

**HPHCURRENT EVENTS****Medicare Advantage: New Payment Policy Regarding Inpatient Admissions**

Harvard Pilgrim has developed an Inpatient Acute Medical Admissions Payment Policy for Medicare Advantage members. The policy outlines how Harvard Pilgrim reimburses inpatient acute medical admissions and manages readmissions for services rendered at contracted facilities.

Under the policy, which is effective for dates of service beginning Sept. 1, 2018, Harvard Pilgrim will review claims for members who are readmitted to the same facility within 30 days of an inpatient discharge for the same or a related condition for which they were treated during the original admission. If it is determined that the member is being treated at the same facility for the same or a related condition as the original admission, Harvard Pilgrim will not provide separate reimbursement for the readmission.

For more information, please refer to Harvard Pilgrim's new [Stride<sup>SM</sup> \(HMO\) Medicare Advantage Inpatient Acute Medical Admissions Payment Policy](#). ◆

**New Online Behavioral Health Pilot Program**

Harvard Pilgrim is launching a pilot this month with [AbleTo](#), a structured eight-week online health program that connects commercial members with a professional therapist and coach. The program is aimed at helping members dealing with a medical condition or life stressor develop tools to manage stress and anxiety, improve mood and outlook, cope with a health issue, and overcome barriers to making a positive change.

**About AbleTo**

All sessions are confidential and personalized, and are conducted via phone or video chat (in English or Spanish) from the member's home. AbleTo's licensed therapists and behavioral coaches offer the member twice weekly, hour-long sessions focused on identifying negative triggers, changing unhealthy habits, managing stress, and learning coping skills to improve quality of life.

The program will be offered to members with medical and behavioral health issues, or life stressors, such as diabetes, heart disease, caregiving for a loved one, chronic pain, cancer, anxiety, or depression.

**To make a referral**

While Harvard Pilgrim will identify members who may benefit from the program and offer it to them, providers may also suggest the program for their Harvard Pilgrim patients. To do so, please email the following information about the member to [referrals@AbleTo.com](mailto:referrals@AbleTo.com) or call 1-866-287-1802 (option 3):

- Name
- Date of birth
- Gender
- Member ID number
- Phone number and address
- Email
- Language spoken
- Reason for recommendation/comments

**Coordination of care**

Members will be asked to sign a consent form to let AbleTo coordinate care with the member's care team as needed throughout the program. If the member signs a consent, AbleTo can provide a clinical case summary to the provider; this summary includes all care coordination recommendations and activities.

If you have any questions about this pilot program, please contact AbleTo at 866-287-1802. ◆

**CT Pilot Program: GlucoseZone for Personalized Diabetes Management**

Harvard Pilgrim is introducing GlucoseZone, a digital health solution for exercise-based diabetes management, as a 6-month pilot to members of employer group plans in Connecticut identified as having diabetes or pre-diabetes.

Available as an app for iPhone, iPad, and Android, GlucoseZone utilizes users' blood glucose levels and other real-time diabetes data and biometrics to craft personalized workout programs tailored to their individual needs. Fitrscript, the New Haven-based company that created GlucoseZone, focuses on the fitness and exercise component of diabetes management, which is often relatively overlooked. (Read [this article from the Hartford Courant](#) for more information about Fitrscript and the development of GlucoseZone.)

The type, amount, and intensity of the exercise people with diabetes need varies vastly depending on the type of diabetes they may have, their current glucose levels, and other informatics specific to them — and these complexities are something many people with diabetes don't fully comprehend and don't know how to seek guidance

around. The GlucoseZone app features exercise programs users can adhere to when working out individually at the gym or running outside, pre-recorded home exercise classes they can follow along with, or live-streamed interactive exercise sessions during which they can receive real-time feedback and direction from digital coaches.

Beginning in late July, Harvard Pilgrim will begin informing eligible members in Connecticut about GlucoseZone via mailings that include a unique URL for a page featuring a Harvard Pilgrim-specific offer, so you may encounter patients referencing the app. If a patient with diabetes or pre-diabetes asks you about exercise solutions to help manage his or her condition, you may want to consider the GlucoseZone app as a resource. ◆

## CLINICIAN CORNER

### **Update to Harvard Pilgrim's Gynecomastia Medical Review Criteria**

Harvard Pilgrim is updating our commercial prior authorization policy for gynecomastia surgery to include additional criteria that must be met for the surgery to be considered medically necessary, effective for dates of service beginning Sept. 1, 2018.

In addition to the other criteria outlined in the policy, to be covered for gynecomastia surgery, members who have not been diagnosed with Klinefelter's syndrome must be experiencing tenderness or pain in the breast tissue that persists despite a three-month trial of analgesic or non-steroidal anti-inflammatory drugs.

As a reminder, prior authorization is required for coverage of gynecomastia surgery. For complete criteria and coverage exclusions, please refer to Harvard Pilgrim's updated [Gynecomastia Surgery Medical Review Criteria](#). ◆

### **Temodar and Zoladex Prior Authorization Updates**

As part of ongoing reviews of policies, Harvard Pilgrim recently made some changes to our commercial prior authorization policies for the medical drugs Temodar and Zoladex.

#### **Temodar**

Harvard Pilgrim's commercial prior authorization policy for the physician-administered injectable form of the drug Temodar outlines the approved indications and the criteria that must be met for coverage.

With the updates to the policy, refractory anaplastic astrocytoma is now an approved indication for the injectable form of Temodar. In addition, the medication is no longer

covered for the following indications, based on the National Comprehensive Cancer Network's compendia:

- Supratentorial primitive neuroectodermal tumor
- Metastatic dermatofibrosarcoma protuberans

**Zoladex**

Harvard Pilgrim has updated our commercial prior authorization policy for the medication Zoladex to allow for an increased dose for the palliative treatment of advanced breast cancer in pre-and perimenopausal women. These patients are no longer restricted to the 3.6 mg strength.

**More information**

As a reminder, CVS Health–NovoLogix oversees Harvard Pilgrim's [prior authorization program for medical drugs](#). To request authorization for Temodar or Zoladex, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For more information, please refer to the updated [Temodar Medical Review Criteria](#) and [Zoladex Medical Review Criteria](#). ◆

**Coverage of Newly Approved Medications With Prior Authorization**

Harvard Pilgrim will be covering several newly FDA-approved drugs for our commercial members. The following drugs will be covered with prior authorization for dates of service beginning Sept. 1, 2018:

- Rituxan Hycela – C9467, Injection, rituximab and hyaluronidase, 10 mg
- Mylotarg – J9203, Injection, gemtuzumab ozogamicin, 0.1 mg
- Besponsa – C9028 Injection, inotuzumab ozogamicin, 0.1 mg
- Tecentriq – J9022, Injection, atezolizumab, 10 mg
- Imlygic – J9325, Injection, talimogene laherparepvec, per 1 million plaque forming units

Please keep in mind that Harvard Pilgrim's [Maximum Units Per Day Payment Policy](#) also applies.

CVS Health–NovoLogix oversees our prior authorization program for medical drugs. To request authorization for any of these medications, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For more information, including the relevant policies and forms, refer to the [Medical Drug Prior Authorization page](#) in the Provider section of Harvard Pilgrim's website. ◆

## **Suicide Prevention Resources**

Suicide is a topic of increasing national relevance, with recent high-profile celebrity cases including Anthony Bourdain and Kate Spade, among others. According to [research from the Centers for Disease Control and Prevention](#), suicide rates in the United States increased 25.4 percent from 1999 to 2016.

Primary care offices are a likely setting for identifying individuals at risk of suicide. [One study](#) found that 45% of suicide victims visited their primary care physician (PCP) no more than one month prior to taking their lives.

The Suicide Prevention Resource Center (SPRC) believes PCPs are in the position to implement some of the most effective strategies for suicide prevention, such as:

- Training staff to identify and respond to warning signs of suicide
- Providing brief intervention
- Recognizing and effectively treating depression
- Counseling patients on limiting access to lethal means

In an attempt to make suicide prevention practices standard in the primary care environment, the SPRC have identified several [resources](#), including a web-based toolkit to assist with suicide risk assessment and safety planning, as well as trainings, webinars, fact sheets, publications, and research information.

PCPs play an important role in coordinating care with behavioral health practitioners. Collaboration between PCPs and behavioral health care practitioners is critical to improving patient care by allowing better management of treatment and follow-up for patients with co-existing medical and behavioral disorders.

Harvard Pilgrim also encourages providers to direct members in crisis to the resources available through the behavioral health emergency services/crisis services programs affiliated with Optum throughout Massachusetts, New Hampshire, and Maine. The community-based locations associated with these programs operate 24 hours a day, seven days a week and provide behavioral health crisis assessment, support, and intervention services for children, adolescents, adults, and the geriatric population. You can find informational flyers about the Massachusetts Emergency Services Programs, Maine Behavioral Health Crisis Services Programs, and New Hampshire Behavioral Health Emergency Services, including contact information for community-based locations listed by county, on the [Resources & Links page](#) in the Provider section of Harvard Pilgrim's website.

***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**

### **Payment Policy Updates: SNF and Rehabilitation Facility/LTAC**

Harvard Pilgrim regularly reviews our payment policies to ensure that coding and reimbursement information is captured as completely and accurately as possible. Based on a recent review, we have made corresponding updates that apply to both the commercial Skilled Nursing Facility and Rehabilitation Facilities/Long-Term Acute Care Hospitals payment policies.

The changes to these policies include updates to the prescription pharmaceutical exclusion lists and clarification that facilities are financially responsible for any excluded non-emergent transportation service that does not have proper authorization. Additionally, KCI wound vacuums are no longer an exclusion to the per diem rate; all wound vacuums are considered included in the all-inclusive per diem rate, and the policies have been updated to reflect this.

For more information, refer to the updated commercial [Skilled Nursing Facility](#) and [Rehabilitation Facilities/Long-Term Acute Care Hospitals](#) payment policies. If you have any further questions, please contact the Provider Service Center at 1-800-708-4414, or contact your contract manager. ◆

### **Hierarchical Condition Categories Coding Reminders**

Thorough reporting by physicians is essential to maintaining accurate medical records. When reporting medical care for patients with complex conditions, it is important to emphasize correct documentation and to focus on hierarchical condition categories (HCC) coding.

HCCs are a set of broad conditions (for example, asthma or congestive heart failure) into which diagnosis codes are grouped under Medicare and the Affordable Care Act's risk adjustment model. The reporting of HCCs must be based on clinical medical record documentation from a face-to-face encounter. HCCs should be captured at least once every 12 months. The standard for how to properly document all active chronic conditions and any conditions that are relevant to a patient's current care is a set of guidelines known as M.E.A.T:

- Monitor: signs, symptoms, disease progression, disease regression
- Evaluate: test results, medication effectiveness, response to treatment
- Assess/address: ordering tests, discussion, review records, counseling
- Treat: medications, therapies, and other modalities

Adhering to M.E.A.T. is crucial for a diagnosis to be valid and captured for risk adjustment. When doing so, remember to:

- Document all conditions evaluated during each encounter
- Include a proper progress note with the history of present illness, physical exam, and medical decision-making process
- Document each diagnosis in an assessment and care plan (do not just list the code)
- Make sure each diagnosis provides evidence that the provider is monitoring, evaluating, assessing/addressing, and treating the condition (M.E.A.T.)

Please keep in mind that simply cloning diagnoses from previous encounters could trigger an audit and hold up the payment process, so it is important to thoroughly evaluate each condition with each encounter.

### **Quick takeaway HCC coding tips:**

- Always code to the highest level of specificity
- Maintain HCCs from a prior health plan if relevant
- Adhere to M.E.A.T.
- Capture HCCs at least once a year
- Use linkage statements for manifestation codes ◆

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

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