Utilization Management

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect℠. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com.

Programs

Harvard Pilgrim believes members are best served when they receive well-coordinated care that is appropriate for their needs. We expect providers who deliver health services to our members to provide high-quality services that are clinically appropriate for the individual, and consistent with evidence-based standards of care.

Harvard Pilgrim makes utilization decisions affecting health care services provided to our members in a fair, impartial, and consistent manner.

We recognize that inappropriate utilization (over or under-use) of health care services may adversely impact members' health or result in adverse outcomes (e.g., missed opportunities to prevent illness or diagnose/treat illness at an early stage, inadequate or excessive treatment of chronic illness), and have designed our Utilization Management (UM) programs to facilitate the appropriate, efficient and cost-effective management of members' care. While cost and other resource issues are considered as part of our responsible decision-making process, Harvard Pilgrim's UM staff (including clinicians who make utilization-related decisions, and those who supervise them) make authorization and denial decisions based solely on medical necessity, clinical appropriateness of care, and the availability of benefits.

As a matter of policy, Harvard Pilgrim does not make decisions regarding the hiring, compensation, termination, promotion or other similar matters of clinical reviewers based on the likelihood that they will support the denial of benefits. In addition, we do not reward individuals who conduct utilization review for issuing inappropriate denials (i.e., denials of coverage for appropriate, medically necessary services), or offer utilization decision-makers any financial incentives intended to reward the inappropriate restriction of care or result in under-utilization of medically necessary services. (This does not preclude the use of incentives designed to foster the appropriate, efficient utilization of covered services.)

Communication Services

Harvard Pilgrim's UM reviewers are available to discuss clinical denials with the practitioners and providers impacted by the denial decision. Written notification of denial decisions includes information explaining how to contact the UM reviewer.

- Providers seeking information about Harvard Pilgrim's UM processes or the authorization of care should call Harvard Pilgrim's Provider Call Center at 800-708-4414.

Harvard Pilgrim's UM and Care Management staff are accessible during regular business hours (Monday-Friday, 8:30 a.m. - 5:00 p.m.) to members, practitioners, and providers seeking information about Harvard Pilgrim's UM processes and/or the authorization of care.

Inquiries received outside of regular business hours are recorded on voice mail and are replied to the next business day. Voice mails received after midnight are returned that same business day. UM and/or Care Management staff (as appropriate) are responsible for following up on all inquiries, and initiating outbound communication to the member or provider, within one business day of receipt, or on the same business day that urgent requests are received.

Pre-Certification/Prior Authorization

For members enrolled in commercial (HMO, POS, PPO) products, Harvard Pilgrim requires prior authorization for certain services. For details please refer to our Medical Necessity Guidelines.

For HMO members, prior authorization is also required for any elective referral to a non-contracted provider.

For the following services, prior authorization is delegated to contracted vendors.[1]

- Lumbar Spine and Interventional Pain Management for Back Pain — prior authorization is delegated to Evolent (formerly National Imaging Associates, Inc./NIA).
- Knee, Hip and Shoulder surgeries — prior authorization is delegated to Evolent.
- Elective (non-emergent) outpatient advanced imaging services (including CT/CTA Scans, MRIs, MRAs, and nuclear cardiology tests — prior authorization is delegated to Evolent.
- Sleep studies — prior authorization is delegated to Evolent.
- Genetic and molecular diagnostic testing is delegated to Carelon Medical Benefits Management (formerly AIM Specialty Health.
- Outpatient chemotherapy (infused and/or injected) radiation therapy is delegated to OncoHealth (formerly Oncology Analytics).

Prior authorization requirements and network options may vary according to product, and are subject to change. For up to date information:

- See the applicable sections of this Provider Manual
- Contact the Provider Service Center at 800-708-4414 and select the option for the Referral/Authorization Unit, or
- Visit Harvard Pilgrim's provider site at www.harvardpilgrim.org

Inpatient Utilization Management

The attending physician, in consultation with the member or his/her designee, is responsible for all clinical decisions regarding the medical treatment provided to his/her patients (including determining when an HPHC member requires admission to an acute care inpatient facility). Admission from an emergency department to acute inpatient care does not require prior authorization. This does not preclude concurrent review of the appropriateness and medical necessity of the continued stay, following admission.

Prior authorization from Harvard Pilgrim is required for:

- Inpatient admissions for services that require prior authorization. (See *Authorization Policy* in this manual for specific information.)

Participating providers are responsible for notifying Harvard Pilgrim before elective inpatient/SDC admissions, and within 2 business days of urgent/emergent admissions. See Notification policy for additional details on notification requirements and timeframes for various services. Notification may trigger prospective or concurrent evaluation of the member's potential care management or discharge planning needs. (During the prior authorization process, our UM staff seeks to identify members whose diagnosis, intensive treatment requirements, and/or co morbidities factors make them likely to benefit from care management or discharge planning assistance/support, and when appropriate, refer these members to available care management or disease management programs.)

Concurrent Review

Harvard Pilgrim's nurse care managers (or their designees) use concurrent review to evaluate the medical necessity and clinical appropriateness of ongoing inpatient care provided in selected acute care hospitals, and all extended care facilities including rehabilitation and long-term acute hospitals, and skilled/sub-acute nursing facilities (SNFs). Potential quality of

care issues identified during concurrent review are reported to, and reviewed by, Harvard Pilgrim's Clinical Concerns Department.

Harvard Pilgrim's care managers are available to assist attending physicians and providers with discharge planning and coordination of care. They are available to discuss Harvard Pilgrim coverage, benefits and utilization management decisions with members and families (as appropriate). Providers can obtain assistance by calling 888-888-4742.

Retrospective Review

In situations where Harvard Pilgrim's notification requirements could not be met (e.g., when a member was unable to provide information about his/her Harvard Pilgrim coverage), retrospective review may be used to evaluate potential inappropriate utilization or quality issues.

Discharge Planning

Hospital/facility staff are responsible for assisting Harvard Pilgrim members with most discharge planning needs. Nurse care managers (or their designees) are available to assist facility staff (and Harvard Pilgrim members and their families, if required) with discharge planning and care coordination.

Outpatient Utilization Management

All members are encouraged to choose a PCP who is responsible for:

- Providing medically necessary primary care services
- Helping to coordinate the member's care, including making appropriate referrals (for HMO members using in-network benefits) for medically necessary specialty care

Ambulatory Services and Outpatient Referrals

The PCP is responsible for determining when specialized care is medically necessary for an individual member.

- In most situations, PCPs refer members to providers within the local medical community, including appropriate specialists available within the PCP's Local Care Unit (LCU).
- If an appropriate specialist is not available within the LCU, PCPs are expected to refer members to participating specialists within the Harvard Pilgrim provider network.
- For HMO members, prior authorization is required for all elective (non-urgent) referrals to providers outside the Harvard Pilgrim network.
- Prior authorization is also required for all elective (non-urgent) referrals to providers that are in Harvard Pilgrim's network but are not contracted for the member's product.

Medical Benefit Drug Requests

To request a medical drug prior authorization, refer to the Medical Benefit Drug Medical Necessity Guidelines page. Requests may be submitted electronically through PromptPA by visiting the provider portal or directly through PromptPA.

You can also submit requests via electronic Prior Authorization (ePA), fax or by mail with the appropriate request form to the Pharmacy Utilization Management Department:

Fax: 617-673-0988

Mail: Harvard Pilgrim Health Care
Attn: Pharmacy Utilization Management Department
1 Wellness Way
Canton, MA 02021-1166

Transfer and Redirection of Care

Transfer Between Providers

A member's care may be transferred from one provider to another (when medically appropriate) after approval of the member, PCP, and attending physicians. In most cases, transfer of care occurs during the active provision of services to a member.

Redirection of Care

Redirection of care occurs when the PCP, or Harvard Pilgrim, intervenes to direct a member's care from a non-participating to a participating provider. (This includes situations where the member's LCU intervenes to direct a member's care from a provider outside the LCU to a provider within the LCU.) Redirection of care typically occurs before services are provided to the member. Harvard Pilgrim:

- Reserves the right to intervene (before services are rendered) to redirect a member's care from nonparticipating to participating providers (when medically appropriate), and
- Supports LCUs when they redirect a member's care from a participating provider outside of the LCU to another within the PCP's LCU

Behavioral Health

Some employer groups elect to "carve-out" inpatient and outpatient behavioral health (BH) and substance use disorder (SUD) benefits and contract them to a separately funded and administered managed BH plan. In such situations, the BH carve-out insurer is responsible for the provision and maintenance of its own BH provider network. Harvard Pilgrim is not responsible for the compensation or administration of such carve-out plans.

Maine Requirements for Management of Behavioral Health Benefits for Members Aged 21 Years or Younger

As required under applicable Maine law, for members enrolled in a Maine fully insured plan, Harvard Pilgrim may not deny treatment for mental health services that use evidence-based practices and are determined to be medically necessary health care for an individual 21 years of age or younger.

For purposes of this section, evidence-based practices means clinically sound and scientifically based policies, practices and programs that reflect expert consensus on the prevention, treatment and recovery science, including, but not limited to, policies, practices and programs published and disseminated by the Substance Abuse and Mental Health Services Administration and the Title IV-E Prevention Services Clearinghouse within the United States Department of Health and Human Services, the What Works Clearinghouse within the United States Department of Education, Institute of Education Sciences and the California Evidence-Based Clearinghouse for Child Welfare within the California Department of Social Services, Office of Child Abuse Prevention.

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[1]Harvard Pilgrim retains oversight and overall accountability for all delegated services.