HIGHMARK Delaware HEALTH OPTIONS

April 2019

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Provider and Clinical Updates

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

Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association

Coding Corner: 2019 CPT Changes for PEG Tube Replacement

Prior to 2019, there was only one CPT code for changing of a **Percutaneous Endoscopic Gastrostomy (PEG)** tube: **43760 -** Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance. This code has been deleted and replaced with two new codes, 43762 and 43763. You can now report whether the replacement required revision or not:

- **43762** – Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

- **43763** – Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract

Coding Tips:
- For percutaneous replacement of gastrostomy tube under fluoroscopic guidance, use 49450
- For endoscopically directed placement of gastrostomy tube, use 43246

REFRENCE

American Medical Association, *Current Procedural Terminology (CPT)*

PCP Portfolio Report

The Highmark Health Options Physician Portfolio Report is now ready for your review and can be accessed via the provider portal in NaviNet. The purpose of this Portfolio is to partner with you to improve the quality of care of our members through the sharing of information.

The Physician Portfolio Report consists of key utilization, pharmacy, and quality measures evaluating the quality of care and services provided to Highmark Health Options members. The Portfolio compares you to your peer group and identifies opportunities where Highmark Health Options and your practice can work together to improve the health care of our members. The Portfolio packet will contain a report of these key measures and a letter explaining any outlier findings.

Please note: The Physician Portfolio Report is not tied to any reimbursement or incentive and is designed exclusively to improve the quality and safety of care for our members.

Your Clinical Transformation Consultant (CTC) will be available to answer any questions you may have about your Portfolio. The email address for your CTC is:
DEProviderEngagement@highmarkhealthoptions.com

Behavioral Health Practitioners Appointment Notification

Appointment Type	Examples	Standard
Care for a non-life-threatening emergency	An Acute Dystonic Reaction to antipsychotic medication (drug-induced involuntary muscle spasms) Antidepressant-induced hypomania (drug-induced manic mood without functional impairment) Intrusive thoughts (significant, severe, distressing)	Within 6 hours
Care for Immediate-life threatening emergencies	Immediate requests for behavioral health practitioner services include potentially suicidal individuals and include mobile response teams.	Within 1 hour
Urgent care	Acute major depression and acute panic disorder.	Within 24 hours
Initial visit for routine care	Routine outpatient behavioral health services include requests for initial assessments, requests for members discharged from an inpatient setting to a community placement and requests for members seen in emergency rooms or by a behavioral health crisis provider for a behavioral health condition.	Within 7 calendar days
Non-emergent or Follow-up routine care	Ex. Marital problems, tensions at work and general anxiety disorder.	Within 3 weeks

All Behavioral Health Practitioners are responsible for providing 24 hour 7 day a week coverage for urgent or emergent care. Members should be instructed to call 911 or go directly to the emergency room in the case of a true emergency. In addition, there should be a provider on call to assist members in obtaining urgent or emergent care in a timely manner, following the guidelines outlined above.

Follow-Up After Hospitalization for Mental Illness

Highmark Health Options members should see an outpatient psychiatric or behavioral health specialist within 7 to 30 calendar days of discharge after hospitalization for mental illness. Proper follow-up care is associated with lower rates of pre-hospitalization and with a greater likelihood that gains made during hospitalization are retained. Hospitalization may stabilize individuals with acute behavioral conditions, but timely and appropriate continued care is needed to maintain and extend improvement outside of the hospital. The period immediately following discharge from inpatient care is recognized as a time of increased vulnerability. Ensuring continuity of care by increasing compliance to outpatient follow-up care helps detect early post-hospitalization medication problems and provides continuing support that improves treatment outcomes and reduces readmissions.

Coordinating Follow-up Care after Psychiatric Admissions

When members are admitted to the hospital for mental health needs, Highmark Health Options Behavioral Health is notified by the admitting hospital of the admission. A Highmark Health Options Single Point of Contact Care Coordination staff (SPOC) will then follow-up with the admitting hospital social work department, hospital, collaterals or providers, and as necessary, meet face to face with the member prior to discharge to develop a solid discharge plan.

Collaboration by Highmark Health Options Care Coordination

- SPOC will assist with setting up follow-up appointment with a mental health provider within 7 days of discharge.
- SPOC will refer member to Care Coordination for increased/ongoing follow-up care after hospitalization.
- SPOC will provide Medication Reconciliation to assure medications are on the Delaware Preferred Drug List (DPL).
- SPOC will coordinate Pharmacy delivery if appropriate.
- SPOC will coordinate transportation assistance when necessary.
- SPOC will identify and address any other potential barriers that may impact independence in the community.
- SPOC will provide member with discharge packet that includes community resources such as local food banks, community shelters, and other resources to ensure member has access to services post discharge.

Expected/Desired Outcomes

- Follow-up appointment with a mental health provider within 7 days of discharge.
- Increased/Ongoing follow-up care after hospitalization.
- Reduced readmissions and ER visits.

Tips for Providers and/or staff when talking to the member

Remember, when physicians and other providers recommend follow-up care, most patients comply. After a patient in your primary care practice is hospitalized for a behavioral health diagnosis, it is important to ask whether a follow-up behavioral health appointment is scheduled. If so, encourage the patient to schedule and keep that appointment. Encourage your patient that there is no stigma for having a mental health diagnosis and that consistent follow-up care is very important.

Treating Chronic Pain Without Opioids

Opioids should not be the first-line or routine therapy for chronic pain as they present serious risk, including overdose and opioid use disorder. The CDC guideline presents contextual evidence that both non-opioid medications and non-pharmacologic treatments are effective for chronic pain. Non-opioid medications are not generally associated with development of substance use disorder. The number of fatal overdoses associated with non-opioid medications is a fraction of those associated with opioid medications.

Non-opioid medications are also associated with certain risks, particularly in older patients, pregnant patients, and patients with certain comorbidities such as cardiovascular, renal, gastrointestinal, and liver disease.

Non-pharmacologic treatments can reduce pain and improve function in patients with chronic pain. These treatments can also encourage active patient participation in the care plan, address the effects of pain in the patient's life, and can result in sustained improvements in pain and function with minimal risks.

Non-opioid Medication Options

Analgesics

Acetaminophen

- **Treats:** Osteoarthritis, chronic lower back pain, migraine
- **Harms and risks:** Can be hepatotoxic at >3-4 grams/day and at lower dosages in patients with chronic alcohol use or liver disease
- **Other considerations:** May be less effective than treatment with Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Selective Cyclooxygenase-2 (COX-2) Selective Inhibitors and NSAIDs

- **Treats:** Localized osteoarthritis
- **Harms and risks:**
    - May cause gastrointestinal bleeding or perforation.
    - May increase renal risks with longer use or high dosage.
    - May increase risk of myocardial infarction or stroke with longer use or high dosage
- **Other considerations:**
    - NSAIDs and COX-2 inhibitors are effective for acute and chronic low back pain without sciatica, but have more adverse effects than acetaminophen

Treating Chronic Pain Without Opioids cont.

Non-opioid Medication Options

Medications	DE Medicaid	PA Criteria
Analgesics and Antipyretics		
Acetaminophen 325mg, 500mg, and ER 650mg	Preferred agent	
Nonsteroidal Anti-inflammatory Agents (NSAIDS)		
Celecoxib*	Preferred	*req a PA follow criteria
Ibuprofen	Preferred	
Indomethacin IR	Preferred	
Ketorolac	Preferred	
Meloxicam	Preferred	
Naproxen IR tablets	Preferred	
Sulindac	Preferred	

Select Anticonvulsants

- **Examples:** Pregabalin, gabapentin, and carbamazepine
- **Treats:**
  - Neuropathic pain, including diabetic neuropathy, post herpetic neuralgia, or fibromyalgia
- **Harms and risks:**
  - May cause sedation, dizziness, ataxia, or other side effects
- **Other considerations:**
  - Select anticonvulsants may have abuse potential

Non-Opioid Medications Coverage per Highmark Health Options		
Medications	**DE Medicaid**	**PA Criteria**
Neuromuscular, Anticonvulsants		
Gabapentin	Preferred	
Lyrica	Non-Preferred*	Req a PA follow criteria
Carbamazepine	Preferred	

Treating Chronic Pain Without Opioids cont.

Select Antidepressants

- **Examples:**
  - Tricyclics (TCAs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
- **Treats:**
  - Neuropathic pain (diabetic neuropathy, post herpetic neuralgia, or fibromyalgia), migraine
- **Harms and risks:**
  - TCAs are relatively contraindicated in severe cardiac disease, particularly in conduction disturbances
  - TCAs have anticholinergic properties
- **Other considerations:**
  - TCAs and SNRIs provide effective analgesia for neuropathic pain conditions including diabetic neuropathy and post herpetic neuralgia in patients with or without depression
  - SNRIs are often better tolerated than TCAs
  - Duloxetine is effective at reducing pain in diabetic peripheral neuropathy pain and fibromyalgia at 60 and 120 mg daily dosages
  - Start TCAs at lower dosages, titrate as needed and as tolerated
  - Some studies have demonstrated a moderate improvement in chronic low back pain with tricyclic or tetracyclic antidepressants
  - Consider dosing TCAs at bedtime due to their sedating effects

Non-Opioid Medications Coverage per Highmark Health Options		
Medications	**DE Medicaid**	**PA Criteria**
Tricyclics, Norepinephrine re-uptake inhibitors		
Amitriptyline	Preferred	
Duloxetine	Preferred	
Imipramine	Preferred	
Nortriptyline	Preferred	
Venlafaxine	Preferred	

Treating Chronic Pain Without Opioids cont.

Topical Agents

- **Examples:**
  - Lidocaine, Capsaicin, Topical NSAIDs
- **Treats:**
  - Localized neuropathic pain, osteoarthritis, and other localized musculoskeletal pain
- **Harms and risks:**
  - Initial flare or burning sensation
  - Irritation of mucous membranes
- **Other considerations:**
  - Can use topical agents as alternative first-line treatments
  - Can be safer than systemic medications
  - Some guidelines recommend topical NSAIDs for localized osteoarthritis pain over oral NSAIDs in patients over 75 years of age to minimize systemic effects and avoid systemic risks of oral NSAIDs
  - Topical lidocaine can be used for localized neuropathic pain
  - Topical capsaicin can be used for musculoskeletal and neuropathic pain

Non-Opioid Medications Coverage per Highmark Health Options		
Medications	**DE Medicaid**	**PA Criteria**
Other, Topical Agents		
Lidocaine Patch 5% *	**Preferred**	**Req a PA follow criteria**
Capsaicin 0.025%	**Preferred**	
Lidocaine cream 4%	**Preferred**	

Interventional Approaches

- **Examples:**
  - Epidural or intra-articular glucocorticoid injections, arthrocentesis
- **Treats:**
  - Inflammatory arthritis's such as rheumatoid arthritis, osteoarthritis, rotator cuff disease, some radiculopathies
- **Harms and risks:**
  - Epidural injections can be associated with rare but serious adverse events, including loss of vision, stroke, paralysis, and death
  - Can also cause articular cartilage changes in osteoarthritis, joint infection, and sepsis
- **Other considerations:**
  - Can improve short-term pain and function, but these benefits may not be sustained for long periods
  - Removal of an effusion via arthrocentesis may be indicated prior to steroid injection

Treating Chronic Pain Without Opioids cont.

Non-pharmacologic Treatment Options

Exercise Therapy

- **Treatment Description:**
  - Exercise therapy (e.g., walking, swimming, yoga, free weights, etc.) encourages active patient participation in the care plan and provides the opportunity to address the effects of pain in the patient's life. Exercise therapy can address posture, weakness, or repetitive motions that contribute to musculoskeletal pain; reduce lower back pain; improve fibromyalgia symptoms; and reduce hip and knee osteoarthritis pain. Exercise therapy can also be used as a preventative treatment for migraine.
- **Key Findings:**
  - Can reduce pain and improve function immediately after exercise
  - Improves global well-being and physical function
  - Treatment effects can be sustained for at least 3-6 months
  - Effectiveness is greater in populations visiting a health care provider compared with the general population
- **Associated Risks:**
  - May depend on patient's existing conditions

Cognitive Behavioral Therapy (CBT)

- **Treatment Description:**
  - CBT addresses psychosocial contributors to pain, including fear, avoidance, distress, and anxiety, and helps improve patient function.
  - CBT trains patients in behavioral techniques to help modify situational factors and cognitive processes exacerbating pain.
  - CBT engages patients to be active, teaches relaxation techniques, supports patient coping strategies, and often includes support groups, professional counseling, or other self-help programs.
- **Key Findings:**
  - Has small to moderate positive effect on pain, disability, mood, and catastrophic thinking immediately after treatment when compared with usual treatments or deferred CBT

Associated Risks

- None

References

CDC. (n.d.). Treating Chronic Pain without Opioids. Retrieved from https://www.cdc.gov/drugoverdose/training/nonopioid/508c/index.html

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.

Cervical Cancer Screenings Create Healthier Outcomes

Women lead busy lives and may need to be reminded often to adhere to preventive screenings for their health. In the United States, there are over 8 million women who have not followed through with getting screened for cervical cancer (American Cancer Society, 2014.) Based on these numbers, women and providers are missing the opportunity for preventive education, early detection and early treatment of cervical cancer. Cervical cancer is preventable but to ensure a woman's healthy outcome, it takes a multidisciplinary team approach and dedicated patient education to reduce the care gaps.

Cervical cancer screenings are essential for women in the prevention and identification of cervical cancer. Most cervical cancer is caused by the human papillomavirus (HPV) infection and requires a Pap test to detect. According to the National Cancer Institute (n.d.), there are greater than 13,000 estimated new cases of cervical cancer in 2018. Although the 5-year survival rates for women diagnosed with cervical cancer is high at 66.2%, it is still critically important to encourage patients to have their regular Pap screenings to determine if they have cervical cancer, stage of cervical cancer, and to initiate the most appropriate treatment options for healthier outcomes.

As a provider, you can help change these statistics by utilizing each patient visit or contact as an opportunity to encourage them to see the value of getting cervical cancer screenings in a timely fashion as stated below:

- Women aged under 21 years, no screening recommended
- Women aged 21 to 29 should be screened every 3 years with cytology alone.
- Women aged 30 to 65 should be screened every 3 years with cervical cytology alone, every 5 years with HPV testing alone, or every 5 years with cervical cytology plus HPV (cotesting).
- Women older than 65 with adequate prior screening and no risk factors need not be screened.
- Women who have had hysterectomies with cervical removal for reasons other than precancerous lesions need not be screened.

References:

American Cancer Society. (2014). CDC: Millions of Women Not Getting Cervical Cancer Tests. Retrieved from https://www.cancer.org/latest-news/cdc-millions-of-women-not-getting- cervical-cancer-tests.html

National Cancer Institute. (n.d.). Surveillance, Epidemiology, and End Results Program. *Cancer Stat Facts: Cervical Cancer*. Retrieved from https://seer.cancer.gov/statfacts/html/cervix.html

The American College of Obstetrics and Gynecologist. (2018). Practice Advisory: Cervical Cancer Screening (Update). Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Cervical-Cancer-Screening-Update

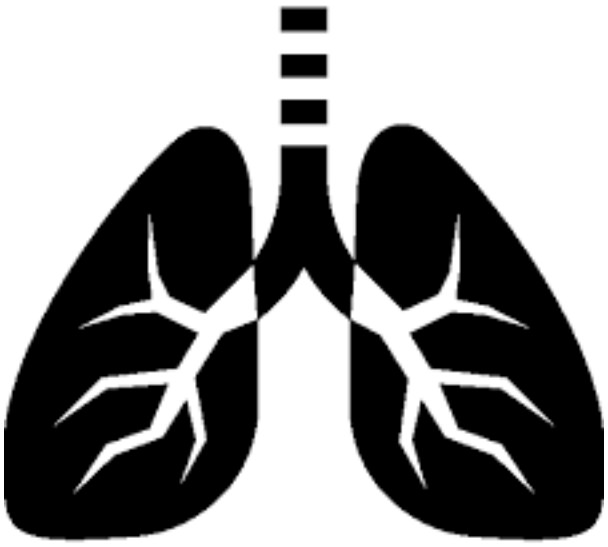
Strategies for Improving Asthma Medication Adherence in Children

Best practices:

- Use simplified drug regimens
- Conduct regular asthma visits
- Provide an asthma action plan and ask the family to explain it back to you
- Make sure parents and older children understand the importance of taking their controller every day
- Make sure parents and older kids understand the difference between their rescue and controller medications
- Tell your patients to contact you if they're having to use their rescue/ relief medication >2 times per week

Resources available for you and your patients:

- Highmark Health Options members of any age with asthma can utilize the plan's care coordination services by calling 844-325-6251. Members can self-refer or providers can refer members.
- Delaware Asthma Consortium, which offers an Over-the-Phone Home Asthma Assessment (link below) and a gift card to parents for completing the phone assessment. http://www.deasthma.org/delaware-over-the-phone-home-asthma-assessment-program/



DMMA Defines Children with Medical Complexity

DMMA has released the statement below in order to define and identify Children with Medical Complexity in the state of Delaware. Highmark Health Options is dedicated to providing comprehensive care for Children with Medical Complexity. Highmark Health Options Care Coordinators are available to assist families and guide providers in regards to the many needs that Children with Medical Complexity may have. To make a referral, please contact the Care Coordination Department at 1-844-325-6251.

Children with Medical Complexity

In 2017, the State of Delaware's Legislature, 149th Generally Assembly, gave specific instructions for the Department of Health and Social Services (DHSS) to develop and publish a comprehensive plan for managing the health care needs of Delaware's children with medical complexity by May 15, 2018.

Under guidance from Kara Odom Walker, MD, MPH, MSHS, Cabinet Secretary of DHSS, The Division of Medicaid and Medical Assistance (DMMA) teamed up with multiple community partners, sister divisions, parents, caregivers, and other advocates to develop a comprehensive plan for identifying and managing the health care needs of Delaware's children with medical complexity. As a result, the Children with Medical Complexity (CMC) Steering Committee was launched in November 2017.

The CMC Steering Committee took a systemic approach to determine how the current health care system is providing services for Delaware's children with medical complexity, identify areas where improvement can be made, and suggest some strategies to strengthen the system so that Delaware can more effectively meet the needs of this vulnerable population.

One of the first things the Steering Committee did was establish a Delaware specific definition of children with medical complexity to aid in the development of Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity, assist in the state's on-going efforts in this area, and to create awareness among the provider and payer communities.

On October 4, 2017, the CMC Steering Committee evolved to become the Children with Medical Complexity Advisory Committee (CMCAC). The purpose of the CMCAC is to strengthen the system of care, increase collaboration across agencies, encourage community involvement, and ultimately ensure that every child with medical complexity has access to quality health care services delivered in a family-centered manner.

DMMA Defines Children with Medical Complexity cont.

Identifying Children with Medical Complexity – A working definition

Children with medical complexity are a subset of children and youth with special health care needs because of their extensive health care utilization. For the purpose of this work, a child is considered medically complex if she/he falls into two or more of the following categories:

- Having one or more chronic health condition(s) associated with significant morbidity or mortality
- High risk or vulnerable populations with functional limitations impacting their ability to perform Activities of Daily Living (ADLs)
- Having high health care needs or utilization patterns, including requiring multiple (3 or more) subspecialties, therapists, and/or surgeries
- A continuous dependence on technology to overcome functional limitations and maintain a basic quality of life

More information about Children with Medical Complexity, as well as Delaware's Plan for Managing the Health Care Needs for Children with Medical Complexity, can be found on DMMA's website using the following link:
https://dhss.delaware.gov/dhss/dmma/children_with_medical_complexity.html

Second Opinions

Highmark Health Options ensures member access to second opinions. Second opinions may be requested by Highmark Health Options, the member, or the PCP. Highmark Health Options will provide for a second opinion from a qualified health care provider within the network or arrange for the member to obtain one outside the network, at no cost to the member. The second opinion specialist must not be in the same practice as the attending physician and must be a participating provider. Out of network referrals may be authorized when no participating provider is accessible to the member or when no participating provider can meet the member's needs.

Hours of Operation

Highmark Health Options has a requirement that our Provider's hours of operations for their Medicaid patients are expected to be no less than what your practice offers to commercial members. Please reference your provider contract and the Highmark Health Options procedure manual regarding provider availability and accessibility.

Provider Network Contacts

Provider Relations:

Desiree Charest - Sussex County
Provider Account Liaison
**includes servicing of LTSS Providers*
DCharest@Highmarkhealthoptions.com
302-217-7991

Cory Chisolm - All Counties
Provider Account Liaison
Ancillary Strategy
CChisolm@Highmarkhealthoptions.com
302-217-7960

Nikki Cleary- All Counties
Provider Account Liaison for Hospitals and Ambulatory Surgery Centers
NCleary@Highmarkhealthoptions.com
302-502-4094

Chandra Freeman – Kent County and City of Newark
Provider Account Liaison
**includes servicing of LTSS Providers*
CFreeman@Highmarkhealthoptions.com
302-502-4067

Felicia Herron– New Castle County
Provider Account Liaison
**includes servicing of LTSS Providers*
FHerron@Highmarkhealthoptions.com
302-217-7973

Tracy Sprague
Provider Account Liaison/Provider Complaints
TSprague@Highmarkhealthoptions.com
302-502-4120

Paula Victoria
Manager, Provider Relations, LTSS
PVictoria@Highmarkhealthoptions.com
302-502-4083

Provider Contracting:

Melanie Anderson
Director, Provider Networks & Contracting
MAnderson@Highmarkhealthoptions.com
302-502-4072

Elsa Honma
Provider Contract Analyst, LTSS and Nursing Homes
EHonma@Highmarkhealthoptions.com
302-317-5967

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

Important Addresses and Phone Numbers

Addresses	
Office Location	Highmark Health Options 800 Delaware Avenue Wilmington, DE 19801
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

NaviNet	
NaviNet Access 24/7	Click here to enter the NaviNet Portal

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.
Opioid Management Program	855-845-6213	Mon.- Fri. 8 a.m. to 5 p.m.