

We have a new look.

We've updated the way the newsletter looks.

Other info you get from us will have a new look, too.



Quarterly Update for Providers

Spring 2021

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Services and support – for the long-term.

Partnering with your patient's case management team.

All members in Highmark Health Options Long-Term Services and Supports program are assigned to a case manager who assists them in achieving health care goals, obtaining community resources, and authorizing services that are part of their benefit package. Case managers are required to collaborate with all service providers and include physician recommendations on their members' plan of care. The plan of care includes all services that the member is receiving, regardless of payer source, and health care goals.



Keep parents on-track with child well-care visits.

Schedule well-child and catch-up vaccination visits.

Increased screening and monitoring for children in underserved communities are important during the COVID-19 pandemic. The number of well-care visits for children has dropped considerably during the pandemic. These missed appointments have delayed essential pediatric health interventions, such as vaccinations and important tests, including screenings for anemia and lead.

Schedule catch-up vaccination visits as soon as possible. Advise parents to keep all regular well-child visits and have these visits in person whenever possible. These crucial appointments give families useful information about diet, safety, and how to find available resources to meet children's needs. In addition, well-child visits provide the opportunity to discuss a child's mental health; the emotional toll of the pandemic has not spared children.



A note about medical record requests.

Medical records are needed within five business days from request. Medical Record Review Requests are sent when we receive a grievance against a facility. It is essential that we receive medical records in a timely and accurate manner to complete our investigation in the allotted 25-day time period.

If you refer to the [Provider Manual](#), page 129, you will find this statement: “The provider must provide access to any medical, financial, or administrative records related to the services provided to our members.”

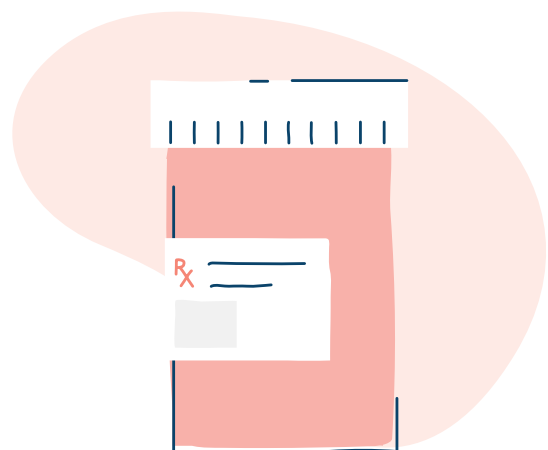
The grievance case must be completed even if the medical records are not received. The Medical Director will review the case without medical records and will assign your facility a provisional harm score. These Agency for Healthcare Research and Quality (AHRQ) harm levels are reported to Highmark Health Options Provider Information Management and may affect your credentialing process.

Reminder: Some medications require prior authorization.

Highmark Health Options has implemented a prior authorization process for a subset of medications. This authorization requirement applies to all Highmark Health Options members; failure to obtain an authorization for these medications will result in a claim denial. Click [Specific Medications Require Prior Authorization Reminder](#) to view the most recent communication and [Medication Information](#) to view the most current list of impacted medications.

Important changes:

- The following medications/HCP codes no longer require authorization:
 - Biosimilar products
 - Oncology agents, with the exception of reference products that require a trial of the biosimilar agent when clinically appropriate
 - Avastin (J9035), Neupogen (J1442), Neulasta (J2505), Remicade (J1745), Rituxan (J9312), Herceptin (J9355)
- New authorization requirements as of **May 1, 2021**:
 - Dysport *abobotulinumtoxinA* (J0586)
 - Eloctate *antihemophilic factor (recombinant), Fc fusion protein* (J7205)
 - Alphanate/VWF Complex/Human *antihemophilic Factor, Human/Von Willebrand Factor, Human* (J7186)
 - Celestone Soluspan *betamethasone acetate/betamethasone sodium phosphate* (J0702)
 - Xiaflex *collagenase, clostridium histolyticum* (J0775)
 - Adakveo *crizanlizumab-tmca* (J0791)
 - Prolia; Xgeva *denosumab* (J0897)
 - Testopel *testosterone pellet* (S0189)



Programs that meet our members' needs.

Highmark Health Options Lifestyle Management/Wellness Programs are offered at no cost to members with chronic illnesses like asthma, COPD, diabetes, and heart disease. And there are programs especially for expecting moms and people who want to lose weight.

We work with members and their health care team to help them understand and manage their condition. Our goal is to empower members to feel their best by providing them with the help and resources they need to manage their condition.

Healthy Weight Management Program

Members will:

- Learn simple ways to take care of their health.
- Learn how to control and manage their weight with better choices, such as diet and activity.
- Help identify tools they need for optimal health and nutrition.
- Learn how smart choices may prevent other health problems, such as high blood pressure or diabetes.
- Learn if they're able to participate in our Diabetes Prevention Program (18 and older), which includes our partnership with the [YMCA of Delaware](#).

Asthma Program

Members will:

- Learn the difference between a long-term asthma controller medicine and a rescue inhaler.
- Identify asthma triggers.
- Understand how an Asthma Action Plan can help make good choices.
- Understand the long-lasting effects of uncontrolled asthma.



Chronic Obstructive Pulmonary Disease (COPD) Program

Members will:

- Learn how diet and exercise can help them breathe easier.
- Identify which inhalers to use and how to use them correctly.
- Understand the warning signs of a flare-up so it can be caught and controlled early.
- Understand how to use oxygen safely.

Maternity Program

Members will:

- Learn how to be healthy moms and have healthy babies.
- Understand the importance of a healthy diet and prenatal vitamins.
- Learn what symptoms that require immediate medical attention.
- Understand the importance of seeing your doctor after your baby is born.

Cardiac Program

Members will:

- Learn how small changes in diet and activity can go a long way.
- Find out how to prevent a cardiac (heart) condition from getting worse.
- Understand the importance of medications and how to take them.
- Understand how uncontrolled blood pressure may lead to heart disease.



Diabetes Program

Members will:

- Learn how to prevent diabetic complications by keeping blood sugar under control.
 - Identify and complete the necessary tests needed to be “in control.”
 - Understand what is normal, what is not, and when to call the doctor.
 - Understand how uncontrolled diabetes may lead to heart disease.
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Address update: Where to send Provider Self-Audits.

Effective immediately, the Provider Self-Audit mailing address is:

Highmark Health Options
Attention: Payment Integrity Department
120 Fifth Ave., 5th Floor
Pittsburgh, PA 15222
Mail code: FAPHM-052C

The Provider Self-Audit form can be sent with supporting documentation electronically to ProviderSelfAudits@highmark.com.

To download the form, visit <https://bit.ly/3ekwDGx>.

Useful information and tools for you.



Atlas Systems Inc. continues to conduct quarterly outreach to verify provider data on our behalf.

Cultural Competency: Highmark Health Options has assembled a list of resources and tools to assist you in providing care that is sensitive to the cultural and linguistic differences of your patients; visit the [Provider Cultural Toolkit](#).

NaviNet: Use this tool to file claim disputes, check member eligibility, update demographics, request/check authorizations, obtain EOB/remittances, and check claim status inquiry.

Provider Services is the first line of communication for provider questions and inquiries. Provider Services is available Monday through Friday, 8 a.m. to 5 p.m., and can be reached by:

- Telephone: 1-844-325-6251
- Navinet
- Email: hho-depsresearch2@highmark.com

Taxonomy is required on all claim submissions. Highmark Health Options requires that credentialed taxonomy be included for all billing, rendering/performing, and attending providers on an inbound claim.

Website: Visit the [HHO website](#) for resources and announcements.



The HEDIS[®] medical record season is underway.

Highmark Health Options has partnered with PalmQuest to perform Healthcare Effectiveness Data and Information Set (HEDIS) medical record retrieval on our behalf. PalmQuest adheres to the requirements defined and covered by the Health Insurance Portability and Accountability Act (HIPAA) and will treat your patients' PHI with the highest level of protection and confidentiality.

The HEDIS medical record review is currently in progress; you may have already received a request to submit medical records.

As outlined in your Participating Provider Agreement with HHO, you are required to respond to requests for medical records in support of all state and regulatory-required activities, including the annual HEDIS medical record review project, within the requested time frame at no cost to HHO or its members.

If you have any questions or concerns about this process, contact ClinicalQuality@highmark.com.



Coding Corner:

When to use KX modifier.

Highmark Health Options follows the CMS Local Coverage Determinations (LCD) when the state of Delaware is silent on DMEPOS billing guidelines. HHO requires the use of the modifier KX on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) claims to demonstrate that requirements of coverage have been met.

The KX modifier is required on the following DMEPOS claims:

- Ankle-Foot/Knee-Ankle-Foot Orthosis
- Automatic External Defibrillators
- Cervical Traction Devices
- Commodes
- External Infusion Pumps
- Glucose Monitors
- High Frequency Chest Wall Oscillation Devices
- Hospital Beds and Accessories
- Immunosuppressive Drugs
- Knee Orthoses
- Manual Wheelchair Bases
- Nebulizers
- Negative Pressure Wound Therapy Pumps
- Oral Antiemetic Drugs
- Orthopedic Footwear
- Patient Lifts
- Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (Formerly CPAP)
- Power Mobility Devices
- Pressure Reducing Support Surfaces - Group 1
- Pressure Reducing Support Surfaces - Group 2
- Pressure Reducing Support Surfaces - Group 3
- Refractive Lenses
- Respiratory Assist Devices
- Speech Generating Devices
- Therapeutic Shoes for Persons with Diabetes
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Urological Supplies
- Walkers
- Wheelchair Options/Accessories
- Wheelchair Seating

References

American Medical Association, Current Procedural Terminology (CPT)

Noridian DME Jurisdiction A; Active LCDs



Helping us do better: It's patient experience survey season.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey collects information from members about their experiences with their providers and health care services. CAHPS is an important tool to advance scientific understanding of members' experiences by revealing their thoughts about their health plan and care from their doctors, provider practices, and other health care facilities.

How can the CAHPS survey help improve patient experience?

The results of the CAHPS survey are used to improve the delivery of services, identify opportunities to provide better clinical care, and elevate the standards of patient-provider relationships.

When is the CAHPS survey conducted?

Members are surveyed during March and April. Results will be available by late summer, and the fall edition of the Quarterly Update for Providers will include highlights of the survey results.

Our network of contacts.

Provider Relations

Desiree Charest
Sussex County and the City of
Milford
Provider Account Liaison
**includes servicing of LTSS Providers*
302-217-7991

Michael Stewart
All Counties
Provider Account Liaison
Ancillary Strategy
302-416-7677

Samantha Jenkins-Witt
All Counties
Provider Account Liaison for
Hospitals and
Ambulatory Surgery Centers
302-535-3221

Chandra Freeman
Kent County and City of Newark
Provider Account Liaison
**includes servicing of LTSS Providers*
302-502-4067

Christina Hales
New Castle County
Provider Account Liaison
**includes servicing of LTSS Providers*
302-421-2542

Tracy Sprague
Provider Account Liaison/Provider
Complaints
302-502-4120

Paula Victoria
Manager, Provider Relations,
LTSS
302-502-4083

Provider Contracting

Kia Knox
Senior Provider Contract Analyst
Kia.Knox@highmark.com
302-502-4041

Paula Brimmage
Senior Provider Contract Analyst
Paula.Brimmage@highmark.com
302-433-7709

Terri Krysiak
Provider Contract Analyst/PR
Representative, Behavioral Health
Terri.Krysiak@highmark.com
302-502-4054

Melanie Anderson
Director, Provider Networks
Melanie.Anderson@highmark.com
302-502-4072

Provider Complaints

(not claims related)

Email: HHO-ProviderComplaints@highmark.com
Phone: 844-228-1364
Fax: 844-221-1569



Statement of Members' Rights and Responsibilities.

The organization's member rights and responsibilities statement specifies that members have:

1. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and their right to privacy.
3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy.
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

