Jan. 26, 2023

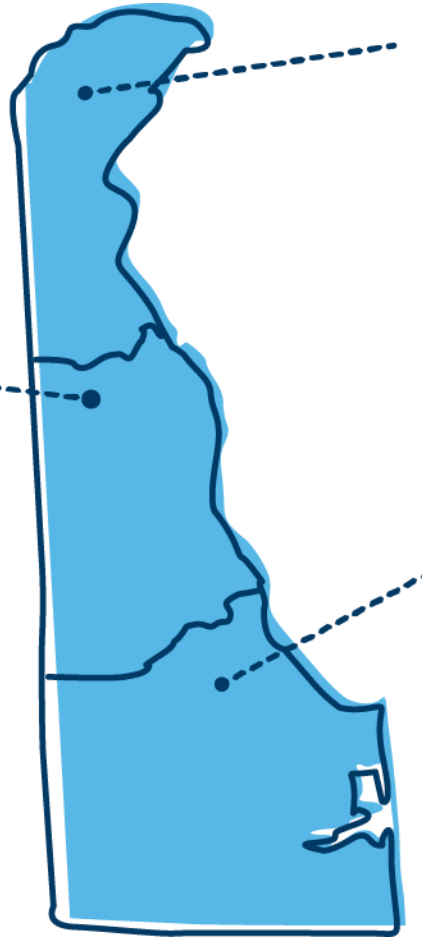
Medical Society Insurance Payor Workshop

HIGHMARK HEALTH OPTIONS

Agenda

1. Membership Totals
2. 21st Century Cures Act
3. Electronic Visit Verification
4. Evicore
5. Updates
6. PAL Tool
7. Key Points
8. Medical Records Requests
9. ADA Accessibility
10. Culturally Competent Care
11. Claims Issues
12. Authorization Requests
13. Office Standards
14. Provider Services & Provider Relations
15. Medication Information for Providers
16. Extras from HHO
17. Contacting Provider Networks
18. Open Forum

Membership by County



New Castle County
85,975

Kent County
27,250

Sussex County
33,552

Total Members

146,777

As of Jan. 1, 2023

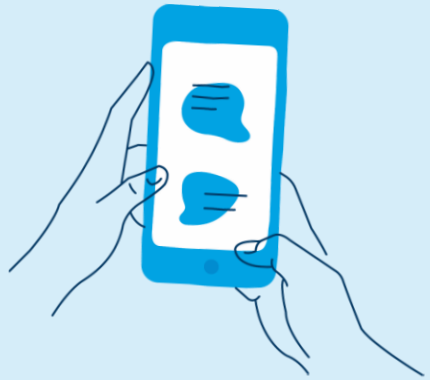
21st Century Cures Act

All Delaware network providers must be enrolled in the Delaware Medical Assistance Program (DMAP).

This applies to all Highmark Health Options (HHO) network providers who furnish, order, refer, or prescribe items or services to Delaware Medicaid members.

Providers should have received a notice from DMAP to attest or complete a new Provider Enrollment Application.

- If you have not received a letter or responded to the request please reach out to Gainwell Technologies.
- Failure to timely fulfill this requirement will result in termination and/or non-payment of claims.



Contact Gainwell Provider Services with questions about DMAP enrollment applications on the Provider Portal.

1-800-999-3371

Option **0**, then Option **4**.

or

DelawarePret@GainwellTechnologies.com

Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Electronic Visit Verification (EVV)

- EVV is an electronic system that records the time and location where personal care, nursing, and home health services start and end.
- Sandata is the vendor of choice being utilized by the state for EVV.
- For providers using an Alt EVV vendor, an attestation form is required and must be signed by both the provider and the Alt EVV vendor.

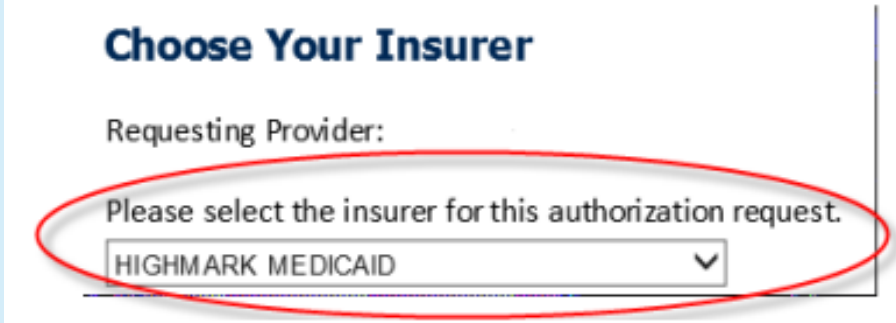
Additional information regarding EVV can be found at:
https://dhss.delaware.gov/dmma/info_stats.html

General questions regarding EVV implementation must be submitted to:
DHSS_DMMA_EVV@delaware.gov

eviCore

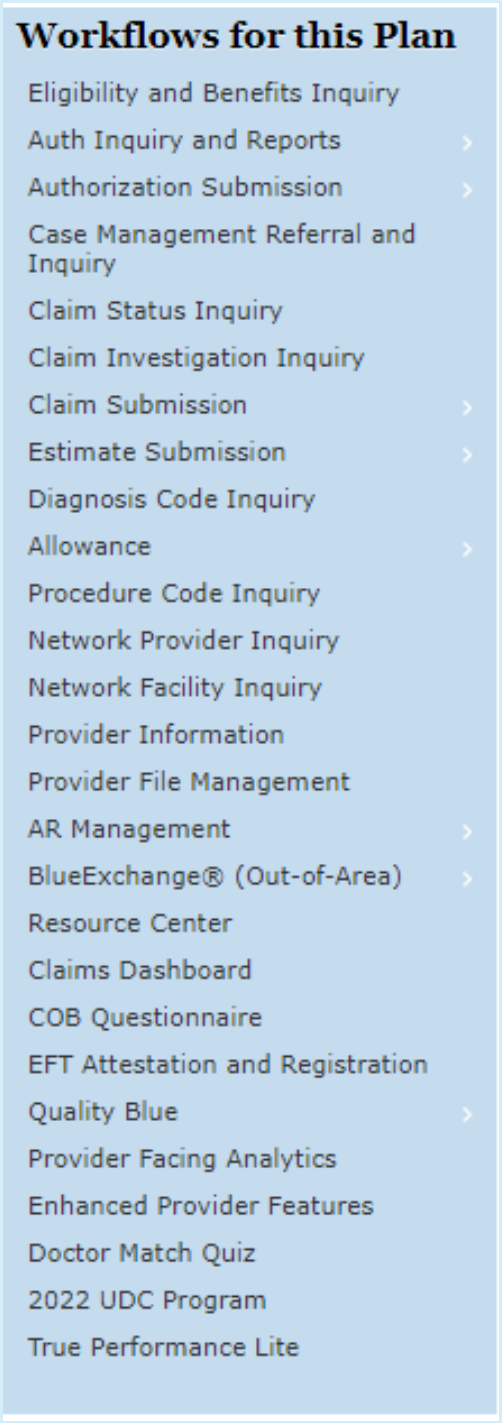
Advanced imaging authorization requests are submitted through eviCore, evicore.com, or eviCore Provider Services

- **Utilization:**
  - Radiology
  - Cardiology
  - Musculoskeletal
- **Urgent Requests:**
  - Services requiring authorization in less than 48 hours due to medically urgent conditions should be submitted online at evicore.com or over the phone to eviCore. Providers must indicate that the procedure is not routine or standard.
- **Key Updates & Websites:**
  - Platform Changes Effective 10/28/2022
  - eviCore Platform Update Announcement
  - Highmark Medicaid Delaware Provider Resources
  - eviCore Resources



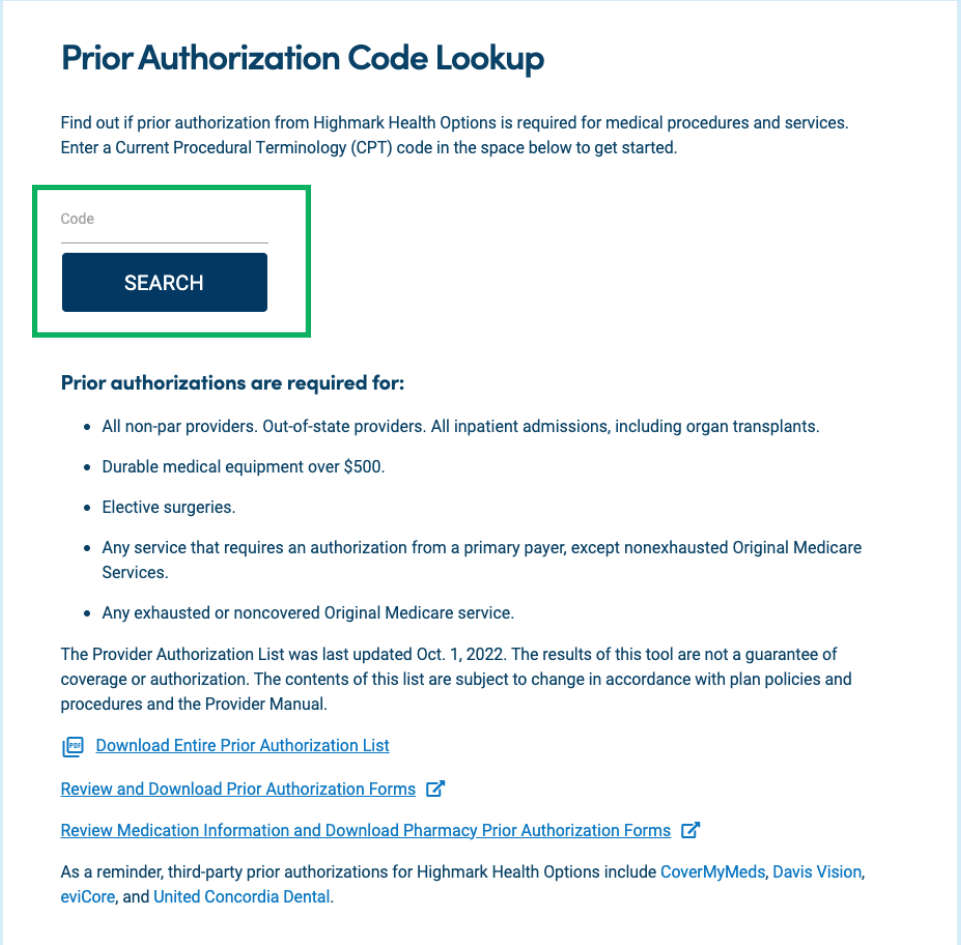
Transformational Updates

- Provider Portal
  - Return and continued use of Navinet for:
    - Restored Functionality
    - Eligibility and Benefits
    - EOB and Remittance
  - Separate authorization portal
- EFT Attestation and Registration
  - PNC Echo is postponed
- Payment Cycle Change
- Prior Authorization Code Lookup Tool



Prior Authorization Code Lookup Tool

- Find out if prior authorization from Highmark Health Options is required for medical procedures and services.
- Find it on the Highmark Health Options website at hho.fyi/pal-tool



Prior Authorization Code Lookup

Find out if prior authorization from Highmark Health Options is required for medical procedures and services. Enter a Current Procedural Terminology (CPT) code in the space below to get started.

Code

SEARCH

Prior authorizations are required for:

- All non-par providers. Out-of-state providers. All inpatient admissions, including organ transplants.
- Durable medical equipment over $500.
- Elective surgeries.
- Any service that requires an authorization from a primary payer, except nonexhausted Original Medicare Services.
- Any exhausted or noncovered Original Medicare service.

The Provider Authorization List was last updated Oct. 1, 2022. The results of this tool are not a guarantee of coverage or authorization. The contents of this list are subject to change in accordance with plan policies and procedures and the Provider Manual.

Download Entire Prior Authorization List

Review and Download Prior Authorization Forms

Review Medication Information and Download Pharmacy Prior Authorization Forms

As a reminder, third-party prior authorizations for Highmark Health Options include CoverMyMeds, Davis Vision, eviCore, and United Concordia Dental.

Key Points

- Balance Billing
  - Payment by Highmark Health Options is considered payment in full.
  - Under no circumstance, including, non-payment by Highmark Health Options for approved services, may a provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from or have any recourse against a Highmark Health Options member.
- Timely Filing
  - Primary claim submission within 120 calendar days after the date of service
  - Secondary claim submission within 60 days from the date of remittance from a primary payer.
  - Corrected claims or requests for review are considered if information is received within the 180-day follow-up period from the date on the Highmark Health Options initial remittance advice.
- COB Claim Submissions
  - All members with primary insurance to Medicaid must submit the claims with the adjudication date field populated to process through the system for timely filing.
  - If primary adjudication date is blank and the member has primary insurance the claims may reject regardless of EOB being present.
  - Claim must be submitted within 60 days of the primary adjudication date.

Key Points

- Appeals
  - An appeal is a request for a review of an adverse benefit determination.
    - Fax appeals to 1-833-841-8073
- Claim Disputes
  - Any claim that has been submitted but does not appear on a remittance advice within 60 days following submission should be researched by the provider.
    - Fax claim disputes at 833-202-9390.
    - Call 844-325-6251 (Mon.-Fri., 8 a.m. to 5 p.m.)
    - Mail: Highmark Health Options

      Attn: Claims Review

      P.O. Box 890402

      Camp Hill, PA 17089-0402

- Provider Updates and Announcements
  - Provider Updates and Notices
  - Provider Announcements
- Atlas:
  - Continues to conduct quarterly outreach to verify provider data on our behalf.
  - PrimeHub: https://hub.primeatlas.com/Login#Register

Medical Record Requests

- For telehealth/virtual visits, the member's verbal consent must be documented in the member's medical record.
- Highmark Health Options may request copies of medical records from the provider.
- If Highmark Health Options requests medical records, the provider must provide copies of those records at no cost to Highmark Health Options.
- Due to the sensitive nature of the inquiry, it is imperative Highmark Health Options receives a timely response to our request.

Medical Record Requests, Cont.

- A member, or a member's authorized representative, shall have access to view and receive copies of the medical record or request medical records be transferred to a new PCP upon written request.
- Members are entitled to one free copy of their medical records.
- The fee for additional copies should not exceed the costs of time and materials used to compile, copy, and furnish such records.
- Request should be available or transferred within 10 calendar days of the written request and follow the specific procedures of the provider.

ADA Accessibility

- Accessible Office, Parking, Entry
- Accessible Exam Rooms
  - A clear floor space, 30" x 48" minimum, adjacent to the exam table and adjoining accessible route make it possible to do a side transfer.
  - Adjustable height accessible exam table lowers for transfers.
  - Accessible entry door has 32" minimum clear opening width with door open 90 degrees.
- Accessible Medical Equipment
  - Transfer boards
  - Patient lifts
  - Staff able to transfer safely
- Large Print Materials
- Telecommunication Devices

Culturally Competent Care

- Recognizing cultural and language differences in patients can improve their quality of life.
- Creates a collaborative and trusting patient-provider relationship to:
  - Improve health care outcomes.
  - Reduce health care access gaps.
- The following resources can help build cultural competency and foster improved understanding and communication:
  - Culturally Competent Care Training Program Coming Soon!
  - More educational resources on HHO website:
    - Assessments
    - Communications tools

Top 5 Claim Denials

Coordination of Benefits

According to TPL records member has Medicare primary for DOS and no EOB submitted.

Duplicate Claim

Be sure to use corrected claim indicators when resubmitting claims to avoid duplicate denials.

Non-Compensable

Spike in this code is due to services being billed with telehealth POS that are not telehealth eligible. Please be sure to reference the Telehealth policy and code appendix list of HHO website.

Invalid Diagnosis

This is an edit for Excludes1 logic. According to our policy, providers are required to bill in accordance with the Excludes1 rules based on the ICD-10-CM Official Guidelines for Coding and Reporting. There is a payment policy on HHO website for reference.

Enrollment

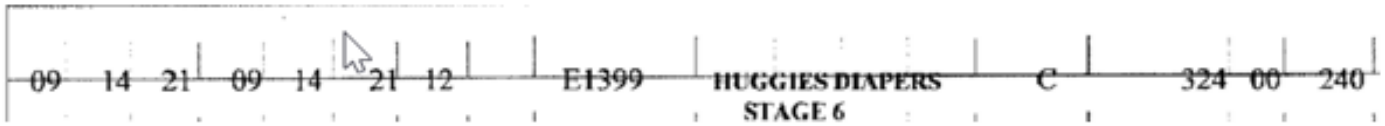
Claim received and member does not have active coverage for DOS billed.

Paper Claim Issues

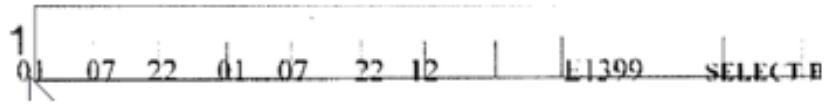
- Most common issues relating to the paper forms being completed:
  - misaligned information
  - poor Ink exposure

When the middle of the E is not filled out the system reads it as DC, which causes a “please submit to the local plan rejection”

Data is keyed on the line instead of in the appropriate boxes. This can cause any number of errors depending on how the system reads, for example, 1’s read as t’s



This image everything is shifted far over to the left, causing multiple issues such as wrong place of service being chosen



Submitting Authorization Requests

Phone

- Call Utilization Management at 1-844-325-6251, Monday–Friday, 8 a.m.–5 p.m.

Fax

- See grid for health care services requiring an authorization.

Health Care Services	Fax Numbers
Home Health Visits (Post Acute &/or ongoing)	855-451-6667
Abortion/Sterilization	855-412-7996
Inpatient (Acute & Post-Acute) & NICU	855-451-6670
Durable Medical Equipment (DME)	855-451-6663
Maternity & PAR Elective Surgery	855-451-6671
Outpatient Therapy	855-451-6664
Hospice and Out of Network (OON) Elective Surgeries &/or Procedures	855-451-6665
Behavioral Health	855-412-7997
Private Duty Nursing	855-445-4239

Authorization Requests

- Services performed without prior authorization may not be reimbursed for the type of health care services listed, and you may not seek reimbursement from Highmark Health Options members. Authorizations can be submitted by phone or fax.
- An authorization is not a guarantee of payment

Office Standards: PCP and Specialists

Appointment Type	Example	Standard
Emergency Care	High temperature, persistent vomiting or diarrhea, or other sudden or severe onset of symptoms that do not require emergency room services.	Available same-day. Emergency services available 24/7.
Urgent Care	Persistent rash, recurring high-grade temp., non-specific pain, fever	Within 2 calendar days.
Routine Care	Treatment of chronic conditions	Within 21 days.

Additional Office Standards
Wait time in Waiting Room for Routine Care
Providers will not make a patient wait longer than 1 hour.
Office visits can be delayed when a provider prioritizes urgent cases. If a provider is delayed, patients must be notified ASAP. If 90+ min. wait, patient must be offered a new appointment.

Office Standards: Prenatal Care

Appointment Type	Example	Standard
First Trimester Visit	Initial visit.	Within 3 weeks.
Second Trimester Visit	Initial visit.	Within 7 calendar days.
Third Trimester Visit	Initial visit.	Within 3 calendar days.
High Risk Pregnancy	Initial visit.	Within 3 calendar days.

Emergency services available 24/7.

Office Standards: LTSS

Appointment Type	Standard
Minor Home Modification	No more than 60 calendar days
Home Delivered Meals	No more than 10 calendar days
Personal Care Attendant Services for New Members	No more than 10 calendar days
Personal Care Attendant Services for Members Currently Placed in a Nursing Facility and Transition to the Community	Immediately Upon Authorization

Office Standards: Behavioral Health

Appointment Type	Example	Standard
Non-life threatening Emergency Care	Drug-induced involuntary muscle spasms, hypomania, intrusive thoughts.	Within 6 hours.
Immediate life-threatening Emergency Care	Immediate request for BH. Self harm, suicidal ideation. Includes mobile response teams.	Within 1 hour. Emergency services available 24/7.
Urgent Care	Acute major depression, panic disorder.	Within 24 hours.
Initial Visit for Routine Care	Outpatient, initial assessments, discharged from inpatient setting to community placement.	Within 7 calendar days.
Non-emergent or Follow-up Routine Care	Stress, general anxiety disorder.	Within 3 weeks.
Follow-up appointment after discharge from inpatient, residential, or BH emergency condition		Within 2 business days

Your First Line of Communication

1-844-325-6251, 8 a.m.–5 p.m.,
Monday through Friday.
Message directly through NaviNet
or email
hho-depsresearch2@highmark.com

Provider Services

Helps our providers with various routine inquiries, including:

- Benefits coverage information
- Member eligibility and demographic information
- Claims status
- Medical and Payment Policies
- Payment Rates

Provider Services

Supports you through:

- Investigative research and triage.
- Claims and authorization issue resolution.
- Follow up and communication on all systemic issues.

Provider Education

Provider Relations

- Provider Manual
- Cultural Competency
- Access Standards
- Appropriate referral for mental health/D&A/substance abuse services
- Provider Surveys
- HHO Structure (i.e EPSDT, Risk, Provider Services)
- Fraud Waste and Abuse
- ADA Accessibility
- EFT/ERA Requirements
- Credentialing Process
- Quality Initiatives

Provider Relations

Provider Training

- Navinet
  - Enhanced Provider Features
- Claims process
- HHO Website
- Provider Set-up/Atlas
- State Mandates
- Appeals and Grievances
- New Programs (i.e.Value Based)

Provider Relations

Additional Responsibilities

- Provider Complaints
- Provider Satisfaction Survey
- Appointment Audits/ Access & Accessibility
- Regulatory Reporting

Outside of PR's Scope

- Credentialing
- Contracting
- Cotiviti Denials
- Navinet Password Resets
- Enrolling in EFT
- Document Submission
- Authorizations
- Demographic Updates
- Non-Par Providers

Medication Information for Providers

Go to hho.fyi/meds for:

- Finding medications requiring prior authorizations.
- Downloading the General Drug Exception Form (Prior Auth Form).
- Faxing the prior authorization forms.
- Searching prior authorization criteria by type.
- Using the drug formulary database.

Extras from Highmark Health Options

- Caregiver Support Programs and annual Caregiver Forum
- Diabetes prevention program
- Digital bathroom scale
- Eyeglasses and contacts lenses for adults*
- GED preparation and testing support
- Home recovery program through integrated care coordination for members with substance use disorder
- Immunization reminders for adults and children
- LEAN Healthy Weight Program
- Hearing aids for adults**
- Health Library on website with online medical information available 24/7

*Highmark Health Options continues to cover routine eye exams, eyeglasses, and contact lenses for children age 20 and younger.

** Highmark Health Options continues to cover hearing aids for children age 20 and younger.

Extras from Highmark Health Options

- Healthy Rewards Program for completing healthy activities
- Healthy Transitions home-delivered meals
- Mammogram scheduling for women age 40 and over
- Maternity Program
  - Childbirth classes
  - Diaper essentials kit
  - Rewards for attending prenatal exams
  - Pacify app membership
- Mobile health screenings (funded through BluePrints program) in Sussex County that would also provide assistance with transition to PCP office visits
- Mobile mammography vans

Extras from Highmark Health Options

- Peer-to-Peer initiatives to support members transitioning from nursing facilities to the community
- Remote blood pressure monitoring
- Smoking cessation support
- Support community organization youth and young adult employment efforts such as Network Connect, Pathways to Employment, and Easter Seals
- Telehealth (HHO on the Go) for urgent care, therapy, and psychiatry
- Transportation service for rides to the pharmacy, grocery store, community events, health and wellness activities, and more.*
- Volunteer Service Program to foster supportive and resilient communities
- Work with community agencies to create drop-in centers for young adults aging out of foster care

* The Delaware Medical Assistance Card covers nonemergency medical transportation services

Contacting Provider Networks

HIGHMARK HEALTH OPTIONS

Provider Networks

Taunja McCoy
Director of Provider Experience
Taunja.McCoy@highmark.com

Christina Hales
Provider Account Liaison
PCP, Specialists, and LTSS
New Castle County
Christina.Hales@highmark.com
302-421-2542

Sarah Pearson
Provider Account Liaison
PCP, Specialists, and LTSS – Kent and Sussex Counties
Sarah.Pearson@highmark.com
302-421-8751

Paula Victoria
Manager, Provider Relations
Paula.Victoria@highmark.com
302-502-4083

Jerica Garcia
Provider Account Liaison
DCSN/Chiropractors, Therapies, Pain Management, and
Behavioral Health
All Counties
Jerica.Garcia@highmark.com
302-416-7599

Jessica Crum
Provider Complaints (excludes claims)
HHO-ProviderComplaints@highmark.com
Phone: 844-228-1364
Fax: 844-221-1569

Desiree Charest
Strategic Provider Account Liaison
Hospitals, FQHCs, Walk-ins, ASCs, and ACOs
Desiree.Charest@highmark.com
302-217-7991

Vacant
Provider Account Liaison
Ancillary, DME, and Home Health
All Counties
844-325-6251

Provider Contracting

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Terri.Krysiak@highmark.com
302-502-4054

More Helpful Resources

- Highmark Health Options – highmarkhealthoptions.com
- Highmark Provider Resource Center – hdebcbs.highmarkprc.com
- Community Support – hmhealthoptions.findhelp.com
- Prior Authorizations for Cardiology and Radiology – evicore.com
- Member Advocates
  - Phone: 1-855-430-9852
  - Email: hho-dememberadvocate@highmark.com

Questions

HIGHMARK HEALTH OPTIONS