HIGHMARK Delaware
HEALTH OPTIONS

January 2021

# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## THIS ISSUE

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## PROVIDER UPDATES



Important Phone Numbers

## A NOTE FOR LTSS PROVIDERS

### Coordination of Care with the LTSS Case Manager

All members receiving LTSS benefits are assigned to a case manager that assists with coordination of care, developing healthy goals, and creating a service plan. You can help our case managers provide the best service possible by notifying them when a member experiences a significant change in their condition or care, becomes hospitalized, or if you have recommendations for additional services. Our case managers would love to hear from you if you have feedback or concerns that you would like to share in order for our members to receive the care that they deserve. If you don't know who a member's case manager is, please call the LTSS Support Center at 844-325-6258 and speak with one of our member associates who would be happy to put you in contact with the member's case manager.

## HEDIS SEASON IS FAST APPROACHING

The Healthcare Effectiveness Data and Information Set (HEDIS®) medical record data abstraction process for the 2021 season is right around the corner. On behalf of Highmark Health Options, our business partner PalmQuest will be requesting your assistance to complete this review. As Highmark Health Options providers, you are contractually required to provide medical record information so that we may fulfill our state and federal regulatory and accreditation obligations. Our goal is to ensure a smooth and efficient medical record collection process without causing an undue burden or strain on your daily operations.

If you are contacted to participate in this season's HEDIS audit, you may find these tips and reminders helpful:

**December 2020**: PalmQuest representative may contact you to pre-schedule a review by securing time on your calendar prior to the start of the HEDIS season.
**January/February 2021**: You may receive a fax, a letter, or a call from PalmQuest to make a formal request for medical record chart copies.
PalmQuest may arrange for the collection of medical records through a site visit (if visits are feasible at that time), by fax or by mail.

Once your office receives a request for medical records, **please be sure to respond timely**. Highmark Health Options has a limited amount of time to collect and review all the medical records.

## HEDIS SEASON IS FAST APPROACING *cont.*

Highmark Health Options acknowledges that the COVID-19 pandemic has created many new challenges. We need to implement innovative solutions to relieve some of the administrative burden from your staff and maximize efficiencies where we can. Therefore, if your practice currently utilizes an Electronic Medical Records (EMR) System and is willing to grant our HEDIS Operations Nurse with remote access, please contact Su-Linn Zywiol at su-linn.zywiol@highmark.com.

We appreciate your cooperation in extending professional courtesy to PalmQuest and the Highmark Health Options HEDIS Operations Team. With your help, we can make it a successful HEDIS season! As always, thank you for the critical work you do every day providing care and services for Highmark Health Options members.

If at any time during the HEDIS season you have questions or concerns, please feel free to reach out to the Highmark Health Options HEDIS Operations Team at 302-502-4166.

## SEASONAL AFFECTIVE DISORDER

Seasonal Affective Disorder (SAD) affects about 5-10% of the population. Four out of five people who have SAD are women. SAD is more common in younger people. Onset is between 20 and 30 years of age.[1, 2] SAD is a type of depression that's related to changes in seasons. SAD begins and ends at about the same times every year. Most commonly, symptoms start in the fall and continue into the winter months and abate in spring. Much less commonly, SAD occurs in the spring and summer months and abate in fall. [2,3] To be diagnosed with SAD, people must meet full criteria for major depression coinciding with specific seasons (appearing in the winter or summer months) for at least 2 years. Seasonal depressions must be much more frequent than any non-seasonal depressions.[2]

Symptoms of SAD are:

- Lethargy
- Hypersomnia
- Overeating
- Weight gain
- Craving for carbohydrates
- Social withdrawal (feel like "hibernating")

Symptoms of the less frequently occurring summer seasonal affective disorder include:

- Poor appetite with associated weight loss
- Insomnia
- Agitation
- Restlessness
- Anxiety
- Episodes of violent behavior

## SEASONAL AFFECTIVE DISORDER *cont.*

People with SAD may have trouble regulating serotonin. They may overproduce melatonin. Darkness increases the production of melatonin leaving people to feel sleepier and more lethargic. People with SAD may also produce less vitamin D. Vitamin D insufficiency may be associated with clinically significant symptoms of depression.[2]

There are four major types of treatment for SAD:

- Medication - Selective Serotonin Reuptake Inhibitors (SSRIs) are used to treat SAD. The FDA has also approved the use of bupropion, another type of antidepressant, for treating SAD.[2]
- Light therapy - Light therapy has been a mainstay of treatment for SAD since the 1980s and is effective in up to 85% of cases.[3] The idea behind light therapy is to replace the diminished sunshine of the fall and winter months using daily exposure to bright, artificial light. Symptoms of SAD may be relieved by sitting in front of a light box first daily thing in the morning, from the early fall until spring. Most typically, light boxes filter out the ultraviolet rays and require 20-60 minutes of exposure to 10,000 lux of cool-white fluorescent light.[1] A meta-analysis of light use showed that overall exposure to 2,500 lux light intensity for two hours daily for one week showed significantly more remissions – Hamilton Depression (HAM-D) Score reduction of 50% to a level under eight when administered in the early morning.[3]
- Psychotherapy- Cognitive Behavioral Therapy has been shown to be helpful but research is limited.[3] Mind/body techniques that have helped some people cope with SAD are:
    - Relaxation techniques such as yoga or tai chi
    - Meditation
    - Guided imagery
    - Music or art therapy
- Vitamin D – Low levels of vitamin D have been found in those who suffer from SAD. While some studies have found vitamin D replacement to be as effective as light therapy, other studies found no effect from vitamin D.[3, 4]

Whenever SAD is a potential diagnosis, thyroid, anemia, and adrenal issues should be ruled out. The patient needs to let you know if they have a diagnosis of Bipolar Disorder as light therapy can cause manic episodes.[4]

### References:


1. https://www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/diagnosis-treatment/drc-20364722 accessed 10/16/2020
2. https://www.nimh.nih.gov/health/topics/seasonal-affective-disorder/index.shtml accessed 10/16/2020 accessed 10/16/2020
3. Light Therapy for Seasonal Affective Disorder A Review of Efficacy M. Terman, J. Terman, F. Quitkin, P. McGrath, J. Stewart, and B. Rafferty http://www.ederma.net/wp-content/uploads/2015/04/Terman-1989-Neuropsychopharm.pdf accessed 10/16/2020.
4. https://www.mhanational.org/conditions/seasonal-affective-disorder-sad accessed 10/17/2020.

## HIGHMARK HEALTH OPTIONS QUALITY IMPROVEMENT PROGRAM

The purpose of the Highmark Health Options Quality Improvement/Utilization Management (QI/UM) Program 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 identified needs.

The goal of the QI/UM Program is to ensure the excellent provision and delivery of high-quality medical and behavioral health care, pharmaceutical, and other health care services and quality health plan services for our members. 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, as well as 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, identify opportunities that meet the QI/UM Program objectives, and develop a work plan.

As a participating provider, Highmark Health Options asks that you cooperate with QI activities to improve the quality of care and services members receive. This may include the collection and evaluation of data, participation in various QI 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, continuous improvement process and implementation of positive change.

The Scope of the Program includes, but is not limited to:

- 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 and Long-Term Services and Support (LTSS)
- Continuous Quality Improvement using Total Quality Management Principles
- Member and Provider Satisfaction
- Health Education

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

# LIFESTYLE MANAGEMENT/WELLNESS PROGRAMS

## Diabetes Prevention Program (DPP) – New Program!

Highmark Health Options has partnered with the YMCA of Delaware to provide the Diabetes Prevention Program to our members.

Eligible members are able to participate in a 12-month lifestyle change Program if they meet standardized identification criteria set by the Centers for Disease Control and Prevention. This includes being at least 18 years of age, a body mass index (BMI) ≥ 25 (≥ 23 if Asian), and identification of risk factors like family history and/or sedentary lifestyle.

The Program is designed for members at risk of developing diabetes; therefore, members *with diabetes are not eligible* to participate. During the Program, participants meet in group sessions to develop skills to improve eating habits, increase physical activity and cope with setbacks.
Sessions are led by a Lifestyle Coach who is trained specifically for the Program.

**If you have a Highmark Health Options member who may be eligible for the Diabetes Prevention Program, please have them call:**
**The YMCA of Delaware**
*Healthy Living Department*
**302-572-9622**

For any other questions/concerns, please contact Highmark Health Options Care Management Team at 844-325-6251, or visit our website: highmarkhealthoptions.com

## My Healthy Weight: A Pledge to Provide Obesity Prevention and Treatment for Individuals

Obesity is prevalent, expensive, and serious. Over the past 20 years, obesity rates have doubled among adults and tripled among children in the United States.

Obesity, physical inactivity, and related chronic diseases are some of the most challenging and costly public health threats that our country faces. Estimates for health care related to obesity range from $147 to $210 billion per year.

## My Healthy Weight: A Pledge to Provide Obesity Prevention and Treatment for Individuals *cont.*

In acknowledgement of this grave health challenge, Highmark Health Options joined the Delaware Division of Medicaid and Medical Assistance (DMMA) as a founding member of the first-ever collective national insurance initiative:

**My Healthy Weight:** a pledge to provide obesity prevention and treatment for individuals of all ages.

With this initiative, Highmark Health Options expanded its Lifestyle Management and Wellness Programs for members to participate in Highmark Health Options' new Healthy Weight Management Program. This Program offers members the information, tools, resources, and applicable interventions needed to provide them with health/wellness and nutritional options.

**HOW PROVIDERS CAN HELP:**
To support the *My Healthy Weight* pledge signed by the Division of Medicaid and Medical Assistance (DMMA), you can refer your patients to our new Healthy Weight Management Program.

In addition to this, the United States of Preventative Services Task Force (USPSTF) recommends clinicians offer and/or refer adults with a body mass index (BMI) equal to or greater than 30 for intensive behavioral therapy.

Intensive behavioral therapy (IBT) for obesity includes: screening for obesity in adults using measurement of BMI, dietary (nutritional assessment) and/or intensive behavioral counseling, and IBT to promote sustained weight loss through high-intensity interventions related to exercise and diet.

Thus, as a health care provider, you can also address unhealthy weight and/or weight gain (before serious health problems develop), by offering intensive behavioral interventions every plan year for members with a qualifying diagnosis:

- At least six (6) contact hours for adults with a body mass index (BMI) $\geq$ 25 and one or more risk factors for cardiovascular disease
- At least twelve (12) visits for adults with a BMI $\geq$ 30
- At least eight (8) visits for children ages three (3) years or older with a BMI $85^{TH}$-$95^{TH}$ percentile
- At least twelve (12) visits for children ages three (3) years or older with a BMI $\geq 95^{TH}$ percentile
- With our assistance, we can help our members improve their *overall health and quality of life!*

## My Healthy Weight: A Pledge to Provide Obesity Prevention and Treatment for Individuals *cont.*

**CPT Codes – Procedure***

**G0447 – Face-face behavioral counseling for obesity, 15 minutes**
**S9770 – Nutritional Counseling, dietitian visit**

*Disclaimer*: Obesity counseling not payable separately with another encounter or visit on same day. Only one unit of G0447 or S9770 should be billed per day. This is not a guarantee of payment and not an effort to prescribe care – listed only as resource. Providers need to verify their contract and/or credentialing.*

References:

https://bipartisanpolicy.org/press-release/organizations-pledge-to-provide-obesity-prevention/
Medicaid's My Healthy Weight program
https://www.todaysdietitian.com/newarchives/0317p44.shtml
https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/obesity-in-adults-interventions1
https://www.cdc.gov/obesity/data/adult.html
https://www.stateofobesity.org/healthcare-costs-obesity/

## CATCH-UP IMMUNIZATIONS

In light of the global pandemic, there is concern for missed EPSDT preventive screenings and immunizations. Our Care Coordination staff routinely reviews our EPSDT dashboard (a tableau of information that is pulled directly from claims) and the Delaware Immunization Registry to determine if there are any care gaps for our members. We educate our members and work with them to eliminate any barriers that may be impacting their care.

In addition to our routine assessing of care gaps, the EPSDT Team has initiated an outreach campaign to members that have gaps in immunizations based on reporting from our analytics team. We are notifying members of precautions providers are taking to ensure safety of their patients during this time. We are finding that parents/caregivers have stayed away from PCP offices unless their child was sick, and in some of those cases, they have been utilizing tele-health. We are also seeing a slight increase in the volume of EPSDT referrals from providers. We will continue to do our best to reach them and we will follow up with you to let you know the outcome. If parents/caregivers are still feeling uncomfortable making in person visits, we are reaching out to providers so we can collaborate with you and work toward closing any gaps in care for our members.

# ADULT IMMUNIZATIONS ARE IMPORTANT, TOO

Flu Season is upon us, and as we highly recommend that everyone get their annual flu shot, and encourage parents to immunize their children, we also need to stress the importance of adult immunizations. The following table shows the CDC's "Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020."

| Vaccine | 19-26 Years | 27-49 Years | 50-64 Years | ≥ 65 Years |
|---|---|---|---|---|
| Influenza inactivated (IIV) or Influenza recombinant (RIV) OR | 1 dose annually | | | |
| Influenza live attenuated (LAIV) | 1 dose annually | | | |
| Tetanus, diphtheria, pertussis (Tdap or Td) | 1 dose Tdap, then Td or Tdap booster every 10 years | | | |
| Measles, mumps, rubella (MMR) | 1 or 2 doses depending on indication (if born 1957 or later) | | | |
| Varicella (VAR) | 2 doses (if born 1980 or later) | | 2 doses | |
| Zoster recombinant (RZV) (preferred) | | | | 2 doses OR |
| Zoster live (ZVL) | | | | 1 dose |
| Human papillomavirus (HPV) | 2 or 3 doses depending on age at initial vaccination or condition | 27-45 | | |
| Pneumococcal conjugate (PCV13) | 1 dose | | | |
| Pneumococcal polysaccharide (PPSV23) | 1 or 2 doses depending on indication | | | 1 dose |
| Hepatitis A (HepA) | 2 or 3 doses depending on vaccine | | | |
| Hepatitis B (HepB) | 2 or 3 doses depending on vaccine | | | |
| Meningococcal A, C, W, Y (MenACWY) | 1 or 2 doses depending on indication; see notes for booster recommendations | | | |
| Meningococcal B (MenB) | 2 or 3 doses depending on vaccine and indication, see notes for booster recommendations | | | |
| *Haemophilus influenzae* type b (Hib) | 1 or 3 doses depending on indication | | | |

## VACCINATIONS IN ADULTS WITH COPD

People diagnosed with COPD are at increased risk for serious complications from certain vaccine-preventable infections including influenza, pertussis, and pneumonia. Every effort should be made to ensure that this population is educated on appropriate routine vaccinations and the benefits associated with receiving each vaccine. With increased threat from Coronavirus (COVID-19) continuing to loom, reducing the spread of respiratory illnesses during this fall and winter season is of the utmost importance.

*Annual influenza vaccination is recommended for people with COPD. This population is at* high risk of developing serious complications from influenza infection, even if their COPD symptoms are mild or well-controlled by medication. Influenza infection can also precipitate pneumonia and other acute respiratory diseases at higher rates in COPD patients. The Centers for Disease Control and Prevention (CDC) continues to recommend influenza vaccination annually for everyone 6 months and older without contraindications.

**Pneumococcal vaccination** is also important to recommend in those diagnosed with COPD. Keeping this vaccination up-to-date based on CDC and Advisory Committee on Immunization Practices (ACIP) recommendations can help protect against pneumococcal disease, such as pneumonia, meningitis, and bloodstream infections.

Per updated guidance, PCV13 (Prevnar 13®) vaccination is no longer routinely recommended for all adults aged ≥65 years. Rather, shared clinical decision-making for PCV13 use is recommended in this population who do not have an immunocompromising condition, CSF leak, or cochlear implant, and who have not previously received PCV13.

One dose of PPSV23 (Pneumovax-23®) is recommended for ages 19 through 64 years with chronic medical conditions, including lung diseases such as COPD.

Please see the table on the next page for complete recommendations.

**Pertussis vaccination is recommended** as a routine for patients with COPD, including 1 dose of Tdap, followed by Td or Tdap as a booster every 10 years thereafter.

COPD is more prevalent in older age groups and is commonly diagnosed after the age of 45. **Zoster vaccination** is recommended in people ≥ 50 or 60 years of age or older (see chart for age-specific recommendations) regardless of diagnosis of COPD, so eligibility for zoster vaccination should be considered in COPD patients as part of a comprehensive approach.

# VACCINATIONS IN ADULTS WITH COPD *cont.*

| Vaccine | Who/When |
|---|---|
| Influenza Vaccination | • Annually; administration of influenza vaccination is recommended to begin in September and can extend through as late as March of the following year.<br>• Persons age 6 months or older: 1 dose any influenza vaccine appropriate for age and health status annually.<br>• Egg allergy, hives only: 1 dose any influenza vaccine appropriate for age and health status annually.<br>• Egg allergy more severe than hives (e.g., angioedema, respiratory distress): 1 dose any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.<br>  • LAIV should not be used in persons with the following conditions or situations:<br>  • History of severe allergic reaction to any vaccine component (excluding egg) or to a previous dose of any influenza vaccine<br>  • Immunocompromised due to any cause (including medications and HIV infection)<br>  • Anatomic or functional asplenia<br>  • Cochlear implant<br>  • Cerebrospinal fluid-oropharyngeal communication<br>  • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment<br>  • Pregnancy<br>  • Received influenza antiviral medications within the previous 48 hours<br>• History of Guillain-Barré syndrome within 6 weeks of previous dose of influenza vaccine: Generally should not be vaccinated unless vaccination benefits outweigh risks for those at higher risk for severe complications from influenza. |
| Pneumococcal Vaccination | • **Age 65 years and older (immunocompetent):** 1 dose PCV13 based on shared clinical decision-making.<br>  • PCV13 vaccination is no longer routinely recommended for all adults aged ≥65 years. Instead, shared clinical decision-making for PCV13 use is recommended for persons aged ≥65 years who do not have an immunocompromising condition, CSF leak, or cochlear implant and who have not previously received PCV13<br>  • If both PCV13 and PPSV23 are to be administered, PCV13 should be administered first<br>  • PCV13 and PPSV23 should be administered at least 1 year apart<br>  • PCV13 and PPSV23 should not be administered during the same visit<br>• **Age 65 years or older (immunocompetent):** 1 dose PPSV23.<br>  • If PPSV23 was administered prior to age 65 years, administer 1 dose PPSV23 at least 5 years after previous dose<br>• **Age 19 through 64 years with chronic medical conditions (chronic heart [excluding hypertension], lung, or liver disease, diabetes), alcoholism, or cigarette smoking:** 1 dose PPSV23. |

## VACCINATIONS IN ADULTS WITH COPD *cont.*

| Vaccine | Who/When |
|---|---|
| Pneumococcal Vaccination *cont.* | • **Age 19 years or older with immunocompromising conditions (congenital or acquired immunodeficiency [including B- and T-lymphocyte deficiency, complement deficiencies, phagocytic disorders, HIV infection], chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression [e.g., drug or radiation therapy], solid organ transplant, multiple myeloma) or anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies):** 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later, then another dose PPSV23 at least 5 years after previous PPSV23; at age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older).<br>• **Age 19 years or older with cerebrospinal fluid leak or cochlear implant:** 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later; at age 65 years or older, administer another dose PPSV23 at least 5 years after PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older). |
| Zoster Vaccination | • **Age 50 years or older:** 2-dose series RZV (Shingrix®) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) regardless of previous herpes zoster or history of ZVL (Zostavax®) vaccination (administer RZV at least 2 months after ZVL).<br>• **Age 60 years or older:** 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat if administered too soon) or 1 dose ZVL if not previously vaccinated. RZV preferred over ZVL (if previously received ZVL, administer RZV at least 2 months after ZVL). |
| Coronavirus Vaccination | Currently in trials; recommendations TBD |

## References:


1. Centers for Disease Control and Prevention. Immunization Schedules. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020. https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-pneumo. Updated February 3, 2020. Accessed November 12, 2020.
2. United States Food and Drug Administration. It's a Good Time to Get Your Flu Vaccine. https://www.fda.gov/consumers/consumer-updates/its-good-time-get-your-flu-vaccine. Updated September 30, 2020. Accessed November 12, 2020.
3. Centers for Disease Control and Prevention. National Center for Health Statistics. Chronic Obstructive Pulmonary Disease Among Adults Aged 18 and Over in the United States, 1998-2009. https://www.cdc.gov/nchs/products/databriefs/db63.htm. Updated November 6, 2015. Accessed November 12, 2020.

## ASTHMA/COPD OVERLAP SYNDROME



A study by Respiratory Health in Northern Europe (RHINE) and the Global Allergy and Asthma Network in Europe (GALEN) Swedish surveys discovered a higher incidence of insomnia and breathing problems for patients with asthma-COPD overlap syndrome, known as ACO, when compared to those with only asthma or COPD.

Researchers indicate this is the first study to evaluate the correlation concerning sleep-related indications and ACO.

As sleep disorders have a negative effect on quality of life, researchers point out the likeliness of the diminished quality of life in patients with ACO found in former studies may be explained by poor sleep.

Over 25,000 participants, 40 years old or older, took part in one of two Northern European broad-spectrum population surveys. Questions regarding COPD, asthma, respiratory and sleep-related symptoms (including trouble commencing sleep, difficulty sustaining sleep, early-morning awakening, and disproportionate somnolence during the day), were incorporated in both surveys.

After modification for gender, age, body mass index (BMI), smoking history, and level of education, the group with ACO was found to have a higher prevalence of insomnia and respiratory symptoms compared to patients that have either asthma or COPD. The study also finds ACO patients being two to three times more likely of having sleep-related issues when compared to the group that had neither asthma nor COPD.

The authors said future studies of patients with ACO are needed to identify patient interventions and the best methodology. (Credit: *The American Journal of Managed Care, May 2018).*

## RECOMMENDATIOS FOR PERINATAL CARE

Timeliness of perinatal care is essential to help reduce poor birth outcomes, low birth weights, and infant and maternal mortality rates. Healthy development of a fetus, healthy deliveries, and healthy postpartum outcomes are a reasonable goal and expectation for both members and providers.

Provider offices that administer maternity care on a regular basis should be very familiar with the Healthcare Effectiveness Data Information Set (HEDIS) clinical guidelines that recommend:

- A minimum of one (1) prenatal visit within the first trimester visit (or within 42 days of enrollment);
- Regular prenatal care visits throughout the pregnancy; and
- A postpartum visit 21 to 56 days after delivery.

Below is a brief list of additional recommended perinatal screenings:

- 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; and
- 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.

## 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.

Su-Linn Zywiol, Strategy Program Manager, will be available to answer any questions you may have about your Portfolio. The email address is: su-linn.zywiol@highmark.com.

## PHARMACY CORNER

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options has implemented a prior authorization process for a subset of medications. This authorization requirement applies to all Highmark Health Options members; failure to obtain an authorization for these medications will result in a claim denial. Please follow this link to view the most recent communication and most current list of impacted medications:
Specific Medications Require Prior Authorization Reminder.

Important changes:

- The following medications/ HCPCS codes no longer require authorization:
  - Poteligeo (J9204)
  - Prialt (J2278)
  - Vyvondys 53 (J1429)
  - Unclassified drug or biological used for esrd on dialysis (J3591)
- The following medications recently received permanent HCPCS codes:
  - Zulresso (J1632) – code effective 10/01/2020, for dates of service prior to 10/1/20 see J3490

Pharmacy information is located on our website under the following link Medication Information. If you have additional questions regarding medication authorizations, please call Pharmacy Services at 844-325-6251.