

Encouraging Members to Get Their Flu Shot

It's not too late for your patients to receive their annual flu shot. With a few months of flu season left, there is still time to emphasize the importance of getting the flu vaccine to your patients. As states, and potentially the Centers for Disease Control and Prevention (CDC), loosen masking and social distancing guidelines it's possible that a late surge of influenza cases occurs in March and April.

Flu vaccinations play a vital role in lessening the total burden of respiratory illnesses to allow for protection of not only those who are at risk for severe illness, but also the healthcare system. The CDC recommends that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. The Centers for Disease Control and Prevention website provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza on the [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages.

Harvard Pilgrim supports annual influenza immunization efforts by covering flu vaccines at retail pharmacies for a \$0 cost share for commercial members age 3 years and older. For Medicare Advantage members, flu vaccines are covered at \$0 cost share (billed under Part B) at retail pharmacies or in doctors' offices. ◆

Ovia Health's Family Health Solutions

Harvard Pilgrim would like to remind providers of the convenient family health benefit platform solution available at no additional cost to your patients through our partnership with Ovia Health.

Ovia's solutions are designed to support and guide patients through the journey of reproductive health, pregnancy, and early parenthood. Our fully and self-insured commercial members can download any of the Ovia apps to access articles, health plan resources, and tips, as well as one-on-one coaching from a range of experts, including registered nurses, mental health providers, certified nurse midwives, and internationally board-certified lactation consultants:

- **Ovia Fertility:** monitors reproductive health and fertility
- **Ovia Pregnancy:** monitors the baby's growth, tracks pregnancy milestones, and identifies warning signs and when patients should call the doctor
- **Ovia Parenting:** provides support for postpartum health and the return-to-work process and allows members to connect with a community for every stage of the parenting journey

You can direct your patients to www.harvardpilgrim.org/public/family-wellness for more information about the benefits Ovia Health offers and instructions on setting up an Ovia Health account or downloading one or more of Ovia's apps. ◆

Access HPHConnect Regularly to Keep Your Account Active

As a reminder, Harvard Pilgrim performs routine system maintenance and cleanup in HPHConnect, our free web-based transaction service for providers — and this process includes periodically freezing and removing inactive user accounts.

To ensure that your account remains active and you can continue to take advantage of HPHConnect's convenient electronic tools and transactions, we recommend logging in regularly. Accounts that have not been logged into for over 120 days are routinely frozen, requiring the user to contact Harvard Pilgrim's eBusiness team or HealthTrio to unlock the account for continued use. Any non-administrative user account that has been inactive for over one or two years (depending on the type of user) is removed from the system, and the user would need to re-register or contact an administrator to regain access.

If you don't currently use HPHConnect, we encourage you to register today for easy access to a host of online functionalities. With HPHConnect, you can submit claims data, verify patient eligibility, find the status of a claim, submit and receive referrals and authorizations, and much more! Registration instructions are available on the [Electronic Tools and HPHConnect page](#) on Harvard Pilgrim's provider website. ◆

Supported Web Browsers

We want you to have the best experience possible when visiting our public website and our secure provider portal — and your browser plays a key role in your web experience. For the best user experience, please use the latest version of one of the following supported browsers:

- Firefox
- Chrome
- Microsoft Edge

Harvard Pilgrim Health Care no longer supports Internet Explorer, as it will be retired by Microsoft as of June 15, 2022. ◆

Help Us Keep Directory Information Up to Date

The Centers for Medicare & Medicaid Services and other regulatory bodies, as well as the [federal No Surprises Act of 2021](#), require health plans to maintain and update data in

provider directories — and we rely on providers to review their data and notify us of changes as they happen to ensure that members have access to accurate information. Provider demographic information in our [Provider Directory](#) must reflect accurate data at all times and should mirror the information members may receive directly from the practice or via patient appointment call centers.

On at least a quarterly basis, providers should review and verify the accuracy of their demographic data displayed in our Provider Directory. Any changes to data should be reported via the [CAQH ProView DirectAssure®](#) tool for those who have implemented it. If your practice has not yet implemented CAQH, please submit a Provider Change Form to Harvard Pilgrim's Provider Processing Center by email at PPC@point32health.org to report changes to demographic data or to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, or other practice data.

Consistent with provisions related to the [federal No Surprises Act of 2021](#), failure to review and update demographic information at least quarterly may result in suppression from Harvard Pilgrim's Provider Directory until the information is validated. In addition, if Harvard Pilgrim identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider's applicable location may be subject to suppression in the directory until up-to-date information is received.

In addition, please keep the following in mind:

- **Practice location** — As new providers join your practice, it is important that only practice locations where the provider regularly administers direct patient care are submitted for inclusion in the Harvard Pilgrim provider directory. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider's demographic profile, but not in the provider directory.
- **Timely notice** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance.
- **CAQH information** — For more information about CAQH ProView DirectAssure, including benefits, how the process works, and a demonstration video on how to use it, visit the [DirectAssure page](#) on CAQH's website.

For questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

Timely Follow-Up Critical After Behavioral Health Discharge

Because patients hospitalized for behavioral health issues are vulnerable after discharge, follow-up care by trained behavioral health clinicians, and coordination of care between primary care physicians (PCPs) and behavioral health practitioners, are critical for their health and well-being.

According to the [National Institute of Mental Health](#), about one in five U.S. adults live with a mental illness of some kind, and 24.3 million received behavioral health services in 2020. Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department visits and avoidable readmissions, improved physical and mental function, and increased compliance with follow-up instructions. Among other benefits, close follow-up:

- Reduces incidents of suicidal ideation, suicide attempts, and completed suicide
- Reduces substance abuse and improves entry into recovery
- Reduces emergency department use and hospital admissions, and lengths of stay
- Leads to better identification and treatment of behavioral and physical health issues

HEDIS measure supports follow-up

The NCQA's [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#) HEDIS measure assesses adults and children 6 years of age and older who were hospitalized for treatment of certain mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a behavioral health practitioner. The measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge.

Post-discharge coordination of care

Follow-up for members hospitalized for behavioral health reasons should occur within 7 days of discharge (but not on the same day as discharge), and again within 30 days of discharge. Follow-up may include an outpatient visit, intensive outpatient visit, or partial hospital visit, and must be with a behavioral health provider, i.e., a psychiatrist, psychologist, clinical social worker, or other therapist. Telemedicine visits with the appropriate principal diagnosis also meet the follow-up criteria.

PCPs can play an integral role in helping to increase compliance with behavioral health outpatient follow-up care and to provide ongoing support that helps to improve treatment outcomes. Ways they can help include:

- Educating patients and families about the importance of behavioral health follow up appointment within 7 days after an inpatient behavioral health hospitalization

- Scheduling a phone call or telemedicine appointment with the patient following discharge to ensure that the patient has a follow up appointment scheduled with a behavioral health provider
- If necessary, helping to facilitate the scheduling of in person or telemedicine appointment with a behavioral health provider

Harvard Pilgrim’s behavioral health partner, Optum/United Behavioral Health can help you refer your patients for behavioral health treatment. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. If you believe your patient may benefit from Optum’s Complex Case Management program, please send a referral via email to care.coordination@optum.com. ◆

Substance Use Disorders (SUDs) in the Primary Care Setting

Substance abuse issues are prevalent and far-reaching, but early detection in the primary care setting and a comprehensive treatment plan, including referral for behavioral health services, can set patients on the path to wellness. Harvard Pilgrim appreciates your continued support in screening for SUDs.

NCQA’s Initiation and Engagement of Alcohol and Other Drug Dependence treatment (IET) HEDIS measure assesses adults and adolescents with a new episode of alcohol or other drug (AOD) dependence who initiated treatment within two weeks of diagnosis, as well as those who initiated treatment and had two or more additional related services or treatments within 34 days of the initiation visit.

Harvard Pilgrim’s behavioral health partner, Optum/United Behavioral Health can help you refer your patients for behavioral health treatment, including treatment for substance use disorders. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. If you believe your patient may benefit from Optum’s Complex Case Management program, please send a referral via email to care.coordination@optum.com. Additional resources Optum makes available include:

- Optum’s website, www.liveandworkwell.com, where you can make appointments (including virtual/telemedicine appointments) with licensed behavioral health providers — including the Express Access Network of providers, who guarantee appointments within five business days
- The Behavioral Health Toolkit available at www.providerexpress.com under “Clinical Resources”
- Substance Use Disorder Helpline (855-780-5955), staffed 24/7 by licensed clinicians to help access the services your patients may need

Claims Coding Tips for Alcohol and SUDs

- Providers who diagnosis patients with SUDs should continue to document the same diagnosis code on follow-up claims to denote that follow-up has occurred.
- For patients who are using long-term medication for pain, use code Z79.891 (long-term current use of opiate analgesic). This code does not denote an SUD.
- Use a “1” at the end of a substance use diagnosis code to document that the condition is in remission, e.g., F10.11, (Alcohol Use Disorder, Mild, In early or sustained remission).
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***Network Matters* is a monthly newsletter for the Harvard Pilgrim provider network**

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