

# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## Program/Policy Updates

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



Important Phone Numbers

## EPSDT Reports On Navinet

Primary care providers are able to access a quarterly EPSDT report for Highmark Health Options members that have been identified in your practice. The report can be accessed through the Provider Portal in Navinet. You will see a notification in your inbox labeled “**EPSDT Report.**”

This is an opportunity to see a broad range of information that allows you to:

- View the current status of members in regard to their Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) preventative health screenings
- Focus and filter the report by multiple factors, for example, age group, specific screening type, and compliance status
- Create targeted outreach to members with specific gaps, for example, a certain vaccination type or lead screening
- Identify what screenings are coming due for members
- Assess possible coding modifications that will positively impact your overall compliance statistics
- Identify members who are under the care of the Division of Family Services
- Customize to fit your needs in promoting optimal wellness for members

Highmark Health Options is committed to collaborating with you to ensure our members receive all the mandated services outlined in the EPSDT Program and close any potential gaps in care.

Please call the Highmark Health Options Provider Service Center with any questions or concerns at 1-844-325-6251.

## Appointment Standards

PCP or Specialist		
Appointment Type	Example	Appointment Standard
Emergency Care	High temperature, persistent vomiting or diarrhea or symptoms which are of sudden or severe onset but which do not require emergency room services.	Available the same day
Urgent Care	Persistent rash, recurring high-grade temperature, non-specific pain or fever.	Seen within 2 calendar days
Routine Care	Psoriasis, treatment of chronic conditions such as chronic back pain.	Seen within 21 days

### Appointment standards below apply to OB/GYNs or PCPs who provide prenatal care

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
	Emergency Exists	Immediately

### Additional Office Standards for PCP or Specialist

Wait time in waiting room for routine care	Providers will not make a patient wait longer than one hour. Office visits can be delayed when a provider “works in” urgent cases, when a serious problem is found, or when a patient had an unknown need that requires more services or education than was described at the time the appointment was made. If a physician or provider is delayed, patients must be notified as soon as possible so they know the delay. If the delay results in more than a 90 minute wait, the patient must be offered a new appointment.
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## Appointment Standards

Behavioral Health Practitioners		
Appointment Type	Example	Appointment Standard
Care for a non-life-threatening emergency	<p>An acute dystonic reaction to antipsychotic medication (drug-induced involuntary muscle spasms).</p> <p>Antidepressant-induced hypomania (drug-induced manic mood without functional impairment).</p> <p>Intrusive thoughts (significant, severe, distressing).</p>	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	Marital problems, tensions at work and general anxiety disorder.	Within 3 weeks

All PCPs, Specialists, and 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.

## How to Request a Drug Be Added to the Formulary

Requests must include the drug name, rationale for inclusion on the formulary, role in therapy, and the formulary medications that may be replaced by the addition. The Pharmacy and Therapeutics (P&T) Committee will review and consider these requests. All requests should be forwarded in writing to:

**Highmark Health Options  
Provider Mail  
P.O. Box 22188  
Pharmacy Department  
Pharmacy and Therapeutics (P&T) Committee, Floor 19  
Pittsburgh, PA 15222-0188**

Highmark Health Options Pharmacy Department is focused on providing a first-class customer service experience for our providers. Designated staff are available to address provider questions related to the drug benefit or other pharmacy processes.

**If you are a provider or calling on behalf of a provider, please contact the Highmark Health Options Pharmacy Department at 1-844-325-6251.**

A trained representative is ready to help with all of your questions related to the drug benefit or other pharmacy processes. A representative can help you locate important pharmacy forms (e.g. prior authorization forms), assist you in the pharmacy prior authorization process, and provide you with formulary alternatives to non-formulary medications. You can find this valuable information on our website under the Provider section at <http://www.highmarkhealthoptions.com>.

## Medical Record Review Procedure

### Introduction:

- Medical Record Review (MRR) Standards have been adopted by the Highmark Health Options Quality Improvement/Utilization Management (QI/UM) Committee.
- Medical Record Review Standards have been developed for:
  - PCPs and Specialists
  - OB/GYN Practices
  - Skilled Nursing Facilities
  - Home Health Agencies
  - Behavioral Health Practitioners
- The importance of having standards is to verify that Practitioners and Providers are:
  - aware of the expected level of care and associated documentation;
  - aware of the requirements for maintenance of confidential medical information and record keeping; and
  - assured that medical records are being evaluated in a consistent manner.

### Goals:

- The Quality Improvement/Utilization Management Committee has established the scoring standard of 80% for the Medical Record Review elements.
- If the score of 80% has not been met for MRR, a follow-up review will be scheduled to assess improvement.
- Practitioners and providers are notified of their results and any areas of deficiency by letter within forty-five (45) calendar days of the review.
- Repeatedly failing to meet an overall performance score of 80% may lead to initiation of corrective action, up to and including termination from the Plan.

### Frequency of Reviews:

Medical record reviews are conducted at least annually on a sample of PCPs, SCPs, and ancillary providers (e.g. Home Health Agencies, Skilled Nursing Facilities, and Behavioral Health Practitioners). Medical records for this review are obtained directly from the provider and may be reviewed at the provider's location (on-site review) or sent to Highmark Health Options for a desk-top review.

## Provider Network Contacts

### Provider Relations:

**Paula Victoria**

Manager, Provider Relations, LTSS  
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302-502-4083

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**Tracy Sprague**

Provider Account Liaison/Provider Complaints  
*\*includes servicing of LTSS Providers*  
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302-502-4120

**Melanie Anderson**

Director, Provider Networks & Contracting  
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### Provider Contracting:

**Chanel Bailey**

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### Provider Contracting, continued

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### Ancillary Strategy:

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Hospice; Home Infusion  
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412-255-1195

## Important Phone Numbers

Address	
<b>Office Location</b>	Highmark Health Options 800 Delaware Avenue Wilmington, DE 19801
<b>Member Correspondence</b>	Highmark Health Options – Member Mail P.O. Box 22188 Pittsburgh, PA 15222-0188
<b>Provider Correspondence</b>	Highmark Health Options – Provider Mail P.O. Box 22218 Pittsburgh, PA 15222-0218

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