HIGHMARK Delaware
HEALTH OPTIONS

April 2018

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Program and Clinical Updates

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If you believe you received patient information from Highmark Health Options in error, please contact the Corporate Compliance and Privacy Team at privacyteam@gatewayhealthplan.com.

Important Phone Numbers

Elder Abuse: Serious and Under-Reported

Elder abuse is a major public health issue, and it is important that health care providers recognize the signs and symptoms.

The Centers for Disease Control and Prevention (CDC) defines elder abuse as "an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult" (age 60 and older). Elder abuse includes physical abuse, sexual abuse, emotional/psychological abuse, financial abuse or exploitation, and neglect or self-neglect.

One out of every 10 older adults (5 million per year) residing at home experiences elder abuse. For every case that is reported, approximately 23 cases remain undiscovered.[1]

Elders who have been abused have a 300 percent higher risk of death[2] than those who have not been mistreated. According to the National Council on Aging, financial abuse and fraud are self-reported at a higher rate than emotional, physical, and sexual abuse or neglect, and it costs older Americans over $36.5 billion per year. In almost 90 percent of the cases, the abuser is a family member. Two-thirds are adult children or spouses.

Risk factors among caregivers include:

- Mental illness or drug and alcohol use
- Poor or inadequate training or preparation of caregiver
- Inadequate coping skills
- Becoming a caregiver at a young age
- Being abused as children

There is also a higher risk of abuse if the elder has a poor social support system or the individuals in the home are emotionally and financially dependent upon the elder.

Signs and symptoms of physical or psychological elder abuse are frequent unexplained injuries, multiple bruises, pressure sores, broken bones, and multiple somatic complaints, including pain. Other potential red flags are signs of poor nutrition and dehydration, increased susceptibility to new illness, exacerbation of chronic conditions, sleep disturbance, increased anxiety and fear (especially in the presence of the caregiver), and learned helplessness.

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Elder Abuse: Serious and Under-Reported, continued

Increased care coordination, including strong relationships with people of varying social status, and increased community awareness may help protect an elder from abuse.

Residential institutions need to develop effective monitoring systems that include solid policies and procedures for patient care. Regular training for staff and caregivers on elder abuse and neglect - as well as education on durable power of attorney and advanced directives - is important to create awareness. Regular visits by family members, volunteers, and social workers should be encouraged and accommodated.

If an older adult is in immediate, life-threatening danger, call 911.

Anyone who suspects that an older adult is being mistreated should contact the local Adult Protective Services office, Long-Term Care Ombudsman, or police. Additional information on local resources is available on the Eldercare Locator online or by calling 1-800-677-1116 (Monday through Friday, 9:00 a.m. to 8:00 p.m. EST).

Resources to call or contact:

o **National**

- Eldercare Locator
- CDC's Elder Abuse Prevention
- National Center on Elder Abuse
- National Institute on Aging
- National Institute of Justice

o **Local**

- Delaware Division of Services for Aging and Adults with Physical Disabilities
  Email: delawareADRC@state.de.us; Phone: 1-800-223-9074
- Delaware Long Term Care Ombudsman Program
  Email: delawareADRC@state.de.us; Phone: 1-800-223-9074
- Delaware Adult Protective Services
  Email: delawareADRC@state.de.us; Phone: 1-800-223-9074

Sources

1. Hernandez, et al. Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *Am J Public Health*. 2010; 100(2): 292-297
2. Dong, et al. Elder Self-Neglect and Abuse and Mortality Risk in a Community-Dwelling Population. *JAMA* 2009, August S; 302 (5) p.517-526

Privacy Notice

Highmark Health Options makes protecting the privacy and security of member health information a priority!

Highmark Health Options understands that there are times when we need to share information with health care professionals to enable proper care, timely payment, and reimbursement.

Understand that in some instances, HIPAA guidelines do permit health care providers to use or give out member medical information without the need for written authorization from the member. A few examples include:

- For public health activities (such as disclosing an outbreak)
- Student immunization records (can be released to the school when required by law or if written or oral agreement is documented)
- Release of a deceased member's personal health information (PHI) to coroners, medical examiners, funeral directors and for organ donations
- For judicial proceedings (such as court orders)

When a request is received for another purpose, Highmark Health Options will provide PHI in situations when the member has given authorization or consent to release information to the requesting party. In the event the member does not give authorization or consent to release their information, we will follow the parameters defined in 45 CFR 164.512 (Uses and disclosures for which an authorization or opportunity to agree or object is not required), to determine if the information can be released.

Highmark Health Options employees are trained to avoid inappropriate disclosures and to provide minimum necessary information when responding to inquiries.

To learn more about how Highmark Health Options uses or discloses member information or to view our "Privacy Statement," please visit us online at www.highmarkhealthoptions.com. To request a paper copy of Highmark Health Options "Privacy Statement," please call Member Services at 1-844-325-6251.

Highmark Health Options takes great pride in protecting member information and looks forward to working with providers to manage our members' health care needs.

April is National Minority Health Month. It is a good time to reflect and raise awareness of the health disparities that affect minorities. According to the CDC, although health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities. Some health disparity examples include: Hispanics have higher death rates than non-Hispanic whites from diabetes and chronic liver diseases[1], and, HIV death rates are highest among the black population[2].

The CDC does important work in identifying and addressing factors that lead to health disparities among racial, ethnic, geographic, socioeconomic, and other groups so that barriers to health equity can be removed. Visit www.cdc.gov/minorityhealth to learn about the importance of minority health in determining the health of the nation.

How can you help? Please visit your NaviNet provider website and take a moment to report on your ethnicity. Members sometimes ask for providers with certain ethnic backgrounds, and by you completing your profile we are better equipped to fulfill requests.

Together we can work to reduce health disparities in order to bring us closer to reaching health equity!

Sources

[1] CDC. “Hispanics’ Health in the United States,” www.cdc.gov; May 5, 2015.
[2] CDC. NCHS. “*Health, United States, 2016”;* May 2017.

Member Satisfaction with Behavioral Health Services

Every year, Highmark Health Options (HHO) conducts a member satisfaction survey that is specific to behavioral health. The Experience of Care and Health Outcomes (ECHO) survey, developed by the Agency for Healthcare Research and Quality, asks adult members and parents of child members to assess their experience with behavioral health services.

Overall, HHO performed well on the ECHO surveys. When compared to other health plans, HHO members that took the adult survey indicated that they were able to get treatment more quickly and that they were better informed about treatment options. However, when asked questions related to how well clinicians communicate, HHO members were not as satisfied. Between 15% and 20% of members felt that clinicians did not explain things in a way that was easy to understand, that clinicians did not spend enough time with them, and that they were not as involved in their counseling or treatment decisions as they would have liked.

Tips for Providers:

- Take a deep breath: Patients with behavioral health problems are not usually at their best if they are paying you a visit. Try deep breathing to relax before a conversation, and take deep breaths to calm down if the discussion turns difficult.
- Always acknowledge your patient: Avoid talking about your patient with others as if they're not in the room. Bring them into the conversation so that they can be involved as well.
- Make eye contact: Patients with behavioral health problems are very sensitive to rejection or judgment. Avoid looking at your computer screen until later in the visit and then explain in advance that you need to enter some information into the computerized record.
- Treat the patient as an adult and behave as a facilitator: Try asking instead of telling, or inquiring about what might be a goal to accomplish before a follow-up visit to engage them in the change process.
- Be responsive: When your patient wants to talk, listen, and pay attention to nonverbal cues.
- Listen: Carefully listen to what your patient is saying instead of quickly moving on to the next topic.
- Avoid arguing: Remember that your patient's needs are the primary concern, and instead of arguing, focus on meeting needs.
- Acknowledge feelings: Although it may be uncomfortable, it's important that you acknowledge the feelings of your patient so that they have someone to talk to and don't feel marginalized.
- Pay attention to behavior: Consider whether your patient's words and behavior seem to match, or if they have something else they'd really like to say.
- Be friendly: Laugh and use humor whenever it's appropriate to relieve tension and enjoy conversing with each other.
- Ask questions: Don't assume you understand everything your patient is saying, ask questions until you have a clear picture.

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Member Satisfaction with Behavioral Health Services, continued

HHO also found that nearly one in five parents of children and teens undergoing behavioral health treatment were not satisfied with the care they received. In addition, nearly two of five parents were dissatisfied with the outcomes of treatment or therapy. This is consistent with many studies showing that high percentages of mental health therapy services provided to youth and their families are not shown through controlled studies to be effective. To help child patients achieve the best possible outcomes, HHO has recognized the following opportunities to improve each patient's experience:

- Any intervention should be **evidence-based** and tailored to the diagnosis. Avoid offering or referring to providers who offer the same treatment (for example, play therapy) for every patient regardless of the diagnosis.

- A written plan of care referencing the evidence base for the recommended treatment should be provided to the referring provider and parent(s).

- Any therapy services provided to youth should always include collateral parent training or family therapy. Studies show that youth with emotional and behavior problems make much better progress when their families are engaged in the treatment process (Epstein, et al., 2015). Therapy providers uncomfortable with family or parent therapy should work collaboratively with a colleague who is comfortable or else refer the case accordingly.

- Medications, without therapy, are not as effective in treating youth with behavioral health problems. Many studies show the superiority of a combination of medication and therapy in some situations such as teen depression (March, et al., 2007), while showing the superiority of parent training therapy over medication for other conditions such as Oppositional Defiant Disorder (Hamilton, et al., 2008).

References

Epstein, R., Fonnesbeck, C., Potter, S., Rizzone, K., & McPheeters, M. (2015). Psychosocial Interventions for Child Disruptive Behaviors: A Meta-analysis. *PEDIATRICS,136*(5), 947-960. doi: 10.1542/peds.2015-2577

Hamilton, S., & Armando, J. (2008). Oppositional Defiant Disorder. *Am Fam Physician,78*(7), 861-866. Retrieved March 20, 2018, from https://www.aafp.org/afp/2008/1001/p861.html.

March, J., Silva, S., Petrycki, S., Curry, J., Wells, K., Fairbank, J., . . . Severe, J. (2007). The Treatment for Adolescents with Depression Study (TADS): Long-term effectiveness and safety outcomes. *Arch Gen Psychiatry,64*(10), 1132-1143. doi:10.1001/archpsyc.64.10.1132

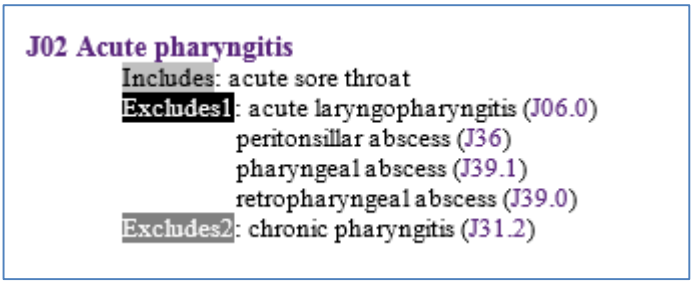
Coding Corner: Excludes Notes

Highmark Health Options follows all coding conventions, including the ICD-10-CM Official Guidelines and Reporting. The ICD-10-CM has two types of Excludes notes. Each type of note has a different definition for use, but they are all similar in the manner that they indicate that codes excluded from each other are independent of one another.

Excludes 1: A type 1 Excludes note is a pure excludes note, meaning "Not Coded Here!" An Excludes 1 note indicates that the code excluded should ***never*** be used at the same time as the code above the Excludes 1 note.

Excludes 2: A type 2 Excludes note represents "Not included here." An Excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

Example (as seen in the ICD-10 manual):


J02 Acute pharyngitis
Includes: acute sore throat
Excludes1: acute laryngopharyngitis (J06.0)
peritonsillar abscess (J36)
pharyngeal abscess (J39.1)
retropharyngeal abscess (J39.0)
Excludes2: chronic pharyngitis (J31.2)

For more information please refer to the following guidance:

ICD-10-CM Official Guidelines for Coding and Reporting, FY 2018
https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf2

Opioid Disposal Recommendations

Nicole K. Modany, PharmD Candidate 2018

Having extra medications lying around the house can be very dangerous, especially in the time of the opioid epidemic from which America is currently suffering. In 2016, more than 46 people died every day from overdosing on prescription opioids[1]. Almost 2 million Americans were abusing and dependent on prescription opioids in 2014[1].

A child can find and accidentally take these medications which can end up harming the child. Medications can also be stolen or misused by someone for whom they are not prescribed. Proper disposal of unused and unwanted medications can help to prevent these problems. Some pharmacies offer a disposal system that is dispensed with high-risk opioid medication fills. Other pharmacies host drug take back days and some sell disposal systems for a low price. Many police stations and hospitals also offer drug disposal at any time. You can help by advising patients to contact their local pharmacies, law enforcement offices or hospitals to see what options are available to them. When prescribing opioids, be aware of the disposal systems offered in your areas and provide patients with this information when giving them a prescription.

Patients can also dispose of medications in their own home! The food and drug administration (FDA) suggests disposing of unwanted medications in an unattractive material such as used coffee grounds, cat litter or household dirt. Providing patients with proper home disposal instructions can also help deter opioid prescription diversion.

To do this, the patient should first remove the medication from the prescription bottle or packaging. Place the unwanted medication into the material so that it is completely covered. Put this mixture into a sealable container such as a zip lock bag, and dispose in the garbage. When throwing away prescription bottles or packaging, be sure to advise the patient to take a dark pen or marker and cover all of their personal information in case the packaging were to get lost during garbage pick-up.

1. https://www.cdc.gov/drugoverdose/data/overdose.html

Provider Network Contacts

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Member Correspondence	Highmark Health Options – Member Mail P.O. Box 22188 Pittsburgh, PA 15222-0188
Provider Correspondence	Highmark Health Options – Provider Mail P.O. Box 22218 Pittsburgh, PA 15222-0188

Department	Contact Number	Hours
Provider Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.
Member Services	1-844-325-6251	Mon. – Fri. 8 a.m. to 8 p.m.
Member Services (DSHP Plus)	1-855-401-8251	Mon. – Fri. 8 a.m. to 8 p.m.
Authorizations	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (24/7 secure voicemail for inpatient admissions notification)
Care Management/Long Term Services and Supports (LTSS)	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (after hours support accessible through the Nurse Line)
Member Eligibility Check (IVR)	1-844-325-6161	24/7
Behavioral Health	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m.