

In this newsletter:

Prepare patients for their virtual visits

Cases of anxiety and depression swell during pandemic

Member reward programs can also be rewarding for you

Recognize and report critical incidents

... and more.



Quarterly Update for Providers

Summer 2021

In this issue

- 3 Prepare patients for their virtual visits.
- 4 Correct claims codes lead to better referral tracking for your patients.
- 5 Cases of anxiety and depression swell during pandemic.
- 6 Member reward programs can also be rewarding for you.
- 7 The PCP Portfolio Report improves quality and safety of care.
- 8 Recognize and report critical incidents.
- 9 Note these changes regarding drugs requiring prior authorization.
- 10 Programs that meet your patients needs.
- 13 Refer eligible patients to the Diabetes Prevention Program at the YMCA.
- 14 Chronic conditions require collaborative care.
- 15 Show asthma patients how to use a rescue inhaler.
- 16 Medical record audits are coming up.
- 17 Address your patients' unhealthy weight and weight gain before serious health problems develop.
- 18 Prepare for audit about appointment and after-hours standards.
- 20 Contact us.
- 21 Provider network contacts.
- 22 Check out this useful information.
- 22 Check out these tools.
- 23 Statement of Members' Rights and Responsibilities.



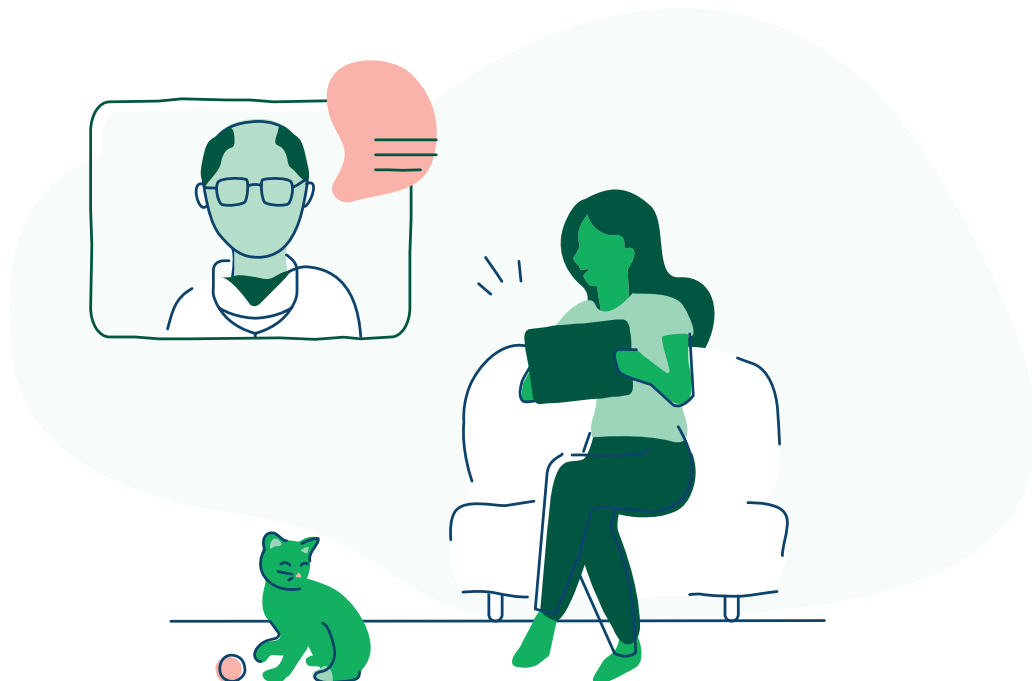
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Prepare patients for their virtual visits.

Virtual visits requires you to engage with your patients a little differently than in-person visits. Encourage them to take their vitals and list symptoms prior to their visit. Doing so can help you better address their health needs and enables them to experience their best health outcomes. To make the most of their virtual visits, remind them to:

1. Be on time and avoid home distractions.
2. Make a list of their symptoms and medications.
3. Take their vitals. This includes:
 - a. Blood pressure (if they have the means to do so)
 - b. Temperature
 - c. Weight

Document all patient-reported information and write down all their questions.



Correct claims codes lead to better referral tracking **for your patients.**

Referral tracking helps patients receive timely evaluation and treatment with specialists and other providers. When claims are coded correctly, the patient’s care can be tracked to provide better health outcomes.

If a patient requires a **first-time** referral, use the appropriate codes below:

Vision	Hearing	Dental	Medical	Behavioral	Other
YV	YH	YD	YM	YB	YO

You can place the code on the claim for service in which referral was made:

- Paper claims: Box 19 on the form CMS-1500 form.
- Electronic claims: Check with your IT staff to find equivalent on electronic claim.

For any questions, contact [Kim York](#), EPSDT coordinator at 1-302-317-5944.



Cases of anxiety and depression swell during pandemic.



Before COVID-19, 3-4% of the population experienced anxiety and depression. Since the pandemic, the prevalence of anxiety, depression, and stress has increased:

- Anxiety: 31.9% in 17 studies with a sample size of 63,439 (95% confidence interval: 27.5-36.7)
- Depression: 33.7% in 14 studies with a sample size of 44,531 (95% confidence interval: 27.5-40.6)
- Stress: 29.6% in 5 studies with a total sample size of 9074 (95% confidence limit: 24.3-35.4)

GAD-7 and PHQ-7 tests can reveal the level of anxiety or depression in your patients to determine the best treatment options. When it comes to treatment, besides talking to patients about their eating, sleeping, and exercise habits, consider sharing other tips to help them manage anxiety and depression:

- Be mindful by living in the present.
- Be social.
- Let someone in and talk to a friend.
- Think about what you're grateful for.
- Focus on doing one thing and doing it, such as taking a shower or making a meal, even if the effort seems daunting.
- Take deep breaths for 15-20 minutes every day.



Member reward programs can also be rewarding for you.

Sometimes a bit of incentive can help remind patients about the importance of seeing you for their chronic conditions. The Healthy Rewards Program rewards those who are eligible members for completing certain health care activities. You provide comprehensive treatment and assessment for their chronic conditions, and they receive \$5 to \$25 just for keeping their appointment. The amount they earn is provided on a Visa Rewards card that is mailed to them.

Guiding your patients and their children to this program can affect outcomes, improve care quality, and close gaps in care. Please encourage them to participate. Here's an outline of the steps they will be asked to take:

1. Check their eligibility by calling Healthy Rewards at 1-844-678-1456.
2. Enroll by mailing back the postcard they received in their Healthy Rewards packet or calling the number above.
3. Complete eligible health care activities.
4. Provide proof of claim from your office.

To learn more about this program, contact [Su-Linn Zywiol](#), strategy program manager.

The PCP Portfolio Report improves **quality and safety of care.**



The PCP Portfolio Report helps identify ways we can work together to improve care quality and safety through information sharing. This report is available on NaviNet. The report is updated quarterly in April, July, October, and January.

The report compares providers to others in their peer groups and contains key utilization, pharmacy, and quality measures. Quality of care and services provided to our members is evaluated based on these measures. When outliers are found, we send a letter to providers to explain these findings.

Provider feedback is incorporated into these reports. Based on feedback from the last report, you can now reach out to members. Doing so enables you to close care gaps and eliminate outliers identified in reports.

Note: The PCP Portfolio Report is not tied to any reimbursement or incentive and is designed exclusively to improve quality and safety of care.

If you have questions, contact [Su-Linn Zywiol](#), strategy program manager.



Recognize and report **critical incidents**.



As a Highmark Health Options provider, you're responsible for reporting critical incidents to us. Critical incidents that occur under a provider's care and supervision need to be reported within 24 hours of the incident or knowledge of the incident. For example, tell us if you or a member of your team suspects a patient has been abused by a caregiver. Report these types of instances to us, even if you simply suspect it.

Critical incidents include the following events when a caregiver is responsible for the member. They can occur in the home, in the hospital, or in a nursing home:

- Unexpected death.
- Neglect, such as denying essentials like food, medication, or supervision.
- Abuse, including physical harm and emotional distress.
- Sexual abuse, such as tricking or threatening a member into sexual activity.
- Severe injuries, such as fractures, lacerations, or second- or third-degree burns.
- Financial harm, such as stealing money or medication, or using a credit card without permission.
- Inappropriate or unprofessional conduct by any caregiver, such as yelling at a member or refusing to provide services.

These are serious situations that can severely affect the lives of our members. Report them to Member Services at 1-844-325-6251.



Note these changes regarding drugs requiring **prior authorization**.

Highmark Health Options has implemented a prior authorization process for a subset of medications. This authorization requirement applies to all members. Failing to obtain authorization for these medications will result in a denied claim.

Important medications/HCPCS code changes:

✓ **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)
 - Herceptin (J935)
 - Neulasta (J2505)
 - Neupogen (J1442)
 - Remicade (J1745)
 - Rituxan (J9312)

✓ **Now require authorization** as of May 1, 2021:

- Adakveo crizanlizumab-tmca (J0791)
- Alphanate/VWF complex/human antihemophilic factor, von Willebrand factor, human (J7186)
- Celestone Soluspan betamethasone acetate/betamethasone sodium phosphate (J0702)
- Dysport abobotulinumtoxina (J0586)
- Eloctate antihemophilic factor (recombinant), Fc fusion protein (J7205)
- Prolia; Xgeva denosumab (J0897)
- Reclast; Zometa zoledronic acid (J3489)
- Testopel testosterone pellet (S0189)
- Xiaflex collagenase, clostridium histolyticum (J0775)

Find the most current list at Specific Medications Require Prior Authorization Reminder and Medication Information on the [HHO website](#).



Programs that meet **your patients needs.**

Lifestyle Management/Wellness Programs are offered to members with chronic illnesses like asthma, COPD, diabetes, and heart disease at no cost. There are even programs specifically 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.

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 require immediate medical attention.
- Understand the importance of seeing their doctor after their 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 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.



Refer eligible patients to the Diabetes Prevention Program at the YMCA.

Highmark Health Options has partnered with the YMCA of Delaware to provide the Diabetes Prevention Program (DPP). The 12-month DPP is designed for patients at risk of developing diabetes. They must meet the standardized identification criteria set by the CDC to be eligible:

- Are at least 18 years of age.
- Have a BMI ≥ 25 (≥ 23 if Asian).
- Have risk factors (family history, sedentary lifestyle).

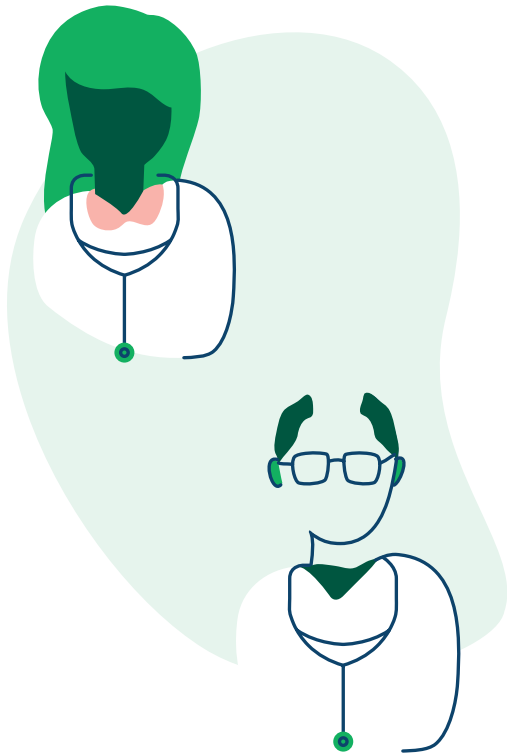
Lifestyle coaches lead group sessions to help DPP participants:

- Develop skills to improve eating habits.
- Increase physical activity.
- Cope with setbacks.

If you have patients who are eligible and would benefit from this program, refer them to the YMCA of Delaware Healthy Living Department at 1-302-572-9622.

Contact Care Management at 1-844-325-6251 if you have any questions, or visit our [website](#).

Chronic conditions require collaborative care.



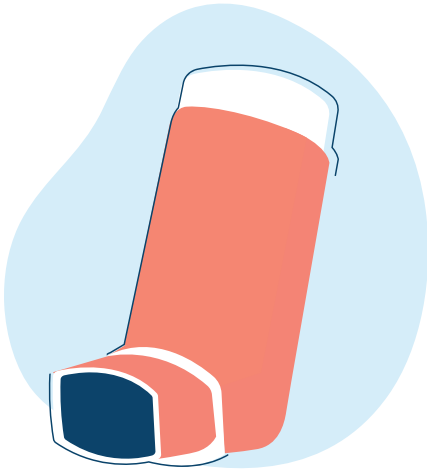
Our Care Management partnership connects you with nurses, social workers, and other health care staff to help your patients achieve optimal health outcomes. Together we can help your patients manage their chronic conditions and reach additional services, including those that meet their mental health care needs. Our team can help:

- Address patients health issues:
 - Asthma
 - Diabetes
 - High blood pressure
 - Mental health
 - Substance abuse
 - Women’s health
- Link patients to services:
 - Help them make appointments.
 - Remind them to get their annual physicals.
 - Review their medications with them.
- Reduce:
 - Emergency Department visits.
 - Unnecessary trips to the hospital.
- Support:
 - Disease education and management.
 - Community resources and programs for chronic conditions.
 - Personalized plan of care.

If you think your patients may benefit from this program, call Care Management at 1-844-325-6251.



Show asthma patients how to use a rescue inhaler.



Patient education is a critical piece of the services you provide in the Highmark Health Options network. A few extra moments of asthma education or rescue inhaler training cannot only help patients better control their asthma, but also prepare them to respond to a health care emergency, such as an asthma attack.

Treatment guidelines state that all persons diagnosed with asthma should be prescribed a short-acting beta agonist (SABA), or albuterol, to have available to use in the event of wheezing, shortness of breath, difficulty breathing, or a breathing emergency. Prescribe a rescue inhaler as needed and remind your patients to have their prescription filled regularly. Rescue inhalers are crucial in providing your patients some immediate relief while they wait for emergency treatment.

These risk factors increase the risk of death from asthma:

- Limited access to rescue inhalers.
- Lack of knowledge on how to properly use a rescue inhaler.

Training Resource: The Mayo Clinic provides a great website to review [proper administration techniques](#) for a variety of albuterol formulations, such as nebulizer, inhalation aerosol, and inhalation powder.



Medical record audits are coming up.

For Medical Record Standard audits, all Highmark Health Options providers are required to score at least 80%. Both PCP and specialist audits are conducted on an informal basis. We select providers randomly through HEDIS, Delaware State Measure records, and remote EMR access capabilities. Scores under 80% require us to schedule follow-up reviews to assess a provider's improvement. Repeated performance scores under 80% can lead to corrective action, which could include termination from the plan.

We have record standards developed for:

- PCPs and specialists
- Behavioral health providers

These standards help verify that providers:

- Provide the expected level of care and associated documentation.
- Adhere to requirements for maintenance of confidential medical information and record keeping.
- Evaluate medical records in a consistent manner.

Results are sent by letter within 45 calendar days of the review. If you have questions, contact Provider Relations at 1-844-325-6251, Monday through Friday, from 8 a.m. to 5 p.m.



Address your patients' unhealthy weight and weight gain before serious health problems develop.

The Healthy Weight Management Program provides eligible patients with the information, tools, resources, and applicable interventions for health, wellness, and nutritional options.

Behavioral interventions are available to patients with a qualifying diagnosis:

- Six contact hours for adults with a BMI \geq 25 and one or more risk factors for cardiovascular disease.
- Twelve visits for adults with a BMI \geq 30.
- Eight visits for children ages 3 years or older with a BMI 85th – 95th percentile.

Refer eligible patients by contacting Care Management at 1-844-325-6251 or visit our [website](#).

Prepare for audit about appointment and after-hours standards.

All Highmark Health Options providers are required by DMMA to comply with appointment and availability standards. This year, SPH Analytics is conducting this audit on our behalf. Be sure you tell your staff to expect this audit.

This audit will be conducted by phone and mail:

- Phone: To be less intrusive, one standard will be evaluated.
- Mail: A survey to fill out and return to SPH later this year.

Review these standards.

You are responsible for providing 24/7 coverage for urgent and emergent care. This includes having someone on call to assist patients in obtaining care quickly and instructing them when to call 911.

PCPs and Specialists

Appointment Type	Example	Standard
Routine Care	<ul style="list-style-type: none"> • Chronic conditions • Psoriasis 	Seen within 21 days
Urgent Care	<ul style="list-style-type: none"> • Nonspecific pain or fever • Persistent rash • Recurring high-grade temperature 	Seen within 2 calendar days
Emergency Care	<ul style="list-style-type: none"> • High temperature • Persistent vomiting or diarrhea • Sudden or severe onset of symptoms that do not require ER services 	Available same day

Wait Time Standards

Members in waiting room for routine care	<p>Members will not wait longer than 1 hour.</p> <p>Office visits can be delayed when a provider:</p> <ul style="list-style-type: none"> • “Works in” urgent cases. • Finds a serious problem. • Has a member with an unknown need that requires more services or education than was originally scheduled. <p>Notify members as soon as possible if a delay occurs.</p> <p>If the delay will cause more than a 90-minute wait, offer the member a new appointment.</p>
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OB/GYNs or PCPs Providing Prenatal Care

Appointment Type	Visit	Standard
Emergencies		Immediately
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

Behavioral Health Practitioners

Appointment Type	Examples	Standard
Immediate Life-Threatening Emergencies	<ul style="list-style-type: none"> • Potentially suicidal individuals • Includes mobile response teams 	Within 1 hour 24/7 Emergency Services
Initial Visit: Routine Care	<ul style="list-style-type: none"> • Initial assessments • Members discharged from an inpatient setting to a community placement • Members seen in the ER or by a BH crisis provider for a BH condition 	Within 7 calendar days
Non-Emergent or Follow-Up: Routine Care	<ul style="list-style-type: none"> • General anxiety disorder • Marital problems • Tensions at work 	Within 3 weeks
Non-Life-Threatening Emergency	<ul style="list-style-type: none"> • Acute Dystonic Reaction to antipsychotic medication • Antidepressant-induced hypomania • Intrusive thoughts 	Within 6 hours
Urgent care	<ul style="list-style-type: none"> • Acute major depression • Acute panic disorder 	Within 24 hours



Contact us.

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

Provider network contacts.

Provider Services

Desiree Charest - Sussex County and the City of Milford

Strategic Provider Account Liaison

**includes servicing of LTSS Providers*

Desiree.Charest@highmark.com

302-217-7991

Michael Stewart - All Counties

Provider Account Liaison

Ancillary Strategy

Michael.S.Stewart@highmark.com

302-416-7677

Samantha Jenkins-Witt - All Counties

Provider Account Liaison for Hospitals and

Ambulatory Surgery Centers

Samantha.jenkinswitt@highmark.com

302-535-3221

Chandra Freeman – Kent County and City of Newark

Provider Account Liaison

**includes servicing of LTSS Providers*

Chandra.Freeman@highmark.com

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Christina Hales – New Castle County

Provider Account Liaison

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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)

HHO-ProviderComplaints@highmark.com

Phone: 844-228-1364

Fax: 844-221-1569



Check out this **useful information.**

Atlas Systems Inc. continues to conduct quarterly outreach to verify provider data on Highmark Health Options' behalf.

Balance billing: Payment by Highmark Health Options is considered payment in full. Under no circumstance may a provider bill; charge; collect a deposit from; seek compensation, remuneration, or reimbursement from; or have any recourse against a member.

Medical records: Highmark Health Options may request copies of medical records from providers. If medical records are requested, the provider must supply copies at no cost within 30 calendar days of the request.

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

Check out **these tools.**

Cultural Competency Toolkit: 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 our members.

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

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



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.

