



PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

THIS ISSUE

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Important Phone Numbers

PREGNANCY CODING: NORMAL VERSUS COMPLICATED

Diagnoses related to pregnancy can be found in *Chapter 15: Pregnancy, Childbirth, and the Puerperium* (O00 – O09A) of the ICD-10-CM Manual. These codes should be reported on the maternal claim only. Codes for the newborn claim may be found in *Chapter 16: Certain Conditions Originating in the Perinatal Period* (P00 – P96).

Codes from Chapter 15 should always be sequenced in the principal or first-listed position on the claim. Supervision of High-Risk Pregnancy (Category O09) should always be listed first. It is not appropriate to use “routine” diagnoses with these codes. Secondary codes may be listed; however, the principal diagnosis should correspond to the principal complication that necessitated the encounter. Multiple complications may be listed in any sequence.

The majority of the codes in Chapter 15 have a final character indicating the trimester of pregnancy. Exceptions to this would be if a condition only occurs in a certain trimester. “Unspecified trimester” should rarely be used, and only in circumstances when documentation is insufficient and it is not possible to obtain clarification.

Visits for routine pregnancies, with no complications present, should be coded from Category Z34. This category has an Excludes 1 notation stating these codes should never be reported with diagnoses from Chapter 15. Likewise, Chapter 15 has an Excludes 1 notation for normal pregnancy diagnoses from Category Z34.

Use a code from Category Z3A to indicate the weeks of gestation of the pregnancy. These codes should be used on the maternal claim only and should never be coded as the primary diagnosis. This category has a “Code First” notation in the ICD Manual that instructs to list complications of pregnancy first.

References

ICD-10-CM Official Guidelines for Coding and Reporting, FY 2020, Section I.C.15, Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00 – O9A)

https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

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

APPEALS AND GRIEVANCES DEPARTMENT REMINDER

As a reminder, on July 5th, 2020, changes were implemented to the contact information for both Member Appeals & Grievances and Clinical Appeals submissions. The changes were:

Member Appeals & Grievances

Fax Number 833-841-8074

Provider Clinical Appeals

Fax Number 833-841-8075

Mailing Address

PO BOX 106004

Pittsburgh, PA 15230

The phone numbers to speak with a representative did not change. Please continue to use the following methods to reach an agent with questions or to initiate a request:

- Member Services (Non-LTSS): 1-844-325-6251
- Member Services (LTSS): 1-855-401-8251
- Provider Services: 1-844-325-6251
- Member Advocates: 1-855-430-9852

There were no changes to the processing times or exchange of information. If you have any questions or concerns about these, please reach out to Provider Services or your Provider Network Contact.

BREAST CANCER AWARENESS MONTH

Each October, we are reminded of the impact that breast cancer has in the United States for both victims and their families. According to the American Cancer Society, breast cancer is the most common type of cancer in the United States and is the fourth leading cause of cancer deaths. In fact, it is estimated that one in eight American women will be diagnosed with breast cancer at some point in their lives.¹

Despite being so prevalent and receiving nationwide attention, many women still worry about screening for breast cancer. Notably, there is concern about the false positives that lead to unnecessary biopsies – a topic that has been in the news recently. To complicate matters further, a review of available research has shown that estimates of overdiagnosis ranges from zero to 54 percent.² As a result, it is difficult to truly understand women's chances of receiving a false positive when discussing risks with patients.

One thing that is certain, however, is the small, but real chance of saving a woman's life through regular breast cancer screening. That benefit must be weighed against any risk of a false positive, and the decision to screen should be discussed with your patient. Regular screening is a great way to improve your patient's life.

Breast cancer screening is also a measure that impacts HEDIS rates. It's defined as the number of women 52-74 years of age as of December 31 of the measurement year who have received one or more mammograms since October 1st two years prior to the measurement year. Women who have had both breasts surgically removed are excluded from the measure.

BREAST CANCER AWARENESS MONTH, *cont.*

There are several ways that you can get more patients screened and improve your HEDIS rates:

- Create alerts or flags in the medical record to remind staff who interact with patients to discuss breast cancer screening
- Ask your patients if they have already had a mammogram that was ordered by another physician and get a copy of the results to include in their medical record
- Use other preventive appointments, including well visits or annual flu shots, as an opportunity to discuss breast cancer screening
- Offer scheduling or referral assistance to patients; You can even have standing referrals created for staff to provide patients while they are in the office
- Come up with a schedule for screening that you can share with the patient; Having a schedule can help the patient plan for future appointments

Breast Cancer Awareness Month is a good time to evaluate processes in your practice to determine what is and isn't working. In the end, small changes could make a big difference in your patient's life.

Reference

¹ American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

² Nelson HD, Pappas M, Cantor A, Griffin J, Daeges M, Humphrey L. Harms of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. *Ann Intern Med.* 2016.

CONTINUITY AND COORDINATION OF CARE

The seamless sharing of information between healthcare providers, such as between primary care physicians (PCPs) and specialists, presents many challenges to the continuity of care and treatment for our members. Highmark Health Options membership includes some of the most vulnerable individuals who may suffer from severe or chronic illnesses. Enhanced communication among and between all those who participate in providing care to a patient is imperative in ensuring that all decisions about the patient's care are informed and contribute to the patient's overall well-being. Continuity of care issues can result in suboptimal outcomes, increased costs, and medical errors.

Continuity and coordination of care also includes sharing information between settings. Sometimes members are transferred between units in a hospital or other medical facility, or it might even be from a facility to home. Continuity and coordination of care, therefore, is not only the responsibility of providers, but may also be applicable to members' family, friends, or caretakers.

It is to the benefit of both the patient and healthcare professional to communicate any reports, therapies, medications, and concerns identified by providers across treatment settings. Please contact your Provider Relations Representative with questions about how you can help improve patient care between settings.

COPD – A QUICK REFRESHER

Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. These two may occur together and can vary in severity. Chronic bronchitis is inflammation of the lining of the bronchial tubes and alveoli. It is characterized by cough and sputum daily. In emphysema, the alveoli are destroyed and become blebs, usually due to cigarette smoke and other irritating gases and particulate matter.

Although COPD is a progressive disease, it is treatable and most people with COPD can achieve good symptom control and quality of life with proper management. Short-acting bronchodilators are your beta 2 agonists such as salbutamol and terbutaline, and antimuscarinic inhalers such as ipratropium are first line medications. Long-acting bronchodilators come next and are used in combination with the rescue inhalers or short-acting inhalers. These are: beta 2 inhalers – such as salmeterol, formoterol, and indacaterol; and antimuscarinic inhalers – such as tiotropium, glycopyrronium, and aclidinium. New inhalers contain a combination of a long-acting beta 2 agonist and an antimuscarinic. Steroid inhalers contain corticosteroids to reduce inflammation in the airways. Theophylline still has a place in the treatment of COPD. It is unsure how theophylline acts but it reduces inflammation and relaxes the muscles lining the airways. Mucolytics help thin the mucus for those with persistent chesty coughs. Steroids can be used to reduce inflammation during particularly bad flares. And of course, antibiotics for any infectious process that occurs.

Pulmonary rehabilitation programs can be instrumental in the control and relief of debilitating symptoms. These specialized programs of exercise and education are designed to help people with COPD. It can help improve how much exercise they're able to do before they feel out of breath, as well as symptoms, self-confidence, and emotional well-being. These programs usually involve two (2) or more group sessions per week for at least six (6) weeks.

COPD – A QUICK REFRESHER, cont.

Roflumilast is a new oral medication that treats inflammation and can be used to treat flares. It is recommended for those who have symptoms that suddenly become worse at least twice a year. Low flow oxygen therapy may be necessary. It does not treat breathlessness.

Non-invasive ventilation or Bipap therapy may be needed for bad flareups. This is usually used in the hospital but can be transferred to home use. CPAP is also helpful for restful sleep.

Surgery is only suitable for a small number of people with severe COPD whose symptoms are not controlled by medications. These surgeries are: bullectomy, lung volume reduction, and lung transplant surgery.

Reference

<https://www.mayoclinic.org/> accessed July 17, 2020.

<https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/treatment/>

accessed July 17, 2020

DIABETES PREVENTION FOR BEHAVIORAL HEALTH PATIENTS

Diabetes

About 1 out of 10 adults in America have diabetes. Approximately 1 out of 3 have prediabetes. With proper education and other preventive care, the 88 million Americans that have prediabetes can be reduced by over 50% (National Diabetes Statistics Report, 2020).

Programs, such as the National DPP lifestyle change, have been created by the CDC, providers, and other healthcare entities designed to assist in lowering the cases of prediabetes and Type 2 diabetes. Highmark Health Options has created the Diabetes Prevention Program.

Type 2 diabetes and prediabetes have many causes. The most common known causes are obesity, physical inactivity, and diet. Some causes can be related to genes and racial ethnic groups. Less common causes of prediabetes and type 2 DM are linked to genetic mutations, hormonal diseases, metabolic syndrome, and psychiatric medications.

Metabolic Syndrome

Metabolic syndrome is a group of conditions that when placed together, increase your risk to Type 2 diabetes. Included in these conditions is high blood pressure, large waist circumference, high glucose or A1C levels, and high cholesterol or triglycerides. The concern with metabolic syndrome, is that it is not easily recognized. The only objective signal is an apple or pear-shaped body, which does not always indicate metabolic syndrome. It is important that members on psychiatric medication receive preventative care that includes routine lab work and metabolic syndrome screenings, as roughly 30% of psychiatric patients suffer from metabolic syndrome. Subjective symptoms are a lot like those of diabetes, including increased thirst and urination. Metabolic syndrome is a preclinical state of the risk of diabetes.

Causes of metabolic syndrome are very similar to those of Type 2 diabetes. Age, ethnicity, obesity, inactivity, poor diet, and use of psychiatric medication. There is an increased risk for those with psychiatric conditions, including Major Depressive Disorder, Bipolar Disorder, Schizophrenia, ADHS, and PTSD. Studies have shown that antidepressants impact metabolic regulation. Studies on second-generation antipsychotics have proven that these medications cause weight gain (in up to 70% of patients), increased lipids, changes in glucose metabolism, and insulin resistance (Penninx, B., & Lange, S., 2018).

DIABETES PREVENTION FOR BEHAVIORAL HEALTH PATIENTS, *cont.*

Behavioral Health, Deficits in Preventive Care

A significant concern for those with psychiatric disorders is the deficit in preventive care. If one has metabolic syndrome, productive lifestyle changes can delay or even prevent the development of serious health problems, as with diabetes. Patients with major psychiatric disorders have a life expectancy that is 10-24 years shorter than people without psychiatric disorders.

Patients with severe and persistent mental illness suffer from many contributing factors that make it harder for them to engage in preventive care. The high numbers of mortality in psychiatric patients is mainly due to physical illness. About 60% of the excess mortality observed in psychiatric patients is due to physical comorbidities (Penninx, B., & Lange, S., 2018). There is known poor adherence to medical care with psychiatric patients. Many of the patients in this population engage in poor lifestyle choices, such as nicotine, alcohol and drug use, inactivity, and poor diet. Patients with severe and persistent mental illness also tend to have less access to healthcare, whether it is due to lack of transportation, homelessness, or lack of knowledge about resources available to them. These disparities greatly impact the physical health of psychiatric patients (DE Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Detraux, J., Gautam, S., Möller, H. J., Ndeti, D. M., Newcomer, J. W., Uwakwe, R., & Leucht, S., 2011). Some of these patients simply cannot recognize that they are unwell.

How to Intervene with Preventive Care and Education

There are many ways that healthcare and psychiatric providers can assist in reducing the risk of metabolic syndrome and Type 2 diabetes with this population. Education is the key element. Patients with severe and persistent mental illness have access to Assertive Community Treatment teams, Care Coordination, and other healthcare options. It is important that psychiatric patients are screened regularly for metabolic syndrome, as well as regular scheduled lab work to help determine where changes are needed and to assist in the creation of care plans to include healthier lifestyle planning.

As mentioned above, the National Diabetes Prevention Program (DPP) was developed to help educate patients on lifestyle changes necessary in preventing unnecessary morbidities. Education and monitoring include focusing on getting at least 30 minutes of physical activity most days; eating plenty of vegetables, fruits, lean protein, and whole grains; limiting saturated fat and salt in your diet; and maintaining a healthy weight and not smoking.

DIABETES PREVENTION FOR BEHAVIORAL HEALTH PATIENTS, *cont.*

Diabetes Prevention Program Highmark

The Centers for Disease Control and Prevention (CDC) leads the DPP that aims to prevent Type 2 diabetes in individuals who have prediabetes, a condition of elevated blood sugar that often leads to Type 2 diabetes within a few years.

Highmark Health Options has partnered with the YMCA of Delaware to offer our new *Diabetes Prevention Program*. In a relaxed, small group classroom setting, a trained Lifestyle Coach helps participants learn skills and strategies to eat healthier, increase physical activity, lose weight, overcome stress, stay motivated, and more.

Eligible members are able to participate in a 12-month lifestyle change program if they meet standardized identification criteria set by the CDC. 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.

How to Enroll Someone in Diabetes Program with Highmark Health Options

You can call your Highmark Health Options Care Management Department at 844-325-6251, contact the YMCA of Delaware Healthy Living Department at 302-572-9622, or visit the YMCA of Delaware website: <https://www.ymcade.org/preventdiabetes>.

References

DE Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Detraux, J., Gautam, S., Möller, H. J., Ndeti, D. M., Newcomer, J. W., Uwakwe, R., & Leucht, S. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 10(1), 52–77. <https://doi.org/10.1002/j.2051-5545.2011.tb00014.x>

National Diabetes Statistics Report, 2020. Retrieved from: <https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html>

Penninx, B., & Lange, S. (2018). Metabolic syndrome in psychiatric patients: overview, mechanisms, and implications. *Dialogues in clinical neuroscience*, 20(1), 63–73.

DOMESTIC VIOLENCE AWARENESS

Domestic Violence is a pattern of abusive behaviors used by one partner in an intimate relationship to control the other. It can include physical, psychological, verbal, sexual, and/or financial abuse. It is always about power and control. It is estimated that 1 in 4 women will be victimized in her lifetime. Domestic violence is a public health, criminal, and social issue that affects us all. We all have a role in preventing and ending domestic violence.

Visit the Delaware Coalition Against Domestic Violence for information and resource: www.dcadv.org

Phone: 302-658-2958

National Hotline: 1-800-799-7233

Fax: 302-658-5049

dcadvadmin@dcadv.org

100 West 10th St., Suite 903

Wilmington, DE 19801

Trained advocates can help victims create confidential, personalized safety plans.

24-Hour Hotlines & Shelters

New Castle County: 302-762-6110 (bilingual)

Kent & Sussex Counties: 302-422-8058

302-745-9874 (bilingual)

PROVIDER REMINDERS

NaviNet and Provider Services should be your first line of communication. Both can provide:

- Benefits Coverage Information
- Member Eligibility and Demographic Information
- Claims Status and Disputes
- Authorizations: Submissions and Appeals
- Medical and Payment Policies
- Payment Rates
- Obtain Remittance Advices
- Check Inquiries

Provider Services can be reached at 844-325-6251 or email hho-depsresearch2@Highmark.com.

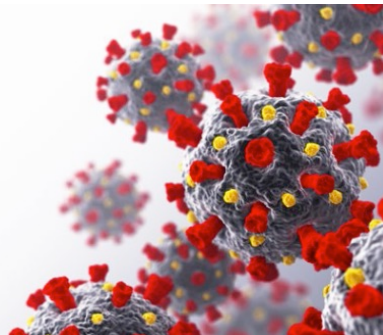
NEW HHO PROGRAM ANNOUNCEMENT

HHO is excited to introduce our new Electronic Medical Records Remote Access Program (EMR RAP). The EMR RAP was specifically designed to be used for medical record audits. EMR RAP transforms how we request and receive medical records — a program designed to reduce your administrative costs and free up your staff to focus on patient care. Program enrollment is FREE! You can email clinicalquality@highmark.com for additional information and how to enroll.

CORONAVIRUS: RESOURCES AND INFORMATION

Access helpful links directly on our website homepage:

- *[Important Information](#)
- *[FAQS](#)
- *[Maternity FAQS](#)
- *[CDC Coronavirus](#)
- *[State of DE Information](#)
- *[COVID Testing Locations](#)



Highmark Health Options is closely following updates regarding the coronavirus. We are also in close contact with various State and Federal health agencies, including the Centers for Disease Control and Prevention (CDC).



Aunt Bertha is a social care network where you can search for free or reduced cost services like medical care, food, job training and more. To view services in your area, visit our website homepage and click [Community Resources](#).

Aunt Bertha is an independent company that provides enterprise solutions for social needs and social care referrals and does not provide Blue Cross and/or Blue Shield products or services.



AMWELL TELEHEALTH

Members can visit with a doctor from the comfort of their home, reducing possible exposure to the virus. Video visits using Amwell are covered under the HHO plan. Remind them to go to HighmarkHealthOptions.Amwell.com and enter the service key Delaware to see the practices available to them.

INFLUENZA VACCINATION

Flu season is just around the corner. Since 2010, the CDC estimated that there have been up to 35.6 million influenza cases and up to 56,000 deaths due to influenza annually.

You can help stop the flu from spreading by encouraging your patients to get a flu vaccine! The flu vaccine is the best way to prevent the flu. It is recommended that everyone aged six (6) months and older should receive a flu vaccine around the time flu season starts (October), especially individuals who are at an increased risk for developing serious flu complications. People who interact with these individuals or care for infants less than six (6) months should also receive the vaccine. Those at increased risk for developing flu complications include:

- Children aged 5 years and younger
- Adults aged 65 years and older
- Pregnant women
- People with chronic health conditions like heart and lung diseases, diabetes, and asthma

Help do your part in preventing the spread of the flu and discuss flu vaccine benefits and risks with your patients!

Highmark Health Options makes it easy for members to get a flu shot this fall. Members can visit any retail pharmacy location (i.e. CVS, Walgreens) to get a flu shot at no charge!

For more information on avoiding the flu (and COVID-19), visit [HighmarkHealthOptions.com](https://www.HighmarkHealthOptions.com) and look for “Flu / COVID-19 Toolkit.”

More information on the flu vaccine can be found at: <https://www.cdc.gov/flu/index.htm>

Reference

Centers for Disease Control and Prevention. Influenza (Flu). Accessed August 8, 2017 from <https://www.cdc.gov/flu/index.htm>

LIVING WILL / ADVANCE DIRECTIVES

The Omnibus Budget Reconciliation Act (OBRA) of 1990 included a substantive new law that has come to be known as the Patient Self-Determination Act and which largely became effective on December 1, 1991. The Patient Self-Determination Act applies to hospitals, nursing facilities, providers of home healthcare or personal care services, hospice programs, and health maintenance organizations that receive Medicare or Medicaid funds. The primary purpose of the act is to assure that the beneficiaries of such care are made aware of advance directives and are given the opportunity to execute them if they so desire. It is also to prevent discrimination in care if the member chooses not to execute advance directives.

As a participating provider within the Highmark Health Options network, you are responsible for determining if the member has executed an advance directive and for providing education when it is requested.

You can request a copy of a “Living Will” form from the Quality Improvement Department by calling Highmark Health Options Provider Services at 1-844-325-6252. There is no government-mandated form.

A copy of the “Living Will” form should be maintained in the medical record. Highmark Health Options Medical Record Review Standards state that providers ask members age 21 and older whether they have executed advance directives and will document the response.

Providers will receive educational material regarding member’s rights to advance directives upon entering the Highmark Health Options practitioner network.

Advance directive forms are made available by visiting the Highmark Health Options website at [HighmarkHealthOptions.com](https://www.HighmarkHealthOptions.com). Members can also be directed to their Member Handbook, or to contact Member Services at 1-844-325-6251, to obtain an advance directive form.

MEDICAL RECORD REQUESTS

Medical record requests are sent out to assist with the investigation into Quality of Care Concerns and Grievances. Highmark Health Options has 30 days to investigate and render a decision. To ensure that Quality Nurses and Medical Directors have adequate time to perform a thorough review of the cases, we ask that you please respond within five (5) days of receipt. Also, please keep in mind that failure to provide medical records is in direct violation of the contractual obligation.

SPECIALTY RADIOLOGY DENIAL PROVIDER NOTIFICATION

To provide additional coordination of care and optimize member outcomes, Highmark Health Options (HHO) is providing our partners with a notice regarding an enhanced service that may have an impact on member/MCO outreach to your practice.

Beginning August 17, 2020, HHO will be outreaching to offer both education and support for HHO members who have had a specialty radiology serviced denied, offering additional coordination as needed. This outreach may result in members and/or HHO staff reaching out to the ordering physician to explore alternate treatment options/testing, to submit additional clinical information to support the denied service, maximize utilization of the peer to peer options for authorization review or file an appeal of the denial.

ORAL HEALTH IS EVERYBODY'S BUSINESS

Oral health is multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex. It is a fundamental component of health and physical and mental well-being. It exists along a continuum influenced by the values and attitudes of people and communities. It reflects the physiological, social, and psychological attributes that are essential to the quality of life. It is influenced by the person's changing experiences, perceptions, expectations, and ability to adapt to circumstances.¹ All healthcare providers have a responsibility to assist with dental health.

If you are a Primary Care Provider and are examining a member's throat, take an extra minute to examine the oral cavity and refer your member to a dentist if you see any signs or symptoms of dental disease or cancer. Dental issues could be ill-fitting dentures, tooth pain, stained or bleeding teeth/gums, chronic dry mouth, receding gums, or halitosis.² Signs of cancer may be a swelling/lump, or white, black, or red plaques anywhere in the oral cavity.³

If you are an educator in a Nursing Home/Rehab or Home Health Care Agency, we ask that you link to our educational video at [HighmarkHealthOptions.com/Provider/Provider-Resources/Forms-and-Reference](https://www.highmarkhealthoptions.com/provider/provider-resources/forms-and-reference). Please feel free to play this video for your staff to help keep them updated on proper oral care. The video will explain how to obtain 100 ID flip badges with vital oral health information.

Reference

1. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. M. Glick, DMD, D.M. Williams, BDS, MSc, PhD, D. V. Kleinman, DDS, MScD, M. Vujicic, PhD, R. G. Watt, BDS, MSc, PhD, R. J. Weyant, DMD, DrPH, <https://doi.org/10.1016/j.ada.2016.10.001> Accessed July 2, 2020
2. <https://www.healthline.com/health/dental-and-oral-health> Accessed July 2, 2020
3. www.cancer.org Accessed July 2, 2020

2020 MEMBER EXPERIENCE SURVEY RESULTS

Every year, a sample of members are asked to complete a survey on their healthcare experiences. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey asks members a variety of questions related to their experience with Highmark Health Options and their providers. Three separate CAHPS surveys are completed annually to assess member experience for the adult, child, and CHIP populations. Survey questions are combined to form the following categories:

- Getting Needed Care
- Getting Care Quickly
- Customer Service
- How Well Doctors Communicate
- Coordination of Care
- Ease of Filling out Forms

Members are then asked to rate their healthcare, health plan, personal doctor, and specialist on a scale from one to ten. The responses allow us to focus resources on underperforming areas and make improvements where needed.

The results of the 2020 CAHPS surveys were very positive with high ratings received in a number of categories. On a national scale, many categories are performing in the 90th percentile. Our adult members are very happy with the care they receive and how quickly it is received. Adult members are happy with their specialists and how well their doctors communicate with them. A CAHPS workgroup has been formed to identify barriers and develop interventions for underperforming measures such as getting needed care for children and getting care quickly for children. Highmark Health Options is actively working toward improving these areas and improving overall member healthcare experience.

While the CAHPS surveys are reflective of Highmark Health Options as a plan, they also measure your performance as a provider. You can help by considering the following suggestions:

- Include members in the decision-making process
- Use active listening techniques such as paraphrasing what was said and incorporate “teach back” strategies
- Ensure staff engage in effective and respectful communication with members
- Explain things in an understandable way
- Utilize appointment reminder calls to prompt patients to bring their medications to review during their appointments
- Abide by appointment standards

Together, we can make members happier and healthier!

HELP US HELP OUR MEMBERS PREVENT DIABETES

What is the Diabetes Prevention Program?

The Diabetes Prevention Program is based on research and focuses on life-long changes to improve long-term health and well-being and reduce risk of developing Type 2 diabetes. In this optional *free* program, Highmark Health Options has partnered with the YMCA of Delaware to allow your patients to benefit from the YMCA Diabetes Prevention Program.

To participate, patients must be 18 or older, overweight with a body mass index (BMI) equal to or over 25 (equal to or over 23 if Asian), and be diagnosed with prediabetes or have a previous diagnosis of prediabetes. Once enrolled, your patients will obtain knowledge about eating healthier, incorporating physical activity into their daily routine, overcoming stress, and staying motivated.

How Can You Help?

Please help us expand access to the Diabetes Prevention Program by encouraging patients (ages 18 and older and at risk of getting diabetes) to enroll. Your patients can learn more about the program's eligibility criteria by calling our Highmark Health Options Care Coordination Department at 844-325-6251. They can also call the YMCA's Healthy Living Department directly (302-572-9622) to enroll and/or visit their website: <https://www.ymcade.org/preventdiabetes/>

Additional Resources

You can also help patients prevent Type 2 Diabetes by sharing the following websites:

- www.cdc.gov/diabetes/prevention
- www.preventdiabetesstat.org

IMPORTANCE OF WEIGHT MONITORING AND BMI DOCUMENTATION

Obesity is a serious medical condition that can cause complications such as metabolic syndrome, high blood pressure, atherosclerosis, heart disease, diabetes, high blood cholesterol, cancers, and sleep disorders. Recent studies found that obesity contributes to nearly 1 in 5 deaths in the United States. Obesity ranges are determined by using a commonly used weight-for-height screening tool called the “body mass index” (BMI) which correlates with amount of body fat. Careful monitoring of BMI will help healthcare providers identify adults who are at risk and provide focused advice and services to help them reach and maintain a healthier weight. In 2019, 82% of our members had a BMI on record but we want that rate to be higher!

How Can You Help?

Members are not always willing to be weighed at the office so please educate them on the importance of weight and BMI determination. If your practice documents height and weight, be sure your electronic medical record auto-generates and records a BMI value.

Best Practices

- Primary goal of obesity care is relief from weight-related complications, not just weight loss.
- All adults should be screened annually for obesity.
- Those with a BMI of 25 kg/m or greater should be further evaluated for clinical factors such as fluid retention, muscularity, age, and gender to determine if treatment for overweight or obesity is required.
- Those who gain weight progressively should be screened for Type 2 diabetes or prediabetes.
- Treatments include lifestyle changes, such as heart-healthy eating and increased physical activity, and Food and Drug Administration (FDA) approved weight-loss medicines. Surgery may be a treatment option.
- Persons with obesity should be screened for depression.
- Waist circumference of 94 cm or more for men and 80 cm or more for women is considered “at risk and consistent with abdominal obesity”. Studies have linked abdominal obesity with increased cardiovascular risk.
- Schedule follow-up appointments for members with obesity.
- Honest communications regarding importance of managing weight and living a healthy lifestyle.

IMPORTANCE OF WEIGHT MONITORING AND BMI DOCUMENTATION , *cont.*

How to Code BMIs Appropriately

Adult BMI: Use ICD-10 codes Z68.1 - Z68.45. BMI adult codes are for use for persons 20 years and older. Please report the adult BMI as a non-primary diagnosis.

Pediatric BMI Percentile: Please report the pediatric BMI percentile as a non-primary diagnosis using ICD-10 codes Z68.51 - Z68.54. BMI pediatric codes are for use for persons between 2 and 19 years old.

Reference

AAECE Presents Clinical Practice Guidelines for Treating Obesity, 2016.

<https://www.ajmc.com/newsroom/aace-presents-clinical-practice-guidelines-for-treating-obesity>

IMMUNIZATIONS EPSDT REQUIREMENTS AND CODING

Featured Speaker: Kim York, LCSW, CCM EPSDT Coordinator

Choose From 4 Sessions Available on Microsoft Teams:

November 11th 12pm to 1pm or 3pm to 4pm

November 12th 12pm to 1pm or 3pm to 4pm

Please email Kim York at Kimberly.York@Highmark.com with the name of participants, their email address, and session of choice, and an invite will be sent.



LTSS: CONTRACTUALLY REQUIRED MONTHLY MISSED HOURS REPORTING

The LTSS Accreditation and Regulatory team held four (4) provider trainings during July and August to review the mandatory reporting requirements for Missed Hours Reporting. LTSS Attendant Care providers are required to submit a monthly report detailing the hourly attendant care services provided to Highmark Health Options LTSS members. Per the Master Service Agreement with DMMA, Highmark Health Options is required to submit a monthly report detailing the following:

- The number of members who had hours approved
- The number of members who had missed hours
- The number of total hours approved
- The number of total hours missed
- The total number of hours completed
- The number of members with missed hours by county
- The reasons for missed hours:
 - Provider no show
 - Provider cancelled
 - Scheduling error by provider
 - Member no show
 - Member cancelled
 - Scheduling error by member
 - Lack of service authorization
 - Other (with a brief note)

Highmark Health Options must also submit a narrative that includes the names of the providers that are submitting reports and those that are not submitting reports.

The LTSS Accreditation and Regulatory team greatly appreciates the partnership with our LTSS providers. Please submit your report by the 5th of the month to:

Anita.Ciconte@Highmark.com and Nicholas.Duko@Highmark.com

LINKS TO WELLNESS PROGRAMS AND SERVICES

Highmark Health Options has links to our Lifestyle Management Programs and Wellness Services. Tell your patients about our website and click on the image below for a sneak peek to learn more about how we are serving our members to stay happy and healthy.

Also, search our Community Resource Connection page. This list can help you find local services for wellness, screenings, domestic violence, food banks, housing, legal aid, you name it. Really –you can make suggestions! Go to the Highmark Health Options [Community Resource Connection](#) page and check out the helpful resources around the state, or around the corner. This page is password protected within the member portal, so your patients (our members) will need to create a member account if they don't already have one.

Partnering in Care Management

Did you know we are here to partner with you to provide comprehensive Case Management Services for all eligible members? Our goal is to work with you to assist our members, your patients, achieve optimal healthcare outcomes. Our multidisciplinary team is available to address member issues in specialty areas such as women's health, chronic conditions, i.e., asthma, congestive heart failure, diabetes, Crohn's Disease, COPD, hypertension, etc., as well as mental health and substance abuse.

We utilize a team of non-clinical and clinical staff to address our member's issues, whether it is linkage to services, community resources, ongoing disease education and/or management. Our clinicians provide Lifestyle Management/Disease/Condition specific education, address preventive health issues, and complete medication reconciliations. Our Care Management Team can partner with you to reduce Emergency Department usage, impact re-hospitalizations, improve adherence with medication compliance, and support a plan of care for your patients, bridging them to healthy outcomes.

The Care Coordinators and members communicate and work in partnership toward achieving the member's healthcare goals via the Highmark Health Options *Patient Self-Management Guide*. This guide promotes Care Coordinator/member discussion and helps establish a collaborative relationship.

Your role as a provider in the Care Management Program is *imperative*. If you identify a member that may benefit from this program, you may make a referral by contacting our Care Coordination Department at: **1-844-325-6251**.

Highmark Health Options welcomes all referrals to this program; we will stratify each member based on the member's unique needs. Your patient will be assigned to our designated staff who will follow-up in an effort to impact the member's health and well-being as proactively as possible.



LIFESTYLE MANAGEMENT/WELLNESS PROGRAMS

Highmark Health Options' Lifestyle Management/Wellness Programs include population-based disease management/lifestyle programs that focus on improving the health status of Highmark Health Options members with health issues and/or chronic conditions. Our Lifestyle Management/Wellness Programs provide patient education and self-empowerment for medication, diet, and lab adherence to reduce inpatient and emergency room utilization.

	Asthma	Cardiac	COPD	Diabetes	Healthy Weight Management & Diabetes Prevention	Maternal Outreach Management (MOM) Options
Eligibility	Ages two and older with asthma	Ages 21 and older with primary cardiac condition which may include: CAD, MI, IVD, A-Fib or CHF, HF and/or stroke	Ages 21 and older with COPD	All ages with Diabetes: Type 1 or Type 2	Adults and children - Body Mass Index (BMI): *Adults >25 *Children 3 or older: > 85th% *Learn if your patient may be able to participate in our Diabetes Prevention Program (18 & older) YMCA Partnership*	Pregnant women
Contact Referrals and Information	Highmark Health Options Care Coordination 1-844-325-6251					

LIFESTYLE MANAGEMENT/WELLNESS PROGRAMS, *cont.*

	Asthma	Cardiac	COPD	Diabetes	Healthy Weight Management & Diabetes Prevention	Maternal Outreach Management (MOM) Options
Description	<ul style="list-style-type: none"> • These programs provide patient education and self-empowerment for treatment plan adherence, as well as tools to reduce inpatient utilization and emergency room utilization • Education is aimed at delaying or preventing the onset of disease specific complications • The programs support the provider's plan of care 				<p><i>"My Healthy Weight Pledge"</i></p> <p>This program provides education & access for preventive and treatment services for adults and children in an effort to improve individual healthy weight & ongoing weight management</p>	<p>This prenatal program offers care coordination to reduce low birth weight, pre-term deliveries, and neonatal intensive care unit (NICU) admissions</p>
Provider Benefits and Support	<p>Highmark Health Options' Lifestyle Management/Wellness Programs aim to:</p> <ul style="list-style-type: none"> • Enhance patient-provider communication • Decrease inpatient and emergency room utilization • Increase treatment plan adherence including immunizations such as flu and pneumonia • Improve patient satisfaction <p>The MOM Options Maternity Program has a proven record of decreasing the number of premature deliveries</p> <p>The 24/7 Nurse Line can help your patients achieve better outcomes and decrease emergency department (ED) visits</p>					
Enrollment	<p>Members are identified through claims: Highmark Health Options utilization management, pharmacy and member services departments; member self-referrals; and provider referrals</p> <p><i>Your referrals are welcome!</i></p>				<p>Identified through claims, utilization management, pharmacy, care management, member self-referrals and provider referrals</p>	<p>Provider submission of the Obstetrical Needs Assessment Form (ONAF) helps identify high-risk women in need of interventions</p>

LIFESTYLE MANAGEMENT/WELLNESS PROGRAMS, *cont.*

	Asthma	Cardiac	COPD	Diabetes	Healthy Weight Management & Diabetes Prevention	Maternal Outreach Management (MOM) Options
Coordination of Care	Care Coordinators can assist you and your patients with coordination of care for specialist visits, home health, behavioral health, durable medical equipment and community referral needs.					
Web-Based Tools	Go to: HighmarkHealthOptions.com					
Referral Source to Help Members Quit Tobacco	Refer patients to the toll-free Delaware Tobacco Quitline at 1-866-409-1858					

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.

2020 CLINICAL PRACTICE GUIDELINES

Highmark Health Options adopts clinical practice and preventive health guidelines to assist practitioners in providing appropriate healthcare for specific clinical conditions relevant to our members. These guidelines are developed using evidence-based clinical practice guidelines from professional and industry-recognized sources, or through the involvement of board-certified practitioners from appropriate specialties when guidelines from recognized sources are not available. They are provided in an effort to improve healthcare quality by promoting peer-reviewed standards-of-care and best practices. The guidelines also serve as a guide for Highmark Health Options various Disease Management programs.

Highmark Health Options routinely monitors for industry changes that would affect its adopted guidelines. Before distribution, the guidelines are reviewed and approved by Highmark Health Options Quality Improvement and Utilization Management Committee.

General Guideline Limitations: Guidelines may not apply to every patient or clinical situation; some variation from guidelines is expected. Provider judgment and knowledge of an individual patient supersedes clinical guidelines. In addition, guidelines do not determine insurance coverage of healthcare services or products. Coverage decisions are based on member eligibility, contractual benefits, and determination of medical necessity.

A complete listing of Highmark Health Options adopted guidelines, listed below, is viewable online at [HighmarkHealthOptions.com](https://www.highmarkhealthoptions.com). Physical copies are available upon request. For a paper copy, please contact the Quality Improvement Department at 1-844-325-6251.

Clinical Guidelines for Childhood Preventive Care (birth to 18 years old)

Adult Preventive Clinical Guideline (19 years old & over)

Clinical Guidelines for Routine and High-Risk Prenatal Care

Clinical Guidelines for the Management of Major Depression in Adults in Primary Care

Clinical Guidelines for the Management of Diabetes

PREVENTING FRAUD, WASTE AND ABUSE: WHAT TO LOOK FOR & WHO TO CONTACT

The Highmark Health Options Payment Integrity team is committed to detecting, correcting and preventing fraud, waste and abuse (FWA). This ensures we are able to maintain a healthcare system that is affordable and works for everyone in the community.

As a healthcare provider for Highmark Health Options members, **we need your help with identifying and reporting incidents of FWA**. Some common examples of FWA include the following:

Member FWA

- Letting someone else use their member ID card.
- Selling prescription medications to someone else.
- Forging or altering a prescription.

Provider FWA

- Billing for services that the member did not receive.
- Balance billing.
- Altering claims or submission of any false data on claims.
- Providing medicines that are not needed or in greater amounts than the member needs.

If you think there is a fraud, waste or abuse incident occurring, here is how you can report it:

1. Call the Fraud Hotline: **1-844-325-6256**
2. Send Us an Email: **SIU@highmarkhealthoptions.com**
3. Complete our **online referral form** on our website at **[HighmarkHealthOptions.com](https://www.highmarkhealthoptions.com)**.

All information received or discovered by Payment Integrity will be treated as confidential. Remember - you can also choose to remain anonymous when you submit your report.

Thank you for your ongoing support!

Sincerely,
The Payment Integrity Team

BEGIN THE CONVERSATION: HELP YOUR PATIENTS QUIT FOR GOOD

Did you know that 7 out of every 10 smokers want to quit, but only 20% of them will do it on their own, or ask for help? With your help, your patients can begin to live tobacco-free.

Starting that conversation can be difficult, but it's crucial to be consistent and talk to your patients about cessation during **every** encounter. To help you start the conversation, we'd like to remind you of the 5A's, a proven effective strategy to help you and your patient work toward a tobacco-free life. It allows you to assess your patient's willingness to quit and provide them with the most effective tools to help them quit for good. The 5A's are:

- 1) **Ask** about and document tobacco use status at EVERY visit.
- 2) **Advise** in a clear, direct, personalized manner that tobacco users stop smoking.
- 3) **Assess** willingness to quit at this time. For former tobacco users, ask how recently they stopped and what challenges they may still have trouble dealing with.
- 4) **Assist** by prescribing NRT, unless medically contraindicated.
- 5) **Arrange** follow up, including counseling.

For more information on how you can help your patients quit smoking, go to <https://www.cdc.gov/tobacco/campaign/tips/partners/health/index.html>.

Reference

Black, J. 2010. Evidence base and strategies for successful smoking cessation. *Journal of Vascular Surgery*. Volume 51 Number 6. Pg. 1529-1537.

PROVIDER REMINDER

The provider/facility is responsible for notifying case managers of a significant change in a members status:

The Case Manager then conducts an on-site review within ten (10) business days following notification of a significant change.

A significant change is considered:

- Member has had a change of placement type; or,
- Member has had a change in needs or circumstances that might require a revision to the member's Plan of Care

PROVIDER NETWORK CONTACTS

Provider Relations:

Desiree Charest - Sussex County and the City of Milford

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

Chandra Freeman – Kent County and City of Newark

Provider Account Liaison

**includes servicing of LTSS Providers*

Chandra.Freeman@highmark.com

302-502-4067

Christina Hales – New Castle County

Provider Account Liaison

**includes servicing of LTSS Providers*

Christina.Hales@highmark.com

302-421-2542

Tracy Sprague

Provider Account Liaison/Provider Complaints

Tracy.Sprague@highmark.com

302-502-4120

Paula Victoria

Manager, Provider Relations, LTSS

Paula.Victoria@highmark.com

302-502-4083

Provider Contracting:

Elsa Honma

Provider Contract Analyst, LTSS and Nursing Homes

Elsa.Honma@highmark.com

302-317-5967

Kia Knox

Senior Provider Contract Analyst

Kia.Knox@highmark.com

302-502-4041

Paula Brimmage

Senior Provider Contract Analyst

Paula.Brimmage@highmark.com

302-433-7709

Terri Krysiak

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)

Email: HHO-ProviderComplaints@highmark.com

Phone: 844-228-1364

Fax: 844-221-1569