

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.



Important Phone Numbers

New Chiropractic Benefit

Effective January 1, 2018, members are eligible to receive a maximum of one manual manipulation per member per day and a maximum of 20 manual manipulations per member per calendar year. This includes:

- One X-ray or PART exam per member per year to diagnose spinal subluxation;
- One PART exam per member per year to determine progress (PART exams may be conducted more frequently if determined medically necessary);
- X-rays may be used to determine progress if determined medically necessary;
- Includes manipulation and adjunctive therapy associated with the treatment of neck, back, pelvic/sacral pain and/or dysfunction, and for chiropractic supportive care; and
- Does not include treatment for any condition not related to a diagnosis of subluxation or pain of the neck, back, pelvis or sacrum.

Together, we can make members happier and healthier!

Lifestyle Management Programs

The Lifestyle Management Program includes population-based disease management programs that focus on improving the health status of Highmark Health Options members with chronic conditions. The Lifestyle Management Program provides patient education and self-empowerment for medication, diet, and lab adherence to reduce inpatient and emergency room utilization.

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach Management and MOM Options
Eligibility	Ages 2 and older with a diagnosis of asthma	Ages 21 and older with CAD, MI or HF	Ages 21 and older with COPD	All ages with Type 1 or Type 2 diabetes	Pregnant women
Contact Referrals and Information	Highmark Health Options Provider Relations 1-844-325-6251				
Description	<ul style="list-style-type: none"> The 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 				This prenatal program offers care coordination to reduce low birth weight, pre-term deliveries, and NICU admissions
Provider Benefits and Support	Highmark Health Options Lifestyle Management Programs aim to: <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 ED visits</p>				

Lifestyle Management Program

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach Management and MOM Options
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>Your referrals are welcome.</p>				<p>Provider submission of the ONAF helps identify high-risk women in need of interventions.</p>
Coordination of Care	<p>Care Coordinators assist you and your patients with coordination of care for specialist visits, home health, behavioral health, and DME and community referral needs.</p>				
Web-Based Tools	<p>Go to the provider pages at www.highmarkhealthoptions.com and choose <i>Providers</i> and select the <i>Training</i> tab.</p>				
Referral Source to Help Members Quit Tobacco	<p>Refer patients to the toll-free Delaware Tobacco Quitline at 1-866-409-1858.</p>				

Complex Case Management

Highmark Health Options provides a Complex Case Management Program for eligible members. Complex Case Management can help members to better understand their health condition and benefits. Complex Case Management can coordinate health care services and community resource referrals. Eligible members may include:

- Members with multiple medical conditions.
- Members with a complex medical history.
- Members that need assistance to become more self-reliant managing their health care.
- Members who are taking Makena (17-P).
- Members who are diagnosed with Crohn's/Colitis who have not seen a GI Provider.

Referrals

Please call the Care Management Department at 1-844-325-6251 to make a referral to the Complex Case Management Program. Highmark Health Options will review the request for enrollment and make the final decision for inclusion in the program.

Affirmative Statement About Incentives

Highmark Health Options Utilization Management (UM) decisions are based only on the appropriateness of care and services and the member's existence of coverage. Highmark Health Options does not specifically reward practitioners or other individuals for issuing denials of coverage or service. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization. Highmark Health Options monitors for both over-and under-utilization of care to prevent inappropriate decision making, identify causes, and indicate inadequate coordination of care or inappropriate use of services, possibly resulting in the development of a corrective action plan. Highmark Health Options is particularly concerned about under-utilization and monitors utilization activities to assure members receive all appropriate and necessary care.

Recommendations for Perinatal Care

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

- A prenatal visit in the first trimester visit;
- Regular 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.

Provider Contacts

Below is a listing of the various contacts within provider networks:

Provider Relations:

Paula Victoria

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

Andrea Thompson – New Castle County
Provider Account Liaison

**includes servicing of LTSS Providers*
AThompson@Highmarkhealthoptions.com
302-502-4024

Chandra Freeman – Kent County and City of Newark
Provider Account Liaison

**includes servicing of LTSS Providers*
CFreeman@Highmarkhealthoptions.com
302-502-4067

Tracy Sprague – Sussex County

Provider Account Liaison
**includes servicing of LTSS Providers*
TSprague@Highmarkhealthoptions.com
302-502-4120

Chanel Bailey

Senior Provider Contracting Executive
CWalker-Bailey@Highmarkhealthoptions.com
302-502-4154

Elsa Honma

Provider Contract Analyst, LTSS
ehonma@highmarkhealthoptions.com
302-317-5967

Melanie Anderson

Director, Provider Networks
manderson@highmarkhealthoptions.com
302-502-4072

Ancillary Strategy:

Katrina Tillman

Provider Contract Analyst, Behavioral Health
KTillman@Gatewayhealthplan.com
302-528-4871

Laura Gudenburr

Provider Contract Analyst, Free Standing PT/OT/ST;
Free Standing Radiology; Urgent Care; Ambulatory
Surgery Center; Walk-In Clinics
LGudenburr@Gatewayhealthplan.com
412-420-6465

Rick Madey

Provider Contracting Analyst, DME
RMadey@Gatewayhealthplan.com
412-918-8554

Julia Donohue

Provider Contract Analyst, Dialysis; Lab and
Audiology
JDonohue@Gatewayhealthplan.com
412-420-6467

Important Phone Numbers

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

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