

Single Newsletter for Improved Provider Experience

We're pleased to announce that we'll be launching a combined Point32Health provider newsletter — **Insights and Updates for Providers** — next month to replace the existing Harvard Pilgrim Health Care Network Matters and Tufts Health Plan Provider Update.

As you know, Point32Health is the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, and the new combined newsletter will offer news and information for all of our lines of business and legacy products.

With its launch, Insights and Updates for Providers will offer providers and office staff a streamlined, more efficient experience — where you can get important news and updates in one handy place. As with our existing newsletters, Insights and Updates for Providers will be posted online each month and will be emailed to individuals who have registered for email distribution.

If you're on our email list today, there is nothing for you to do; you'll be receiving the new newsletter by email. If you aren't currently on the email distribution list, [subscribe today](#).

Be on the lookout for the initial issue on Feb. 1 and be sure to share your feedback with us!



Point32Health
Insights and Updates
for Providers

HIGHLIGHTS	IN THIS ISSUE
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Register for a Webinar on Latest Integration Updates

Stay updated on the progress we have made in combining Harvard Pilgrim Health Care and Tufts Health Plan under the parent organization, Point32Health — and what's ahead in 2023 by:

- Reading our updated [FAQ that provides information on what is coming in 2023](#) where you can learn about our more unified product portfolio, behavioral health model, new pharmacy benefit manager, our aligned approach for Medical Benefit Drugs utilization management and more. We are keeping this FAQ updated with the latest information on our integration and with answers to new questions that we receive, so be sure to check back regularly.

- Registering for one of our provider webinars aimed at helping you and your staff stay apprised of the latest news and updates.

We encourage you and your office staff to sign up for one of the following webinar sessions. To register, simply click the session of your choice:

- [Thursday, Jan. 5 from 10–11 a.m. ET](#)
- [Wednesday, Jan. 11 from noon–1 p.m. ET](#)
- [Tuesday, Jan. 17 from 1 p.m.–2 p.m.](#)

The sessions will cover key changes for 2023 including product changes and continuity of care, pharmacy benefit manager, medical benefit drug utilization management, behavioral health, and more.

We'll continue to offer sessions in early 2023 — and will be offering dedicated behavioral health webinars in 2023 as well — so watch for more information in upcoming issues of the provider newsletter. For more, please visit our [Provider Training and Events webpage](#). ◆

Reminder: Requesting Prior Authorization for Medical Benefit Drugs

With the start of the new year, please remember to request authorization for medical benefit drugs through Harvard Pilgrim Health Care directly. As we've announced in previous editions of the newsletter, beginning Jan. 1, 2023, Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, will manage the intake and review of pharmacy and medical drug prior authorization requests.

For detailed information on coverage criteria and coding, please refer to the new necessity guidelines for medical drugs, developed by Point32Health, on the [Medical Drug Medical Necessity Guidelines](#) page of our provider website.

While, as of Jan. 1, 2023, CVS Health-Novologix will no longer accept medical drug authorization requests for our members, any existing authorizations that were approved by CVS Health-Novologix for medical benefit drugs will remain active through the end date of the authorization.

For submission of authorization requests beginning Jan. 1, 2023, we encourage the use of [PromptPA](#), our new electronic tool that enables quick, easy submission of prior authorization requests for drugs associated with both the pharmacy and medical benefits. PromptPA enables you to easily view medical necessity guidelines, attach clinical information, check status, and receive a response more quickly. Alternatively, you can submit prior authorization requests via [FAX using the corresponding request forms](#). To ensure the safe and appropriate use of medications, Point32Health applies industry standard maximum dosage and frequency guidelines to medications covered under the medical benefit in accordance with FDA-approved labeling, recognized compendia uses, and evidence-based guidelines. Please note that dose and frequency limits will be applied during claims processing; when receiving prior authorization for a medical benefit drug, the authorization will not note the dose/frequency limitation.

For further information on medical drug management, please refer to the [“What's Ahead at Point32Health: Integration Updates”](#) FAQ on the provider website. ◆

PromptPA Now Available

We encourage you to use our new online tool, PromptPA — a quick and easy method for submitting prior authorization requests for both pharmacy benefit and medical benefit drugs.

PromptPA can be accessed through [HPHConnect](#) or directly at <https://point32health.promptpa.com/>. Online submission enables you to view drug-specific criteria, attach clinical information, check the status of your request, and receive a response more quickly.

We also encourage the use of electronic prior authorization (ePA) through EMR, CoverMyMeds, or Surescripts. Alternatively, you can fax prior authorization requests using our updated request forms (found on the [Pharmacy Medical Necessity Guidelines](#) page and the [Medical Benefit Drug Medical Necessity Guidelines page](#)) to:

- 1-617-673-0988 (Commercial)
- 1-617-673-0956 (Stride)

As a reminder, OptumRx is now the pharmacy benefit manager (PBM) for all products for Point32Health. To access the latest pharmacy information and resources, visit the [pharmacy pages](#) on our website. ◆

2023 Physician Group Honor Roll Announced

Harvard Pilgrim would like to congratulate the 58 physician groups in our Commercial provider network named to our 21st annual Physician Group Honor Roll. The annual Honor Roll highlights physician groups that have achieved exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

Harvard Pilgrim selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 15 measures, such as appropriate treatment for children with upper respiratory infection, comprehensive diabetes care, and breast cancer screenings. Sixteen practices achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in these domains of clinical care.

"We are honored to recognize these physician groups around the region for their exemplary performance on key quality measures in spite of the ongoing challenges and strain caused by the COVID-19 pandemic," said Dr. Claire Levesque, Point32Health's Chief Medical Officer, Commercial Products. "These high-performing clinical results and achievements reflect their commitment to providing high-quality care and healthier outcomes for their patients. We are proud to spotlight these health care professionals for their outstanding work."

Honor Roll physician groups are noted in Harvard Pilgrim's [Provider Directory](#), enabling members to evaluate and select providers based on quality and safety performance. You can view the complete list of this year's recipients and learn more about Harvard Pilgrim's methodology [here](#). ◆

Comprehensive Genomic Profiling for Advanced Solid Tumors

Point32Health, in collaboration with Foundation Medicine, Inc. (FMI), is expanding access to comprehensive genomic profiling (CGP) for members with advanced solid tumors. For Harvard Pilgrim Commercial plans, this will take effect Jan. 1, 2023.

CGP tests can reveal clinically relevant alterations and biomarkers in tumor DNA and help match patients to approved targeted therapies, immunotherapies, and clinical trials, while avoiding treatments that are less likely to be effective — helping physicians make informed decisions about personalized approaches for patients with advanced cancer.

Through this collaboration, we will cover the FoundationOne®CDx (CPT 0037U) and FoundationOne®Liquid CDx (CPT 0239U) CGP tests, with prior authorization, for all eligible members who meet the criteria identified in the newly developed Medical Necessity Guidelines for [Comprehensive Genomic Profiling with FoundationOne CDx or FoundationOne Liquid CDx to Guide Cancer Treatment in Patients with Advanced Cancer](#).

About FoundationOne CDx and FoundationOne Liquid CDx

FoundationOne CDx is an FDA-approved tissue-based comprehensive genomic profiling test. It is a qualitative next-generation sequencing based in vitro diagnostic test that uses targeted high throughput hybridization-based capture technology for detection of substitutions, insertion and deletion alterations (indels), and copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB). For more information, see the [FoundationOne CDx Technical Information \(FDA Label\)](#).

FoundationOne Liquid CDx is an FDA-approved blood-based comprehensive genomic profiling test. It is a qualitative next generation sequencing based in vitro diagnostic test that uses targeted high throughput hybridization-based capture technology to detect and report substitutions, insertions and deletions (indels) in 311 genes, rearrangements in four genes and copy number alterations in three genes. For more information, see the [FoundationOne Liquid CDx Technical Information \(FDA Label\)](#).

Requesting authorization

As a reminder, Harvard Pilgrim's genetic/genomic and molecular diagnostic testing authorization program is managed through an arrangement with AIM Specialty Health® (AIM). Please submit your authorization request for FoundationOne CDx or FoundationOne. ◆

Reminder: Allergy Testing and Immunotherapy

Harvard Pilgrim's [Allergy Testing and Immunotherapy Medical Policy](#) outlines the coverage criteria for allergy immunotherapy for Harvard Pilgrim Commercial members. The policy includes applicable allergy testing and allergy immunotherapy CPT codes, and a list of [medically necessary ICD-10 codes](#). In addition, the Allergy Testing and Treatment Payment Policy outlines reimbursement for these services and provides additional guidance on coding and billing.

When billing for allergy testing and immunotherapy services, please refer to these resources and be sure to include the appropriate CPT and diagnosis codes to enable accurate claims processing and reimbursement. ◆

Protections for Reproductive and Gender-Affirming Care

Effective Jan. 1, 2023, Massachusetts law expands legal protections for practitioners providing services related to pregnancy terminations and gender-affirming care within the state of Massachusetts. Additionally, the law requires coverage of abortion and related services without cost share (including deductibles, co-insurance, copayments, and any other cost sharing requirement). This includes the following Massachusetts Harvard Pilgrim Health Care products:

- Commercial fully insured
- GIC plans
- Medicare Supplement
- Medicare Enhance

The legislation exempts churches or church-owned organizations that meet the IRS definition of a church.



Kidney Health Management Program Webinars

As a reminder, Point32Health is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for commercial fully insured members. Monogram Health will be hosting several webinars to provide an overview of the program. To register for an upcoming webinar, click on the date below that works best for you and submit the requested information:

- [Tuesday Jan. 10 at 5:00 p.m.](#)
- [Thursday Jan. 19 at 11:30 a.m.](#)

To learn more about the program, please refer to this [FAQ](#). If you have questions, contact James Porter with Monogram Health's Provider Services at 855-529-2778 or PCPservices@monogramhealth.com. ◆

New Point32Health HEDIS Tip Sheets Now Available

In the [July 2022 issue of Network Matters](#), we introduced a series of [Point32Health HEDIS Tip Sheets](#) that we have begun developing as a handy reference tool for valued providers in our Harvard Pilgrim Health Care and Tufts Health Plan networks.

These tip sheets are designed to offer insight into specific HEDIS measures — one of health care's most widely used performance improvement tools — and align with Point32Health's mission to act as a guide for our provider community by continuously exploring new ways to support you in delivering exceptional patient care.

Since the launch of this series, we have revamped the tip sheets we had initially made available, and they now feature a cleaner, easier to digest design and format. In addition, we have developed three more; our collection now includes tip sheets focused on the following five HEDIS measures:

- [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#)
- [Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment \(IET\)](#)
- [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)
- [Follow-Up After Emergency Department Visit for Mental Illness \(FUM\)](#)
- [Prenatal and Postpartum Care \(PPC\)](#)

The best practices and tips highlighted in these tip sheets are intended to help in identifying opportunities to improve patient care and aid your practice in optimizing HEDIS scores by ensuring that the data is reported accurately and reflects your practice's performance. They also highlight ways to address

common issues that impact all areas of health care, such as overcoming health disparities, improving health equity, and delivering culturally competent care.

We hope these tip sheets prove useful to your practice — be sure to keep your eyes peeled for more of them in the coming months.

And as always, we welcome your invaluable feedback, so please take a moment to fill out this [brief survey](#) to let us know what you like about the HEDIS tip sheets we've developed thus far, what you'd like to see more of, and what you'd like to see highlighted in the future! ◆

HEDIS 2023 Coming Soon: Your Cooperation is Crucial

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS) — includes considerations such as effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

In the next few weeks, you may receive a letter or a phone call from a Harvard Pilgrim representative requesting copies of medical records for specific patients related to the HEDIS project. We appreciate your assistance in providing us access to these records or in sending copies of the requested documentation to us for our review. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Harvard Pilgrim's HEDIS measures accurately represent the high quality of care you provide to our members.

With this in mind, be sure to look out for the HEDIS request in late January; if you have any questions about the HEDIS process, please call the HEDIS help line at 617-509-3005. ◆

Telehealth Reimbursed at Pre-Pandemic Rate as of March 1, 2023

Point32Health recognizes that telehealth is a valuable care delivery system which expands access to much-needed services for patients nationwide, and it has proven to be particularly advantageous amid the dire challenges presented by the COVID-19 pandemic.

While we support ongoing care delivered via telehealth and will continue to reimburse for these visits, effective for dates of service beginning March 1, 2023, Point32Health will resume our pre-pandemic telehealth reimbursement practices for Harvard Pilgrim Health Care and Tufts Health Plan providers, in keeping with guidance provided by the states we serve.

As a result, medical services provided via telehealth to our Commercial Massachusetts, Rhode Island, and Maine members (with the exception of behavioral health services) **will be reimbursed at 80% of the in-person rate**.

No changes will be made to the processing of telehealth services provided by behavioral health providers to all Commercial members in Massachusetts, Rhode Island, Maine, and New Hampshire; these services will continue to pay at 100% of the in-person rate.

In addition, medical services provided via telehealth to our Commercial New Hampshire members will also continue to pay at 100% of the in-person rate.

The Harvard Pilgrim Health Care and Tufts Health Plan Telehealth/Telemedicine Payment Policies will be revised to reflect this updated reimbursement in advance of the March 1, 2023 effective date. ◆

Medical Necessity Guideline Updates

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Effective Date	Summary
Mobile Cardiac Outpatient Telemetry	Commercial	March 1, 2023	New integrated Point32Health MNG. Will use customized InterQual criteria for prior authorization review. Prior authorization will be required for CPT codes 93228 and 93229.
Continuous Glucose Monitoring and Diabetes Management Devices	Commercial	March 1, 2023	Integrated Point32Health MNG created. Prior authorization will no longer be required for HCPCS codes A4253, A4255, and A4256, or for CPT code 95250.
Pluvicto HPHC Chemotherapy HCPCS J-Codes List	Commercial, Stride SM (HMO)/(HMO-POS) Medicare Advantage	March 1, 2023	Pluvicto (A9607) will require prior authorization through OncoHealth. New individual OncoHealth Pluvicto policy developed for Commercial review. For Stride SM (HMO)/(HMO-POS) Medicare Advantage, the drug will be managed via OncoHealth’s HPHC Chemotherapy HCPCS J-Codes List.
Home Health Care Services	Commercial	Feb. 1, 2023	New integrated Point32Health MNG. Will utilize InterQual criteria for prior authorization review.
OncoHealth HPHC Chemotherapy HCPCS J-Codes List Keytruda Erbix Vectibix	Commercial	Jan. 1, 2023	Annual review of OncoHealth medical drug MNGs. No changes for Keytruda (J9271), Erbitux (J9055), and Vectibix (J9303). Individual MNGs for Doxil (Q2049/Q2050), Lanreotide (J1930), Levoleucovorin (J0641/J0642), Marqibo (J9371), and Xofigo (A9606) have been retired. These drugs/codes will continue to require prior authorization, and they will be managed by the

			overarching HPHC Chemotherapy HCPCS J-Codes List.
OncoHealth Radiation Therapy Review Criteria	Stride SM (HMO)/(HMO-POS) Medicare Advantage	Jan. 1, 2023	Annual review of OncoHealth radiation therapy criteria. Editorial/general administrative updates.
Wearable Cardioverter Defibrillator	Commercial	Jan. 1, 2023	MNG is being archived.
Out-of-Network Coverage at the In-Network Level of Benefits	Commercial	Jan. 1, 2023	New integrated Point32Health MNG, which provides the prior authorization standard when the Plan is responsible for determining whether it is medically necessary for the member to receive services from an out-of-network provider.
Inpatient Acute Level of Care (Medical/Surgical)	Commercial	Jan. 1, 2023	The dedicated MNGs for Inpatient Acute Level of Care, Inpatient Rehabilitation/Long-Term Acute Care, and Skilled Nursing Facility and Subacute Care have been consolidated into one comprehensive, integrated Point32Health MNG for Inpatient Acute Level of Care (Medical/Surgical). We will continue to use InterQual criteria for prior authorization review.
Skysona	Commercial	Jan. 1, 2023	New integrated Point32Health MNG for the medication Skysona (HCPCS J3590), which is indicated to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD). Prior authorization will be required for coverage.
Inpatient Setting for Elective Total Joint Arthroplasty; Hip and Knee	Commercial	Jan. 1, 2023	New integrated Point32Health MNG developed to provide additional guidance.
Subcutaneous Implantable Cardioverter Defibrillator (S-ICD)	Commercial	Jan. 1, 2023	New integrated Point32Health MNG with coverage criteria for subcutaneous implantable cardioverter defibrillators to reduce the risk of sudden cardiac arrest and sudden cardiac death.

			Prior authorization is not required.
Reconstructive and Cosmetic Surgery	Commercial	Jan. 1, 2023	Language updated to clarify that keloid excision (fractional laser ablation) may be authorized for members less than 18 years of age when InterQual criteria for the procedure is met.
Procedures for the Treatment of Symptomatic Varicose Veins	Commercial	Jan. 1, 2023	Criteria language updated for clarity. No changes in coding, and InterQual criteria will continue to be utilized for prior authorization review.
Zynteglo (Commercial) Zynteglo (StrideSM (HMO)/(HMO-POS) Medicare Advantage)	Commercial, Stride SM (HMO)/(HMO-POS) Medicare Advantage	Jan. 1, 2023	New integrated Point32Health MNG for Zynteglo, a gene therapy indicated for the treatment of transfusion-dependent (severe) beta-thalassemia. Please note that Zynteglo is administered in an acute inpatient setting and an inpatient notification is required in addition to the medical drug prior authorization for the drug. Refer to this article for more information.



Zynteglo: Authorization Needed in Addition to Inpatient Notification

As we referenced in the [Medical Necessity Guideline Updates chart](#), we’ve developed a new integrated Point32Health MNG for Zynteglo, a gene therapy indicated for the treatment of transfusion-dependent (severe) beta-thalassemia.

We want to make sure the network is aware that coverage of Zynteglo will require two separate points of contact with Point32Health: a prior authorization request for the drug itself, followed by an acute inpatient notification.

Because Zynteglo is administered in an acute inpatient setting, facilities will need to submit an inpatient notification in accordance with [Harvard Pilgrim’s Notification Policy](#), and the notification must include the drug code for Zynteglo (HCPCS J3590).

Keep in mind, however, that **prior authorization for the drug must be obtained before the inpatient stay is planned** by submitting a separate prior authorization request to Point32Health. If a patient is admitted to an acute inpatient facility and Zynteglo is administered but coverage of the drug has not already been authorized beforehand, the facility may not receive payment for the administration of the drug.

As a reminder, we’ve streamlined the utilization management for pharmacy and medical drugs — including managing the intake of and conducting review of pharmacy and medical drug prior authorization requests in-house. To request authorization for pharmacy or medical drugs, including Zynteglo, we encourage you to submit your requests through our new online prior authorization tool, [PromptPA](#). You can access PromptPA through our secure online provider portal, [HPHConnect](#). Alternatively, you may request authorization via the FAX number noted on the Zynteglo Medical Necessity Guidelines (617-

673-0988 for [Commercial](#) members and 617-673-0956 for [StrideSM \(HMO\)/\(HMO-POS\) Medicare Advantage](#) members). ◆

Umbilical Cord Blood Payment Policy Archived

Harvard Pilgrim wants to make our provider network aware that we have archived our Commercial Umbilical Cord Blood Payment Policy.

You can now find the pertinent information from this policy, which remains unchanged, on the updated Commercial [Obstetrical/Maternity Care Payment Policy](#). ◆

Utilizing Our Continuity of Care Form

Members have the right under applicable state and federal law to receive in-network continuity of care from their provider for a specified period of time after their provider's contract terminates with Harvard Pilgrim Health Care. If you are a provider or facility leaving the Harvard Pilgrim Health Care network for reasons unrelated to fraud or quality of care, and you are currently treating a commercial member or covered dependent who may qualify for continuity of care, please assist your patient by completing the [Continuity of Care/Transitional Care Request Form](#).

You can also find this form in the [forms section](#) of our [provider website](#). ◆

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

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