

HPHCURRENT EVENTS**New Partnership Leverages Digital Tech for Care Management**

Harvard Pilgrim is working with Wellframe to deliver care management support and programming to members directly on their mobile devices. This collaboration will extend the reach and effectiveness of Harvard Pilgrim’s care management programs by making it even more convenient for members and our nurse managers to work together to improve the members’ health.

“Our new collaboration with Wellframe will enable our nurse managers to interact with our members instantaneously, whether our members are at home, at work, or traveling,” said Harvard Pilgrim Chief Medical Officer Michael Sherman, MD. “Members can send direct messages securely and privately to their primary nurse right from their smartphone, and get the care and support they need to manage their conditions, navigate the healthcare system, and achieve their health goals. It takes our best-in-class care management program to a whole new level.”

Members in the program will receive a personalized daily checklist to keep each patient on track. The Wellframe platform also collects information on member’s day-to-day health and compliance, giving care managers useful insights to refine care management approaches and yield better outcomes.

These tools also allow nurse managers to make real-time interventions. And by making it even more convenient for members and nurse managers to be in touch, these tools may foster more frequent sustained contact — and ultimately a stronger working relationship between patients and nurse managers.

For more information, please view [Wellframe’s website](#), as well as [Harvard Pilgrim’s press release](#). ◆

Voluntary Home Infusion Program for Remicade and IVIG

Beginning on Sept. 1, Harvard Pilgrim will be offering a voluntary home infusion program for infliximab and immunoglobulin (IVIG) treatment in conjunction with Coram CVS Specialty Infusion Services. If any of your Harvard Pilgrim members are administered these medications in an outpatient setting, you and the patient may receive a letter or phone call from a CVS/Coram clinical care team member to discuss the possibility of having the patient receive home infusion services.

Since many patients prefer receiving infusion services in the comfort of their home, this voluntary program offers our members added convenience, and is cost-effective.

The medical drugs included in this voluntary program are:

- Infliximab — Remicade, Inflectra, Renflexis
- IVIG — Bivigam, Carimune, Flebogamma, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, and Privigen.

How the program works

CVS/Coram will contact patients receiving these medications to determine if they are interested in home infusion services. If so, the CVS/Coram clinical staff will contact the physician to review the member's case and ensure that the patient is an appropriate candidate for in-home service. If the provider agrees, Coram will collaborate with the provider on the transition to home infusion, working together to obtain the necessary orders and making the therapy arrangements with the patient.

At the start of the program, a CVS/Coram care team member will perform a detailed initial clinical assessment for the medication and an introduction to Coram with the patient. The same nurse will be assigned for each visit with the patient; this consistency helps ensure that subtle changes in patient response to treatment can be identified over time. After each visit, Coram will provide the patient's physician with a clinical report via fax or telephone, based on the physician's preference.

Other home infusion providers may be used

While we are working with CVS/Coram on outreach for this voluntary program, you may choose to use another home infusion provider. If you currently work with a home infusion provider for these or other medications, you can continue to do so. If you want to get a patient started with home infusion but would prefer to use a vendor other than Coram, contact Harvard Pilgrim's Provider Service Center at 800-708-4414.

Prior authorization needed

Information about the program will be included in authorization determination letters after prior authorization has been granted, and phone calls to the member and physician will occur after that. We will also send letters about this home infusion program to providers with patients who were authorized to receive these intravenous medications earlier in 2018, as well as to these patients.

As a reminder, the medical drugs included in this program require prior authorization from CVS Health—Novologix. For details on the prior authorization program for medical drugs, including criteria and prior authorization request forms, please refer to the [Medical Drug Prior Authorization page](#) on our provider website.

CLINICIAN CORNER**Promote the Flu Vaccine to Your Patients for the Upcoming Season**

With the 2018-2019 flu season approaching, it is crucial to emphasize the importance of getting vaccinated to our member population. Because we know patients and their families listen to their providers, Harvard Pilgrim requests that you please promote the flu vaccine to your patients so that they understand how it can help them avoid illness and potential hospitalization.

The Centers for Disease Control and Prevention (CDC) recommends yearly vaccination for people 6 months of age and older, and estimates that [influenza vaccination prevented](#) approximately 5.1 million influenza illnesses, 2.5 million influenza-associated medical visits, and 71,000 influenza-associated hospitalizations during the 2015-2016 season, with an overall vaccine effectiveness of 48%. Additionally, a study in [Pediatrics](#) found the flu vaccine to be effective in preventing influenza-related deaths among children.

While some people who get vaccinated may still develop influenza, vaccination may make their illness milder. A 2017 study in [Clinical Infectious Diseases \(CID\)](#) found that influenza vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized influenza patients.

Recent flu severity and the 2018-2019 vaccine

[According to the CDC](#), the 2017-2018 flu season was a high-severity, H3N2-predominant season with record-breaking levels of influenza-like illness and hospitalization rates, and 177 flu-related deaths in children. All 2017-2018 flu vaccine has expired as of June 30, and a new vaccine, which will be available shortly, is currently being produced for the 2018-2019 season.

More information

For useful influenza-related information designed for providers, please refer to the [Information for Health Professionals](#) section of the CDC's website. ◆

New HCPCS Codes for Hemlibra and Luxturna

Harvard Pilgrim covers the medications Hemlibra (for the treatment of hemophilia A) and Luxturna (for the treatment of biallelic RPE65 mutation-associated retinal dystrophy) for our commercial members. Coverage of these drugs requires prior authorization, which is managed by CVS Health—NovoLogix.

Following a recent coding update, there are now two new HCPCS codes that are more appropriate for billing Hemlibra and Luxturna. Going forward, please use these codes when submitting claims for the use of the respective drugs:

- Hemlibra: Q9995 – Injection, emicizumab-kxwh, 0.5 mg
- Luxturna: C9032 – Injection, voretigene neparvovec-rzyl, 1 billion vector genome

For complete information, please refer to our [Hemlibra Medical Review Criteria](#) and [Luxturna Medical Review Criteria](#) and the associated prior authorization request forms, which you can find on the [Medical Drug Prior Authorization page](#) in the Provider section of Harvard Pilgrim’s website. ◆

Opdivo Approved for an Additional Indication

Harvard Pilgrim has updated our commercial prior authorization policy for the medication Opdivo to include coverage for an additional treatment indication. Following an FDA label update, Opdivo is now covered for the treatment of patients with intermediate- or poor-risk, previously untreated advanced renal cell carcinoma, in combination with ipilimumab.

Opdivo will continue to require prior authorization, which you can request by contacting CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to our updated [Opdivo Medical Review Criteria](#) and the [Opdivo Prior Authorization Request Form](#). ◆

Rebinyn and Durolane to be Covered with Prior Authorization

As you are aware, prior authorizations are required for select medical drugs for Harvard Pilgrim’s commercial members through CVS Health–NovoLogix. Several coagulation factor IX drugs for hemophilia B and hyaluronate preparations for osteoarthritis of the knee are currently managed via this prior authorization management program.

For dates of service beginning Oct. 1, 2018, Harvard Pilgrim will begin covering two additional drugs that fall under those categories — Rebinyn and Durolane, which were approved by the FDA last year — with prior authorization through CVS Health—NovoLogix.

The following CPT codes will be added to the list of codes associated with the commercial medical drug prior authorization program:

- C9468 – Injection, Factor IX (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 IU
- C9465 – Hyaluronan or derivative, Durolane, for intra-articular injection, per dose

For complete information, please refer to the [Rebinyn Medical Review Criteria](#) and [Durolane Medical Review Criteria](#) and the associated prior authorization request forms, which you can find on the [Medical Drug Prior Authorization page](#) in the Provider section of Harvard Pilgrim's website. ◆

Prior Authorization No Longer Required for Cologuard Test

In [the June issue of *Network Matters*](#), Harvard Pilgrim communicated that we will no longer require prior authorization for coverage of the colorectal cancer screening test Cologuard for commercial members. This same change also applies to members of Harvard Pilgrim's StrideSM (HMO) Medicare Advantage plans.

We have removed the following CPT code from the Stride Molecular Diagnostic Management prior authorization policy, as the test is now 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 for commercial and Stride members 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 [StrideSM \(HMO\) Medicare Advantage Molecular Diagnostic Management Medical Review Criteria](#). ◆

Members' Rights and Responsibilities

Harvard Pilgrim members receive a copy of the Members' Rights and Responsibilities upon enrollment, and all clinicians receive a copy at the time of contracting and credentialing and annually thereafter. Periodically, Harvard Pilgrim includes this information in *Network Matters*. Please take a moment to review. Because this information may vary among states, please be sure to read the full [Rights and Responsibilities page](#) of the *Provider Manual*.

Members have a right to:

- Receive information about Harvard Pilgrim, its services, its practitioners, and providers, and members' rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in decision-making regarding their health care
- Engage in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Harvard Pilgrim or the care provided
- Make recommendations regarding the organization’s members' rights and responsibilities policy

Members have a responsibility to:

- Provide, to the extent possible, information that Harvard Pilgrim and its practitioners and providers need to care for them
- Follow the plans and instructions for care that they have agreed upon with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible



Pharmacy & Therapeutics Committee Meeting Update

At the June 4, 2018 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medications below and decided the following:

P&T Committee Review and Decisions		
Name	Indication	Decision
Austedo (deutetrabenazine)	Used to treat chorea associated with Huntington’s disease, as well as tardive dyskinesia in adults.	<ul style="list-style-type: none"> • Premium and Value formularies: Moved to preferred brand with prior authorization • Medicare Advantage Formulary: Continued coverage on specialty tier

<p>Ingrezza (valbenazine)</p>	<p>Used to treat adults with tardive dyskinesia.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Remains non-formulary • Medicare Advantage Formulary: Continued coverage on specialty tier
<p>Mydayis (mixed salts of a single-entity amphetamine product)</p>	<p>Used to treat ADHD in patients 13 years and older.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Moved from non-formulary to preferred brand tier • Medicare Advantage Formulary: Remains non-formulary
<p>Adzenys XR ODT (amphetamine)</p>	<p>Used to treat ADHD in patients 6 years and older.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Remains non-formulary • Medicare Advantage Formulary: Remains non-formulary
<p>Ozempic (semaglutide)</p>	<p>Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Moved to preferred brand • Medicare Advantage Formulary: Moved to preferred brand
<p>Farxiga (dapagliflozin)</p>	<p>Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Remains non-preferred brand • Medicare Advantage Formulary: Remains non-formulary

<p>Xigduo XR (dapagliflozin/metformin HCl extended-release)</p>	<p>Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes when treatment with both dapagliflozin and metformin is appropriate.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Remains non-preferred brand • Medicare Advantage Formulary: Remains non-formulary
<p>Steglatro (ertugliflozin)</p>	<p>Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Moved to non-preferred brand • Medicare Advantage formulary: Moved to non-preferred brand
<p>Segluromet</p>	<p>Used in addition to diet and exercise to improve glycemic control in adults with type 2 diabetes who are not adequately controlled on a regimen containing ertugliflozin or metformin, or in patients who are already treated with both ertugliflozin and metformin.</p>	<ul style="list-style-type: none"> • Premium and Value Formularies: Moved to non-preferred brand • Medicare Advantage formulary: Moved to non-preferred brand

Recognizing Generalized Anxiety Disorder in the Primary Care Setting

While generalized anxiety disorder (GAD) is a common disorder, it often goes unrecognized and untreated. Diagnosis can be challenging because many other serious health problems exhibit similar symptoms. Symptoms of GAD come on without the recognizable triggers we associate with phobias and obsessive-compulsive disorders, or the dramatic onset we see in panic disorders.

Occurrence and Symptoms

GAD is a chronic condition characterized by persistent worry and excessive apprehension about everyday activities such as work or school performance, occurring more days than not and lasting six months or more. The Anxiety and Depression Association of America (www.adaa.org/understanding-anxiety) reports that GAD affects

6.8 million adults in the U.S. (about 3.1% of the population), with women twice as likely to be affected.

People with GAD often anticipate disaster, expecting the worst even if there isn't a good reason for concern, and they find it difficult to control their worry. In GAD more than in other anxiety disorders, anxious thoughts are accompanied by physical symptoms such as muscle tension, restlessness, fatigue and insomnia, which are also persistent. GAD patients often complain of "free floating anxiety" and describe themselves as "worriers." Anxiety disorders, like GAD, can interfere with performing daily activities and with personal relationships.

Because of the high degree of somatic complaints, a physical exam is especially important in patients with symptoms of GAD, to rule out other health conditions or medication side effects. A referral to a behavioral health specialist can be helpful for diagnosing and treating GAD.

Treatment Options

Treatment typically involves psychotherapy, medication, or both. Relaxation techniques and self-help or support groups can also help patients manage their anxiety.

- Psychotherapy—Cognitive-behavioral therapy (CBT) can be helpful. With CBT, patients gradually learn to view situations and problems from a different perspective, learning techniques to reduce anxiety.
- Medication—Common drug treatment includes buspirone (Buspar) used alone or with antidepressants known as selective serotonin reuptake inhibitors (SSRIs). Careful and well-monitored use of benzodiazepines is another treatment of choice.
- Relaxation and mindfulness programs—Meditation and yoga teach patients to achieve control over their distressing thoughts and sensations. They are extremely effective techniques for managing anxiety symptoms.
- Self-help and support groups—Self-help and support groups allow patients to share their experiences, receive compassion and understanding from others with similar challenges, and discuss strategies for managing GAD.

Harvard Pilgrim's member website offers helpful information for patients, including information on Mind the Moment, a mindfulness meditation program that may help patients manage stress.

To refer a patient for behavioral health or substance abuse services, call Optum/UBH at 888-777-4742. ◆

OFFICE ASSISTANT**Home Care Providers: Billing for Postnatal Skilled Nursing Home Visits**

Harvard Pilgrim would like to provide some clarification regarding the correct method of billing for postnatal home health visits for skilled nursing care, to ensure that the correct cost sharing applies and the claim is appropriately processed.

When submitting a claim for the postnatal assessment due to early maternity discharge for a member of any Harvard Pilgrim plan, bill CPT code 99501 (Home visit for postnatal assessment and follow-up care) along with revenue code 0551 (Skilled Nursing, visit charge, per visit up to 2 hours). Please keep in mind that CPT code 99501 has a benefit limit of one per pregnancy.

Providers can bill 99501 with revenue code 0551 for the postnatal home assessment for early maternity discharge (up to two hours) only. Billing CPT code 99501 for any visits beyond the first one will result in a denial of the claim. For any follow-up postnatal skilled nursing visits, please bill revenue code 0551 only.

Harvard Pilgrim's [Home Health Care Payment Policy](#) has been updated to provide greater clarity around billing for postnatal skilled nursing home health visits. Refer to the "Other Information" section of the policy for specific billing instructions.

Please remember that you have the option to submit replacement claims for any corrections that need to be made. While you can submit replacement claims electronically or on paper, Harvard Pilgrim recommends the electronic submission process for its ease of use, quick turnaround time, and claims tracking capability. For more information, refer to our [Replacement Claim Billing](#) policy. ◆

270/271 Eligibility Response Update and Telemedicine Billing Reminders

Harvard Pilgrim is updating our 270/271 eligibility response transactions, to provide more complete information related to members of our Group Insurance Commission (GIC) plans: Primary Choice HMO and Independence Plan POS. Beginning July 1, 2018, the eligibility response transactions for GIC members will display separate telemedicine cost sharing information, if the cost sharing is different than it would be for an office visit. The telemedicine benefit will be found in *HPHConnect* for providers, under "Additional Information" with the "Benefit Description" of "Telemedicine." In the EDI 271 eligibility response, it will be noted in a message segment associated with the service type "Consultation."

Keep in mind that the telemedicine benefit will not be displayed on eligibility transactions for all members; it will only be displayed when there is specific telemedicine cost sharing. As additional plans include the telemedicine benefit, it will appear on eligibility transactions with more frequency. When the telemedicine benefit is not displayed, the lowest tier 1 office visit copay will apply.

As a reminder, it is important to bill correctly for services provided via telemedicine in order to make sure the telemedicine cost sharing applies, and the claim does not adjudicate as if it were for an in-person visit. In [this article from the June 2017 issue of *Network Matters*](#), we detailed the way in which providers must bill for telemedicine services. All telemedicine services must be reported with either modifier GT (via interactive audio and video telecommunication systems) or 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system), and place of service (POS) 02. If you bill for telemedicine services with modifiers GT or 95, but without POS code 02 — or conversely, if you bill with POS code 02, but without modifier GT or 95 — Harvard Pilgrim will deny the service.

For more information, please refer to the [Telemedicine/Telehealth Payment Policy](#). ◆

Billing for Facility-Based Urgent Care

To ensure proper payment and member cost sharing, it is important to bill facility-based urgent care services correctly. When billing with the revenue code 516 for commercial urgent care services rendered in a facility location, the corresponding professional evaluation and management service should be reported with the appropriate CPT procedure code and place of service code 23 (Emergency Room – Hospital).

Note that this method of billing does not apply to providers contracted and marketed as an “Urgent Care Center” in Harvard Pilgrim’s provider directory; those providers should bill with place of service code 20 (Urgent Care Facility). For more information, please refer to the commercial [Urgent Care Payment Policy](#) and the updated commercial [Emergency Care Payment Policy](#). ◆

QMB Members Cannot be Billed for Medicare Parts A and B Cost-Sharing

As you may be aware, the Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. Under the QMB program, enrollees are exempt from cost-sharing liability, so all providers must refrain from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

Identifying members with QMB status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS. Alternatively, you can contact Harvard Pilgrim's Medicare Advantage Provider Service Center at 888-609-0692 to learn the best way to identify the QMB status of your patients.

More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network, as well as the [Billing Members](#) policy in Harvard Pilgrim's Medicare Advantage *Provider Manual*. ♦

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

Robert Farias, Senior Vice President, Corporate Network Strategy

Anmarie 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 Anmarie Dadoly at annmarie_dadoly@harvardpilgrim.org or (617) 509-8074.