

HPHCURRENT EVENTS**New Program Rewards Medicare Advantage Patients for Healthy Behaviors**

This month, Harvard Pilgrim is launching a wellness program for our StrideSM (HMO) Medicare Advantage members that encourages and rewards them for completing certain screenings and wellness visits. The program focuses on promoting healthy behaviors and on preventive care.

Members can earn merchant gift cards for completing an annual wellness visit, breast cancer screening, colorectal screening, or diabetes retinal eye exam (as necessary). No action is needed on the part of the provider, since the member simply attests to the completion of the screening.

Medicare Advantage members can submit this information through [CafeWell Rewards](#), an online and app-based wellness tool; telephonically; or by returning a postcard, sent by Harvard Pilgrim to introduce the program, with their reward selection noted.

Members who opt to use CafeWell can access information and tools to help them set health objectives, track progress, and celebrate attaining their goals. The site features Wellcards, containing easy-to-understand health education information that includes tips and action items to get members started with healthier behaviors. Topics include (but are not limited to):

- Healthy eating — Veggie Challenge, Cut the Sugar, Eat Your Greens, Healthy Cooking, Nutrition Savvy
- Physical activity — Fitness Boost, Improve Balance, Core Strength, Step into National Parks
- Emotional well-being — Caregiver Support, Balance Your Life, De-Stress, Depression 101
- Sleep — Breathe Before Bed, Sleep Well 65+, Unplug Before Bed
- Condition management — Diabetes 101, Heart Disease 101, Hypertension 101, Asthma/COPD 101
- Healthy Behaviors — Alcohol Awareness, Break the Smoking Habit, Heart Health Challenge

Our Stride Medicare Advantage members will receive information about this program in June. If one of your Medicare Advantage patients has any questions about the program, please refer them to our Member Services Department for more information. They can find the Member Services phone number on their Harvard Pilgrim ID card. ◆

GIC Product Updates Effective July 1

The 2018-2019 plan year for Harvard Pilgrim and the Group Insurance Commission's (GIC's) Primary Choice HMO and Independence Plan POS begins on July 1, 2018. Any updates to provider tier assignments for these products will take effect on that date. (Providers received their tier assignments in March 2018.) Because Primary Choice is a limited-network product, some of Harvard Pilgrim's contracted providers do not participate in the Primary Choice network. 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 2018-2019 Plan Year webpage](#).

In addition, please be aware that beginning July 1, 2018, the prescription drug benefit for members of Harvard Pilgrim's GIC HMO and POS plans will be administered by a new pharmacy vendor: Express Scripts. For more information, call Express Scripts at 855-283-7679. ◆

Introducing New Hampshire POS Open Access Plans

Harvard Pilgrim is introducing a new family of commercial POS products for fully insured and self-insured large groups (100+ employees) in New Hampshire, known as POS Open Access plans, which will launch on July 1, 2018.

These plans provide a new option for the large group market that features the best aspects of Harvard Pilgrim's HMO and PPO products. They will offer members the ease and flexibility of a PPO, with no requirement for referrals, along with affordability.

Although referrals will not be needed for POS Open Access plans, members will still be required to select a Harvard Pilgrim primary care physician — to continue Harvard Pilgrim's focus on care coordination and care management and emphasize the doctor-patient relationship.

Recognizing members

We will offer three base plan designs: POS Open Access, POS Open Access HSA, and POS Open Access – LP. The POS Open Access – LP version of the product enables members to pay a lower cost share when they receive services at a freestanding general laboratory or ambulatory surgical center.

You can recognize members of these plans by their Harvard Pilgrim member ID cards.

Provider directory and plan information

POS Open Access and POS Open Access HSA members will use the existing POS provider directory, which has been renamed the “POS/POS Open Access” directory. A new “POS Open Access – LP” directory has been created specifically for that plan. Please refer to Harvard Pilgrim’s [provider directory](#) online or in *HPHConnect* for more information about participating providers.

For more information about New Hampshire’s new POS Open Access plans, refer to the [POS Open Access product page](#) in Harvard Pilgrim’s online commercial *Provider Manual*.



Harvard Pilgrim Grant Announcements

Harvard Pilgrim is offering a \$40,000 New Hampshire Opioid Misuse Prevention, Recovery and Treatment Grants program, and has also awarded quality grant funding to 11 providers for 2018, with initiatives addressing a variety of health topics.

Apply for NH Opioid Prevention/Treatment Grant by June 29

This grants program, which is funded by the Harvard Pilgrim Health Care Foundation, will offer individual grants of up to \$10,000 to local non-profit organizations in New Hampshire that offer evidence-based prevention, treatment, or recovery services to residents dealing with opioid addiction.

Grant requests can be for \$5,000 or \$10,000, and each applicant must be a non-profit, 501(c)(3) program or organization.

To receive an application or for any questions, email Susan Walsh at Susan_Walsh@harvardpilgrim.org by June 15, 2018. The deadline to send in applications for the Opioid Misuse Prevention, Recovery and Treatment Grants program is at 4 p.m. on Friday, June 29, 2018. For additional information, refer to [this press release](#).

2018 Quality grants awarded to 11 providers

Physician practices in Connecticut, Massachusetts, Maine, and New Hampshire will receive grant funding this year from Harvard Pilgrim’s Quality Grants Program. The program will fund 11 initiatives up to \$100,000, with each designed to improve care delivery and reduce costs within a variety of care delivery models.

The 11 initiatives address issues such as pain management and opioid addiction, behavioral health, and chronic kidney disease. Physician leaders from Harvard Pilgrim’s provider network helped select the winning proposals. Review criteria included demonstrated need, innovation in providing care, sustainability, care coordination for complex and chronic care, and behavioral health integration.

Our [Quality Grants Program website](#) and this [press release](#) offer additional details on the 2018 Quality Grants Program, including the list of provider groups that received grants. ◆

CLINICIAN CORNER

Coverage of Higher Dosage of Lupron Depot for Breast Cancer

Effective immediately, Harvard Pilgrim will provide reimbursement for a higher maximum dosage of Lupron Depot for commercial members being treated for breast cancer. Reimbursement will be provided for up to 7.5 milligrams of Lupron monthly, or 22.5 milligrams for 3 months, administered as a single injection for patients with breast cancer.

For all other indications, the allowed maximum dosage has not been changed. Prior authorization is required for coverage of Lupron Depot through CVS Health—NovoLogix, which oversees [our prior authorization program for medical drugs](#). To request authorization for Lupron Depot, please contact CVS Health—NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to our updated [Lupron Depot Medical Review Criteria](#) and the [associated prior authorization request form](#). ◆

Benign Prostatic Hypertrophy Medical Policy Updates

Harvard Pilgrim has updated our commercial Benign Prostatic Hypertrophy Medical Policy to include additional coverage criteria for the applicable procedures listed, and to add coverage for prostatic urethral lift (UroLift). Prior authorization is not required.

Harvard Pilgrim now covers the following CPT codes for UroLift for the treatment of urinary outlet obstruction secondary to benign prostatic hypertrophy, when all the criteria outlined on the policy are met:

- 52441 – Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 52442 – Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant

For complete information, please refer to the updated [Benign Prostatic Hypertrophy Medical Policy](#). ◆

Cryotherapy for Prostate Cancer Requires Prior Authorization

For dates of service beginning June 1, 2018, Harvard Pilgrim will cover cryotherapy for the treatment of prostate cancer with prior authorization for commercial members.

Cryotherapy involves freezing tumor cells in either the entire prostate gland or to localized areas where cancer is present to destroy the cells. Harvard Pilgrim considers cryotherapy medically necessary for initial treatment when documentation confirms the member has localized prostate cancer, stages T1-T3.

Salvage cryotherapy of the prostate for recurrent cancer is considered medically necessary for individuals with localized disease when documentation confirms all the following:

- Member has failed a trial of radiation therapy as their primary treatment; AND
- Member meets one of the following conditions:
 - Stage T2B or below, OR
 - Gleason score <9, OR
 - Prostate-specific antigen (PSA) <8 ng/mL

For more information, refer to Harvard Pilgrim's updated [Cryotherapy for Prostate Cancer Medical Review Criteria](#). To request prior authorization, please complete the [Cryotherapy for Prostate Cancer Prior Authorization Request Form](#) and fax it to 800-232-0816. ◆

Coverage of Fecal Calprotectin Testing

Effective for dates of service beginning Aug. 1, 2018 for our commercial members, Harvard Pilgrim will not cover fecal calprotectin testing, as it is considered experimental/investigational.

Fecal calprotectin testing is used to determine whether there are large amounts of calprotectin in the stool to indicate whether an individual has inflammatory bowel disease (IBD). However, the utility of this test for predicting IBD has not been firmly established. As a result, Harvard Pilgrim will not provide coverage for CPT code 83993 (assay for calprotectin, fecal) for commercial members.

For more information, please refer to the new [Fecal Calprotectin Testing Medical Policy](#), and the updated [Non-Covered Services Payment Policy](#). ◆

Lutathera Covered with Prior Authorization

In January, the Food and Drug Administration approved the radioactive drug Lutathera for the treatment of cancer that affects the pancreas or gastrointestinal tract, called

gastroenteropancreatic neuroendocrine tumors (GEP-NETs). This medical drug will fall under Harvard Pilgrim's existing [medical drug prior authorization program](#).

Effective immediately, Harvard Pilgrim will provide coverage for commercial members for Lutathera with prior authorization from CVS Health—NovoLogix for the treatment of somatostatin receptor-positive GEP-NETs.

To request authorization for Lutathera, please contact CVS Health—NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to our new [Lutathera Medical Review Criteria](#) and the [associated prior authorization request form](#). ◆

Updates to TMJ Prior Authorization Policy

Effective for dates of service beginning Aug. 1, 2018, Harvard Pilgrim is updating our commercial Temporomandibular Joint Disorders Medical Review Criteria to require prior authorization for the following additional CPT codes:

- 21453 — Closed treatment of mandibular fracture with interdental fixation
- 21461 — Open treatment of mandibular fracture; without interdental fixation
- 21462 — Open treatment of mandibular fracture; with interdental fixation
- 21465 — Open treatment of mandibular condylar fracture
- 21470 — Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
- 21255 — Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)

The following codes will remain on the policy and continue to require prior authorization:

- 21085 — Oral surgical splint
- 21010 — Arthrotomy, tempomandibular joint
- 21060 — Meniscectomy, partial or complete, tempomandibular joint (separate procedure)
- 21193 — Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
- 21240 — Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
- 21242 — Arthroplasty, temporomandibular joint, with allograft
- 21243 — Arthroplasty, temporomandibular joint, with prosthetic joint replacement
- 29804 — Arthroscopy, temporomandibular joint, surgical

Harvard Pilgrim also updated the surgical treatment criteria to include the additional requirements that the member: be at least 18 years of age (or have documentation confirming complete bone growth) and have had at least 6 months of non-surgical treatment that failed to relieve symptoms.

Additionally, under the updated policy an initial consultation by an oral surgeon to evaluate TMJ symptoms (one per lifetime, including exam and panoramic x-ray) may be covered.

For complete information, please refer to the updated [Temporomandibular Joint Disorders Medical Review Criteria](#). ♦

Prior Authorization No Longer Required for Cologuard Test

Effective for dates of service beginning June 11, 2018, Harvard Pilgrim will no longer require prior authorization for coverage of the colorectal cancer screening test Cologuard for commercial members.

We have removed the following CPT code from the Molecular Diagnostic Management prior authorization policy, as the test will now be covered without prior authorization:

- 81528 – Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result

As a reminder, please continue to request prior authorization for other molecular diagnostic testing through AIM Specialty Health in one of the following ways:

- Online at www.providerportal.com (refer to www.aimspecialtyhealth.com for registration instructions)
- By telephone at 855-574-6476. (Mon.–Fri., 8 a.m.–5 p.m. EST)

For more information, refer to Harvard Pilgrim's updated [Molecular Diagnostic Management Medical Review Criteria](#). ♦

Follow-up WebEx on Reducing Avoidable Hospital Admissions

As communicated in [this article](#) from last month's issue of *Network Matters*, Harvard Pilgrim medical directors, the medical leaders of participating hospitals and provider organizations, and other local industry leaders discussed the importance of decreasing avoidable emergency department visits and hospital readmissions at the most recent Massachusetts Medical Directors' Meeting.

Harvard Pilgrim is continuing that discussion by hosting a follow-up WebEx that will offer the opportunity for our providers to share ideas about avoiding hospital readmissions and address common challenges, possible solutions, and best practices. Speakers from Emerson Hospital and Atrius Health will also present what they have done to improve readmission rates in their populations.

The WebEx will take place on Thursday, June 14 at noon (EST). If you're interested in participating in the WebEx, send an email containing your first and last name to Ellen Foley at Ellen.Foley@harvardpilgrim.org and you will receive an invite via Event Registration. ◆

OFFICE ASSISTANT

Negative Balance and Refund Process Enhancements

Harvard Pilgrim would like to remind providers of the tools and resources available to help navigate our updated negative balance and refund check processes, and to inform you of some recent enhancements to the payment summary information in the Payspan printable view, designed to provide more detailed information and allow for greater ease in reconciling your remittance advices.

New reports on negative balance and refunds

As we communicated in [a previous issue of Network Matters](#), Harvard Pilgrim made some changes to our negative balance and refund check processes for our commercial, Medicare Enhance, and Medicare Supplement members.

As a reminder, 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*. To assist you in using these reports, please refer to the [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.

Payment summary enhancements

Additionally, for providers who receive electronic funds transfer payments through Payspan, Harvard Pilgrim has enhanced the payment summary information we provide, with the goal of delivering a simpler, more efficient experience.

There are now two summary sections: the “Adjustment Summary” section and the “Total Summary” section. The “Adjustment Summary” section identifies and explains any adjustments made to claims payments, and identifies a reference indicator for the claim, return check number, or re-issued check number. Adjustments referenced in this section include: interest, forward balance remainder, forward balance applied, overpayment, rebate back to the provider, authorized return, overpayment recovery, and a total of all adjustments.

The total summary section will contain the total claims paid, the total of all the adjustments, the balance carried to the next payment, information about insufficient refunds, and the total payment amount.

More information

For further questions on running these reports or the payment summary information provided in Payspan, 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. ◆

Enhanced Processes and Communication with Providers

To improve transparency and efficiency, Harvard Pilgrim is updating our processes and communications with providers relating to provider enrollment change requests and claims rejections.

Updates on provider change requests

To keep providers better apprised of the status of their provider enrollment change requests, we developed and began using new notification responses in April. Providers now receive email updates on requests submitted to our Provider Processing Center. We are sending notices confirming our receipt of the request and when work is completed, or informing you when additional information is needed to process the request and how to resubmit.

Improvements to claim reject letters

In addition, Harvard Pilgrim is updating existing claims reject letters (notifications that a submitted paper claim could not be processed for payment due to missing or incomplete information). Previously, we sent a more general cover letter with the claim attached. This is being replaced with a more robust letter that includes the pertinent information from the claim, eliminating the need to attach the entire claim.

The updated letters, which we will start using in July, will include the reason that the claim was rejected, and the necessary claim identifier information, such as patient account, member name, member number, date of birth, claim number, and date of service. Currently, we use these letters only for claims submitted on paper, which represent about 3–4% of our claims volume.

For more information

If you receive one of these communications and have any questions, please contact the Provider Service Center 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. ◆

Early Intervention Provider Fee Schedule Update

Effective Sept. 1, 2018, Harvard Pilgrim is updating our standard fee schedule for early intervention services in Massachusetts, Rhode Island, New Hampshire, and Maine. Beginning Aug. 15, 2018, providers may request sample fee schedules by calling the Provider Service Center at 800-708-4414. ◆

2018 Home Care Seasonal Flu Vaccine Fee Schedule

Updates to Harvard Pilgrim’s standard home care seasonal influenza vaccine fee schedule will take effect on Aug. 1, 2018. To request an updated fee schedule, please call the Provider Service Center at 800-708-4414. ◆

Documenting Deep Vein Thrombus and Pulmonary Embolism

When treating a patient for a deep vein thrombus or pulmonary embolism, it is important to specify whether the condition is acute or chronic, and if you are billing for an initiation or continuation of treatment. Because there is no explicit timeframe for when to classify deep vein thrombosis or a pulmonary embolism as chronic or acute, Harvard Pilgrim would like to offer the following coding tips.

Typically, an acute thrombus is diagnosed in a hospital setting and initially treated there with long-term anticoagulants. Chronic clots have already been diagnosed and usually require the continuation of anticoagulants. However, if the documentation does not specify acute or chronic, the coder must use acute as a default code per the ICD-10-CM-index to disease and injuries. Documentation that does not match the code being billed could lead to an audit.

Use the following diagnosis codes for patients you are treating for initial episodes and those for whom you are continuing treatment:

- Initial episode:
 - Acute pulmonary embolism: 126.99
 - Acute deep vein thrombosis: 182.40X
- Already on anticoagulant medication:
 - Chronic pulmonary embolism: 127.82
 - Chronic deep vein thrombosis: 182.50X

Additionally, when an anticoagulant medication — such as coumadin, for example — is used for prophylactic prevention following a resolved episode of deep vein thrombosis or pulmonary embolism, you should use one of the following “history of” codes, rather than a code signifying that the condition is acute or chronic: Z86.711 (History of pulmonary embolism); Z86.718 (History of deep vein thrombosis).

The more clearly and completely conditions are documented on a patient’s medical record, the more likely it is that treatment will be reimbursed appropriately and swiftly.



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

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