupuncture, cognitive behavioral therapy has shown promise in treating chronic pain in patients with a variety of conditions, without the risks associated with medications and surgeries. As opposed to stopping physical pain from occurring, cognitive behavioral therapy focuses on changing the patient’s attitude and outlook regarding the pain, which can have a positive effect on how his/her body responds to it. A therapist using cognitive behavioral therapy helps patients to:

- Identify negative thoughts
- Stop negative thoughts
- Practice using positive thoughts
- Develop healthy thinking

If you think your patient could benefit from cognitive behavioral therapy to help manage chronic pain, Optum/UBH can assist you in referring the patient to a behavioral health specialist.

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. ◆

ACA Risk Adjustment Data Validation: Medical Chart Requests

The U.S. Department of Health and Human Services and Massachusetts Health Connector (the federal and state agencies administering the Affordable Care Act's risk adjustment program) are required to annually validate the accuracy of claims data submitted by health insurance companies for risk-adjustment-covered-plans through the validation of members' medical records. This process is known as the Risk Adjustment Data Validation (RADV) program.

In support of the program, beginning in June 2017, you may receive a medical chart request pertaining to services provided to your Harvard Pilgrim patients during the 2016 calendar year, as part of the annual RADV audit. Please keep in mind that:

1. Medical chart requests may be for a regular patient of yours or someone who was only seen once in your office
2. Medical charts must have the patient's name and date of birth, the date of service, the provider's signature and credentials, and date of the provider's signature
3. Medical charts must be provided within 14 days to meet Harvard Pilgrim's audit timeline requirements
4. Member authorizations are not required
5. Medical chart request materials will include contact information for the entity collecting charts, as well as a Harvard Pilgrim phone number and email for any additional assistance

If you have questions regarding a RADV medical chart request, please contact Kathryn Roach, Program Manager, at 617-509-2199. ◆

Robust Discussion at Massachusetts Medical Directors' Meeting

At last month's Massachusetts Medical Directors' Meeting, speakers from Harvard Pilgrim and partnering provider organizations presented information on a variety of current health care topics, including legislative updates and the current opioid crisis.

The presentations and the ensuing discussion highlighted areas in which Harvard Pilgrim and our contracted providers can collaborate to improve outcomes and measure success — for example, with Harvard Pilgrim developing data that enables health care providers to support members with both medical and behavioral health issues.

You can find the slide decks for the [presentations from the Massachusetts spring meeting](#), as well as information from other sessions and from other states' meetings, on the Medical Director Meetings page of our provider website. The next Massachusetts Medical Directors' Meeting will take place in September 2017, and the Medical Directors' Meetings for Connecticut, Maine, and New Hampshire will be held in October 2017. ◆

OFFICE ASSISTANT**2017 Home Care Seasonal Flu Vaccine Fee Schedule**

Updates to Harvard Pilgrim's standard home care seasonal influenza vaccine fee schedule will take effect on August 1, 2017. To request an updated fee schedule, please call 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

Robert Farias, Vice President, Network Services

Annamarie 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.