

**HPHCURRENT EVENTS****Harvard Pilgrim Selects MedImpact Direct as New Mail-Order Pharmacy**

Harvard Pilgrim has chosen MedImpact Direct as our new mail-order pharmacy, effective Oct. 1, 2017 for our commercial and Medicare Advantage plans. MedImpact Direct offers convenient, personalized service in delivering 90-day supplies of maintenance medication to your Harvard Pilgrim patient's home.

To smooth the transition for members and providers, Harvard Pilgrim will automatically transfer any prescriptions with open refills with our existing mail service vendor, Walgreens Mail Service Pharmacy, to MedImpact Direct.

For mail order service for new prescriptions, prescriptions for non-controlled substances, or prescriptions with no refills remaining, you may contact MedImpact Direct beginning Oct. 1 either electronically via e-Prescribing or by fax at 888-783-1773. Prescriptions for controlled medications must be submitted via e-Prescribing.

Members may also order a 90-day supply of their maintenance medications directly by contacting MedImpact in any of the following ways:

- Online at [www.medimpactdirect.com](http://www.medimpactdirect.com).
- By calling Harvard Pilgrim's dedicated registration line at 855-873-8739 (Mon.– Fri. 8 a.m.– 8 p.m. EST; Sat. 9 a.m. – 5 p.m. EST)
- By downloading an order form from [www.medimpactdirect.com](http://www.medimpactdirect.com) or calling MedImpact Direct's customer service center at 855-873-8739 and requesting that the form be mailed to them, and then mailing the form and their prescription to:

MedImpact Direct  
P.O. Box 51580  
Phoenix, AZ 85076

When requesting mail-order pharmacy service, members will need to provide information on any allergies and current conditions, as well as payment information and the shipping address. ◆

**New Sleep Program Reminder and FAQ**

As a reminder, effective Sept. 1, 2017, Harvard Pilgrim is updating our sleep studies and sleep therapies authorization program. Changes will include:

- Transitioning to a new vendor, National Imaging Associates, Inc. (NIA), to oversee utilization management of sleep diagnostic studies, including attended and home sleep studies, for members age 18 or older with a risk of sleep disorders who are enrolled in Harvard Pilgrim HMO, POS, PPO, and Access America products.
- Allowing coverage for the following 5 additional home sleep study codes with prior authorization: 95800; 95801; 95806; G0398; and G0400 — which are being added to applicable Harvard Pilgrim fee schedules. (G0399 is currently eligible for coverage and will remain covered.)
- Managing requests for sleep durable medical equipment (DME) directly at Harvard Pilgrim.

Providers may begin making prior authorization requests for sleep studies through NIA on Aug. 28, 2017 for dates of service of Sept. 1, 2017 and beyond. Our current sleep vendor, eviCore, will continue to accept requests for prior authorization for sleep diagnostic and sleep therapy services through Aug. 31, 2017. Any authorizations granted by eviCore will be honored and transferred to Harvard Pilgrim to ensure accurate claims adjudication.

<b>How to Request Prior Authorization – For Dates of Service Beginning Sept. 1, 2017</b>	
<b>For sleep studies</b>	<b>For sleep DME</b>
<p>Contact NIA beginning Aug. 28, 2017 either:</p> <ul style="list-style-type: none"> <li>• Online at <a href="http://www.radmd.com">www.radmd.com</a></li> <li>• By telephone at 800-642-7543</li> </ul> <p>Note: New users can register for access at <a href="http://www.radmd.com">www.radmd.com</a> by clicking on “New User” and following the instructions; access is granted within 1-2 days. Existing RadMD users may use their current account.</p>	<p>Contact Harvard Pilgrim’s Referral and Authorization Unit at least one week prior to the date of service in one of the following ways:</p> <ul style="list-style-type: none"> <li>• Electronically via <i>HPHConnect</i> or NEHEN</li> <li>• By phone: 800-708-4414</li> <li>• By fax: 800-232-0816</li> </ul>

For further details — including information about the transition; guidance on how to request authorization for sleep studies and sleep therapy equipment; and links to updated policies — please refer to [the June issue of \*Network Matters\*](#) and our [Frequently Asked Questions](#). ◆

### **Institute Study: Sugary Beverages During Pregnancy Could Contribute to Childhood Obesity**

Childhood obesity is a severe issue in the United States, and one that can lead to a myriad of lifelong health issues. A recent study, led by the Harvard Pilgrim Health Care Institute and published in the August 2017 issue of *Pediatrics*, reported an association between mothers who drank more sugary beverages during their second trimester of pregnancy and their children’s excess weight by mid-childhood.

“We found that mothers who consumed more sugary beverages in mid-pregnancy had children with higher amounts of body fat, no matter what the child’s intake was,” said corresponding author Sheryl L. Rifas-Shiman, MPH, Senior Statistical Analyst at the Institute. “Avoiding high intake of sugary beverages during pregnancy could be one of several ways to prevent childhood obesity.”

The study, “Beverage Intake during Pregnancy and Childhood Adiposity,” looked at 1,078 mother-child pairs in a pre-birth cohort study in eastern Massachusetts. Researchers measured the mothers’ intake of sugary and non-sugary beverages during their first and second trimesters of pregnancy between 1999 and 2002. In-person study visits were conducted with participating mothers and children during the first few days after delivery and in infancy (median age 6.3 months), early childhood (median age of 3.2 years), and mid-childhood (median age of 7.7 years).

Among 8-year-old boys and girls of average height, their weights were approximately 0.25 kg higher for each additional serving per day of sugary beverages their mothers consumed while pregnant. According to the study, maternal intake of the sugary beverages — rather than the child’s intake — was more strongly related to the child’s susceptibility to gaining excess weight. This lends credence to the hypothesis that the observed effects are due to the prenatal programming of susceptibility to obesity.

The study concluded that prevention strategies at the earliest stages of human development, including before birth, hold promise for prevention of obesity and chronic diseases across the course of a person’s life.

For more information, refer to the [full report](#) from *Pediatrics*. ♦

### **Success at BMC's Inaugural Boston Trans Health Institute**

The recent Boston Trans Health Institute a full-day transgender health training program, provided an in-depth overview of transgender medical care, with an emphasis on current evidence to support today's medical interventions and new developments in this area.

In [an article in the April 2017 issue](#) of *Network Matters*, we offered an opportunity for Harvard Pilgrim providers to register for this institute and highlighted the excellent work being done by Dr. Josh Safer and others at Boston Medical Center's (BMC's) [Center for Transgender Medicine and Surgery](#) to diminish the significant health disparity among the transgender population.

The program — which was a collaborative effort by BMC, the Boston University (BU) School of Medicine, the Rush University Medical Center, and the Tawani Foundation — featured sessions devoted to transgender health disparities; caring for gender diverse youth; primary care for transgender patients; transgender hormone strategy; mental health concerns for trans individuals; and gender identity affirming surgical options.

The conference also included information regarding trans-related surgical procedures at BMC, as well as insight into developing a trans health taskforce within a hospital or other health care entity. The program was capped with a trans patient panel question and answer session that resulted in robust discussion.

Guest speakers and participants included well-known trans health providers from BMC and BU School of Medicine, Boston Children's Hospital, the Fenway Institute, the Northwestern University Feinberg School of Medicine, and the Children's Hospital of Chicago and Rush University Medical Center.

Feedback from attendees reflected that the program helped them feel more capable in asking trans-appropriate questions; more comfortable with the process of counseling and hormone treatment; more knowledgeable about the extensive resources at BMC; and better able to provide support based in a more accurate understanding of some of what transgender patients experience.

The next Boston Trans Health Institute will take place 2018; look to future issues of *Network Matters* for the specific date and registration information. ◆

## CLINICIAN CORNER

### **New Extended Care Facility Prior Authorization Request Form**

To make the process of requesting authorization for extended care services faster and more efficient, Harvard Pilgrim has developed an authorization request form. The form details the information needed when requesting authorization for inpatient admission to an extended care facility, including skilled nursing facilities (SNFs – basic or subacute), acute rehabilitation facilities, and long-term acute hospitals (LTACs).

The form is intended to increase the efficiency of the authorization process — eliminating the need for multiple back and forth calls between providers and Harvard Pilgrim’s care management staff due to missing information. Providers seeking authorization for extended care services should return completed their [Extended Care Facility \(ECF\) Request Form](#) by fax to 617-509-1147. If the patient requires medical transport by ambulance, providers must also complete the [Non-Emergent Ground Transportation Prior Authorization Request Form](#). ◆

### **Updates to Capsule Endoscopy Medical Policy**

Effective for dates of service beginning Nov. 1, 2017, Harvard Pilgrim is making several updates to our medical policy for capsule endoscopy — a noninvasive procedure in which a swallowable capsule takes a video recording of the mucosal lining of the esophagus and/or small bowel as it moves through the gastrointestinal tract.

Changes to the policy include: editing the criteria for coverage of the procedure; adding exclusions to coverage; adding numerous ICD-10 codes to the policy as eligible for coverage; and removing some ICD-10 codes that are inconsistent with policy criteria.

Harvard Pilgrim considers capsule endoscopy to be reasonable and medically necessary when the procedure is performed once for any episode of illness and documentation confirms any of the criteria listed on the policy. Exclusions to coverage include:

- SmartPill™ GI Monitoring System
- Patency capsule (AGILE™ Patency System)

- Repeat use to determine surgical effectiveness
- Evaluation of the colon, such as detection of polyps or colorectal cancer
- Evaluation of gastrointestinal diseases with no evidence of GI bleeding
- Evaluation of esophageal disease

For more information about coverage criteria, exclusions, or covered and non-covered codes, refer to the updated [Capsule Endoscopy Medical Policy](#). ♦

### **Billing for Services for Multiple-Gestation Pregnancies**

Harvard Pilgrim would like to offer providers a reminder on billing for obstetrical services for pregnancies involving multiple gestations. When billing for the ultrasound services represented by CPT codes 76802, 76810, 76812, and 76814 for multiple gestations, also report the appropriate ICD-10 diagnosis code to indicate the type of pregnancy — for example: 030.009 or 030.099 for a twin pregnancy; 030.109 or 030.101 for a triplet pregnancy; and 030.209 or 030.202 for a quadruplet pregnancy.

If the diagnosis code you are billing is **not** for a multiple-gestation pregnancy, Harvard Pilgrim will only allow for the reimbursement of one unit per day when the following procedure codes are reported: 59000; 59020; 76814; 76816; 76818-76821; 76825-76828.

## **OFFICE ASSISTANT**

### **Reminder: Use our Dedicated Stride<sup>SM</sup> (HMO) Medicare Advantage Resources**

Looking for information to support your Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage member? You will find the resources you need in the [Stride section of our provider website](#), including links to the following:

- [Medicare Advantage Provider Portal](#) — An easy-to-use online tool that supports a full range of transactions including tracking claims, verifying patient eligibility, reviewing the status of authorization requests, and more. To register for the Medicare Advantage Provider Portal, please see the [instructions on our website](#) and [complete this Registration form](#).

- [Quick Reference Guide](#) — A handy one-page sheet that includes tips on recognizing members and verifying eligibility, requesting authorizations, and submitting claims, as well as key contact information.
- [Prior Authorization and Referral Chart](#) — Information on services that require referral or prior authorization, as well as links to prior authorization forms.
- [Medicare Advantage Provider Manual](#) — The most up-to-date reference for participating providers, with information on Harvard Pilgrim Stride (HMO) policies and procedures.
- Forms — Forms required for authorization, referral, and appeals.

Please keep in mind that these resources are geared specifically for supporting our Stride (HMO) Medicare Advantage members. Use these tools and resources — including the dedicated Medicare Advantage Provider Portal — when providing services to our Stride members.

Harvard Pilgrim’s other e-business tools, such as *HPHConnect* and *NEHEN*, may be used when providing service to members of our commercial products, Medicare Enhance, and Medicare Supplement senior plans, but do not include information for the Stride products and membership. ◆

### **Harvard Pilgrim 270/271 Eligibility Response Enhancements**

Harvard Pilgrim has made improvements to our 270/271 eligibility response transactions to make certain information more quickly and easily accessible for providers. The 270/271 eligibility response transaction now includes a “Y” or an “N” indicator to identify if a referral, authorization, or notification is required for each service type. There is no differentiation between the three — the “Y” or “N” listed covers all of them in one field.

Additionally, the eligibility response transaction now indicates that Medicare is the “Primary” coverage for coordination of benefits for Medicare Supplement, Medicare Enhance, and Med Enhance products. We continue to report other primary or secondary commercial insurance, if available.

Coming in October, the 270/271 eligibility response transaction will include a new service type for Newborn Nursery Non-Routine, which will be reported as “NI” (Neonatal Intensive Care). As is the case with all existing serving types, this new service type will also have a “Y” or “N” indicator to determine whether a referral, authorization, or notification is required for the service.

Please note that member eligibility and benefit information for Harvard Pilgrim's Stride<sup>SM</sup> (HMO) Medicare Advantage products is available through our dedicated Medicare Advantage Provider Portal, and not through Harvard Pilgrim's 270/271 eligibility response transaction.

If you have any questions about the eligibility response changes, please contact the Harvard Pilgrim EDI Team at [EDI\\_team@harvardpilgrim.org](mailto:EDI_team@harvardpilgrim.org) or call 800-708-4414 (select option 1, then option 3). ◆

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

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