HIGHMARK Delaware HEALTH OPTIONS

December 2018

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Provider and Clinical Updates

Coding Corner: Holiday Guide to ICD-10-CM. 2
Improving the Office Visit Through Effective Communication. . . 3
HEDIS 2019 Medical Record Review Season is Approaching. . . 4
Medications that Require Prior Authorization. 5-6
Notifiable Diseases and Conditions. 7
QI/UM Work Plan 8
Coordinating Care Between Physical and Behavioral Health . . . 9
Medicaid Requirements for Perinatal Care. 10
Care Coordination Success Story. 11
Provider Network Contacts. 12
Important Addresses and Phone Numbers. 13

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

Coding Corner: Holiday Guide to ICD-10-CM

As the holidays and winter weather approach, here are some ICD-10-CM codes that may start to frequent your practice.

Working and playing in the snow:

- W00.0XXA – Fall on same level due to ice and snow, initial encounter
- Y93.23 – Activity, snow sledding
- Y93.H1 – Activity, shoveling ice and snow
- V00.321A – Fall from snow skis, initial encounter

Shopping for those holiday bargains:

- W51.XXXA – accidental striking against or bumped into by another person, initial encounter
- Y92.59 – Injury at shopping mall

Decorating for the holidays:

- T75.4XXA – Electrocution, initial encounter
- W11.XXXA – Fall on and from ladder, initial encounter
- X08.8XXA – Burn by candle, initial encounter

Enjoying dinner with friends and family:

- R12 – Heartburn
- T28.0XXA – Burn of the mouth and pharynx, initial encounter
- X10.0XXA – Contact with hot drinks, initial encounter
- Y93.G – Cooking injury

Making and wrapping gifts:

- W26.2XXA – Contact with edge of stiff paper
- Y93.D – Activity involving arts and handcrafts

Have a happy and safe holiday season!

Reference

World Health Organization (WHO), *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)*

Improving the Office Visit Through Effective Communication

"Even though a clinician explains a diagnosis, test result, or treatment option to a patient, if the person walks away and does not understand the explanation, it has not been an effective communication"[1]

Effective patient-provider communication is critical because it can help the patient feel that they have a stronger relationship with their provider, understand health information given to them, feel empowered to help make their own health care decisions, and have better health outcomes.[1,2] Ineffective patient-provider communication can lead to poor patient health outcomes and patients choosing to leave their provider. One study found that approximately 20% of patients who leave their providers do so because of poor patient-provider communication, relationships, and interactions.[3]

At Highmark Health Options, we want to ensure patients and providers have the best experience during an office visit. While we educate our members to ensure they come prepared to their doctor's visit, we also want to take this opportunity to suggest some strategies that providers can use to more effectively communicate with their patients. Some items providers may want to consider when holding discussions with their patients are:

- **Avoid using complicated medical terms.** If you do need to use medical terms, be sure to explain it in a simple and easy to understand manner. Many patients have minimal health care knowledge.
- **Take your time and speak slowly.** It may take patients longer to process medical information, especially if the subject is new to them.
- **Use the teach-back method.** Often when patients are asked, "Do you understand?" they respond with "Yes" even though they actually don't understand. Ask your patient to repeat what they have learned back to you.
- **Provide additional resources.** Some patients have trouble understanding verbal instructions. Offer them visuals such as brochures or internet resources they can review at home and at their own pace. If applicable, you may even want to provide a demonstration.
- **Listen to your patient.** Part of effective communication is hearing and attentively listening to what your patient has to say.
- **Always be respectful.** All patients have different educational and cultural backgrounds.
- **Encourage your patient to play an active role in decisions about their health care.** Discuss both the benefits and disadvantages of tests, medications, or treatments. Ask the member what they think is the best option for them when it comes to these tests, medications, or treatments.

[1]Retrieved from https://www.ahrq.gov on October 25, 2017
[2]Ha JF, Longnecker N. Doctor-Patient Communication: A Review. *The Ochsner Journal*. 2010;10(1):38-43.
[3] Safran DG, Montgomery JE, Chang H, et al. Switching doctors: predictors of voluntary disenrollment from a primary physician's practice. *J Fam Pract* 2001;50(2):130-6.

The Healthcare Effectiveness Data and Information Set (HEDIS) Medical Record Review Season is Approaching

Highmark Health Options will be performing medical record reviews for HEDIS in 2019. We appreciate your cooperation with this matter and are happy to assist you with fulfilling this request in any way possible. Some options for submitting medical records include via secure fax, secure messaging through NaviNet, or an on-site review. A member of our retrieval staff will be contacting you to discuss your preference.

Please recall that, as outlined in your Participating Provider Agreement with Highmark Health Options, 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 timeframe and at no cost to Highmark Health Options and its members.

If you have questions or concerns about any portion of this process, please email the ClinicalQualitySupportTeam@Highmarkhealthoptions.com or call 412-420-6428. We appreciate your assistance in this effort and thank you for partnering with us to improve the health of individuals, families, and communities.

Medications to Require Medical Prior Authorization

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options will implement a prior authorization process for the following medications effective with dates of service listed below. Failure to obtain authorization will result in a claim denial.

The prior authorization process will apply to **all Highmark Health Options Members**. Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. To access Highmark Health Options' medical policies, please paste the following link in your internet browser: https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy.

PROCEDURE CODES REQUIRING AUTHORIZATION

AUTHORIZATION REQUIRED AS OF 3/5/2018			
Procedure Code	**Description**	**Procedure Code**	**Description**
J1300	Soliris	**J1745**	Remicade
J1322	Vimizim	**J9042**	Adcetris
J1459	Privigen	**J9228**	Yervoy
J1556	Bivigam	**J9271**	Keytruda
J1557	Gammaplex	**J9299**	Opdivo
J1561	Gamunex-C/Gammaked	**J9305**	Alimta
J1566	Immune globulin, powder	**J9355**	Herceptin
J1568	Octagam	**J3490**	Unclassified drugs
J1569	Gammagard	**J3590**	Unclassified biologics
J1572	Flebogamma	**J9999**	Not otherwise classified, antineoplastic drugs
J1599	IVIG, non-lyophilized		
AUTHORIZATION REQUIRED AS OF 9/3/2018			
Procedure Code	**Description**	**Procedure Code**	**Description**
J0585	Botox	**J2357**	Xolair
J1442	Neupogen	**J9035**	Avastin
J2505	Neulasta	**J9047**	Kyprolis
J2820	Leukine	**J9055**	Erbitux
J1447	Granix	**J9306**	Perjeta
Q5101	Zarxio	**J9395**	Faslodex
J9310	Rituxan	**J2323**	Tysabri
AUTHORIZATION REQUIRED AS OF 10/1/2018			
Procedure Code	**Description**	**Procedure Code**	**Description**
J2469	Aloxi	**J0490**	Benlysta
J1786	Cerezyme	**J0221**	Lumizyme
J0178	Eylea	**J2778**	Lucentis
J2796	Nplate	**J2562**	Mozobil
J1428	Exondys	**J9295**	Portrazza
J2350	Ocrevus	**J2326**	Spinraza
AUTHORIZATION REQUIRED AS OF 12/3/2018			
Procedure Code	**Description**	**Procedure Code**	**Description**
J2182	Nucala	**J1439**	Injectafer

Medications to Require Medical Prior Authorization

PROCEDURE CODES REQUIRING AUTHORIZATION - continued

AUTHORIZATION REQUIRED AS OF 12/3/2018			
Procedure Code	**Description**	**Procedure Code**	**Description**
J2786	Cinqair	**Q0138**	Feraheme
J3590*	Fasenra*	**J9226**	Supprelin LA
J2507	Krystexxa	**J9225**	Vantas
J2278	Prialt	**J2353**	Sandostatin LAR depot
J3590*	Luxturna*	**J1930**	Somatuline depot
J9600	Photofrin	**J0740**	Cidofovir
J3590*	Brineura*	**J1950**	Lupron
J9041	Velcade		

*These medications will be reviewed under procedure code J3590 until a permanent code is assigned

What if the medication not on the list?
If the medication you are prescribing for your patient is not on this list that means it does not require a pre-service prior authorization. The process for obtaining this medication (that is not listed above) has not changed.
If you intend to bill the medication on the medical benefit, you will administer the medication and submit the claim as you have in the past.

Would you prefer to get the medication through pharmacy?
This change only applies to the medical benefit. If the medication is to be billed at the pharmacy/specialty pharmacy, you will continue to submit requests to Highmark Health Options Pharmacy Services. They can be reached at 1-844-325-6253.

Submitting a Request
The most efficient path of submitting a request (for one of the medications on the list above) is via NaviNet. A form has been added to NaviNet with autofill functionality to make completing and submitting your online request easier and faster.

If you have questions regarding the authorization process and how to submit authorizations electronically via Navinet, please contact your Highmark Health Options Provider Relations Representative directly or Provider Services Department using the phone number 1-844-325-6251.

Additional Information
Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
Non covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered & non-covered services.
Current and previous provider notifications can be viewed at:
https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

Notifiable Diseases and Conditions

The State of Delaware requires providers to report certain diseases, infections, conditions and outbreaks such as, but not limited to, chicken pox, lead poisoning, Lyme disease, and mumps. A full listing of notifiable diseases can be found at http://dhss.delaware.gov/dph/dpc/rptdisease.html , along with how to report and identify rapidly reportable conditions that require immediate contact to the Delaware Division of Public Health.

Delaware Administrative Code, 16 DE Admin Code 4202 Control of Communicable and Other Disease Conditions, Section 2.0

QI/UM Work Plan

The Highmark Health Options Quality Improvement/Utilization Management (QI/UM) Program's purpose is to assure quality, safety, appropriateness, timeliness, availability, and accessibility of care and services provided to Highmark Health Options members. The comprehensive evaluation and assessment of clinical, demographic, and community data in conjunction with current scientific evidence is paramount to meet the identified needs.

The goal of the QI/UM Program is to ensure the provision and delivery of high quality medical and behavioral health care, pharmaceutical, and other covered health care services and quality health plan services. The QI/UM Program focuses on monitoring and evaluating the quality and appropriateness of care provided by the Highmark Health Options health care provider network and the effectiveness and efficiency of systems and processes that support the health care delivery system. The QI/UM Program is assessed on an annual basis to determine the status of all activities and identify opportunities that meet the QI/UM Program objectives.

As a participating provider, Highmark Health Options asks that you cooperate with Quality Improvement activities to improve the quality of care and services members receive. This may include the collection and evaluation of data, participation in various Quality Improvement initiatives and programs, and allowing the plan to use and share your performance data.

Implementation and evaluation of the QI/UM Program is embedded into Highmark Health Options daily operations. The QI/UM Program has available and uses appropriate internal information, systems, practitioners, and community resources to monitor and evaluate use of health care services, the continuous improvement process, and to assure implementation of positive change.

The scope of the Program includes the following, but not all:

- Enrollment
- Members' Rights and Responsibilities
- Network Accessibility and Availability, including those related to Special Needs
- Network Credentialing/Recredentialing
- Medical Record Standards
- Claims Administration
- Clinical Outcomes
- Patient Safety
- Preventive Health, Disease Management, Long-Term Services and Support (LTSS); and
- Continuous Quality Improvement using Total Quality Management Principles

To request a copy of the complete Quality Improvement Program, Work Plan, or Annual Evaluation, please contact Highmark Health Options Provider Services Department at 1-844-325-6251.

Coordinating Care Between Physical and Behavioral Health

Mental health is essential to everyone's overall health and well-being. More than 68 percent of adults with a mental illness have also been diagnosed with at least one chronic medical condition. Conversely, 29 percent of adults with chronic medical conditions have also been diagnosed with a mental health disorder. The pathways causing comorbidity is complex and bidirectional.

Chronic physical health conditions can lead to mental health conditions. Some physical health conditions and medications may cause symptoms related to mental illness. Thyroid disorders, diabetes, Parkinson's disease, multiple sclerosis, strokes, tumors and some viral infections may cause symptoms of depression. Medications can also cause symptoms of depression. This includes some medications used to treat blood pressure and arthritis as well as hormone therapy. Corticosteroid use can be associated with symptoms of psychosis and mania. A diagnosis of a serious or terminal illness, a serious accident, chronic physical pain, abuse of any type, as well as alcohol or drug use can result in depression. Patients will often seek medical attention for symptoms including headaches, fatigue, pain or gastrointestinal problems. However, these somatic symptoms often overlap with symptoms of depression and anxiety making an appropriate diagnosis challenging.

Mental health disorders can also place a person at risk for certain medical conditions. For example antipsychotics used to treat bipolar disorder and schizophrenia can cause metabolic disorders resulting in the development of diabetes. Individuals with mental and substance use disorders are also less likely than individuals in the general population to receive preventive services such as immunizations, cancer screenings, and smoking cessation counseling placing them at greater risk for developing more serious health conditions and related complications due to the lack of early detection. Additionally, individuals with mental illness also may have poor interpersonal skills which negatively affects their ability to collaborate with their medical providers.

As a result it is important that we address the needs of all of our members from the perspective of positively impacting the mind and body as when one begins to fail there is a greater likelihood that the other will become impacted. This can be supported by care collaboration and coordination by having members sign consents to release information between physical and behavioral health providers.

Druss, B.G., & Reisinger Walker, E. (2011, February). The Synthesis Project. *Mental disorders and medical comorbidity*. Retrieved May 09, 2017, from
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_

Medicaid Requirements for Perinatal Care

Nearly one in ten women in Delaware receives healthcare coverage through Medicaid. Offices who administer maternity care on a regular basis are very familiar with the HEDIS clinical guidelines that recommend:

- A prenatal visit in the first trimester
- Regular visits throughout the pregnancy and
- A postpartum visit 21 to 56 days after delivery

Below is a brief list of additional perinatal screenings that are required for Medicaid recipients as recommended by the Delaware Division of Medicaid & Medical Assistance (DMMA):

- Prenatal and postpartum depression with documentation of referral when applicable with notation of the depression scale used
- Tobacco, alcohol and illicit drug use screening with documentation of counseling or referral when applicable
- Exposure to environmental smoke
- Intimate Partner Violence
- Medication review (prescribed and over-the-counter)

Please complete and document these important perinatal screenings when caring for Highmark Health Options members. For more information, or to refer a patient to the MOM Options Maternity Program, call Highmark Health Options at 1-844-325-6251.

Care Coordination Success Story
"*Closer to Home*"

It's not unusual to hear about babies born prematurely before 37 weeks of pregnancy. The thought of a single mother delivering a 31 week premature baby "preemie" with a host of medical problems in a state without a family support system was a lot to take in for one of our Highmark Health Options moms. It wasn't easy for this mother to visit her baby girl in the hospital's Intensive Care Unit.

Due to the complex specialty care that the baby required, an extended hospital stay would be necessary. Knowing this, the mother requested to have her daughter transferred to a hospital in Nevada where she and her baby girl would gain the benefits of having the support of family members nearby. For some, insurance certainty may be a question, but not in this case for this family. When the teams at the hospital, the insurance company, and the State of Delaware learned of this mom's request, everyone agreed that the request to transfer the baby *closer to home* when she was medically stable would be a good plan for the family.

The details to facilitate the process were put in motion when the medical team determined that the baby was stable for the air transport from Delaware to Nevada. The mother was elated to hear that the transfer would be approved by the health plan.

Coordinating this effort required several meetings, including frequent communication with the mother, physicians, social workers, case management, utilization management, members of the Highmark Health Options leadership team, care management team, and administration at the receiving facility.

The staff at Highmark Health Options involved with this case consistently modeled Highmark Health Options Mission representing our *Core Behavior*s: Transformational Leadership, Trust Working Together, Purposeful Execution and Customer First.

Mom was able to get Medicaid insurance coverage for the baby in Nevada. The communication between the health plans and the hospitals was excellent. After being hospitalized for nearly five months in Delaware, we are happy to say that the mother and her baby were air transported to the hospital in Nevada. The baby was transferred to a Long Term Acute Care Facility three weeks later where she was reportedly doing well. A lot of people played a big part in the success story of this mother and her precious baby girl.

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
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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*
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302-217-7973

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

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

Provider Contracting:

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302-502-4041

Andrea Thompson
Provider Contract Analyst, Behavioral Health
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302-502-4024

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.