

# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## Provider and Clinical 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](#)

## Provider Portal Reports

Highmark Health Options has the EPSDT Dashboard (a centralized tool for monitoring, tracking and reporting of EPSDT screenings) Providers have the ability to view this data from the Navinet Provider Portal in the form of a quarterly report through secure messaging.

The reports have two tabs a Summary tab and a Member Detail Tab- the Summary tab will include information such as: the total number of members ages 0-21 your practice has, how many members are adherent and non-adherent with EPSDT screens and information on coding and billing such as: how many claims were correctly billed, how many had billing discrepancies, and how many did not have EP modifier or correct diagnosis code that corresponds with CPT code.

The member detail tab will list each of the members HHO has listed for your practice, each EPSDT screening and the status in addition to billing status(if billed with modifier and correct diagnosis)

We have a guide on how to access the provider portal reports on NaviNet- please refer to this to access reports. Call your Provider Relations liaison/EPSDT Coordinator, Kim York 302-317-5944 with any questions/concerns

If you identify any members that are listed for your practice in error, please send an email to:  
[DEMEMBERADVOCATE@HIGHMARKHEALTHOPTIONS.COM](mailto:DEMEMBERADVOCATE@HIGHMARKHEALTHOPTIONS.COM)



## 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.

Your Clinical Transformation Consultant (CTC) will be available to answer any questions you may have about your Portfolio. The email address for your CTC is:

[DEProviderEngagement@highmarkhealthoptions.com](mailto:DEProviderEngagement@highmarkhealthoptions.com)

## Guide to Accessing the Provider Portal Reports on NaviNet

1. After you sign into NaviNet with user name and ID, enter your practice name and hit **Search** – your practice name will appear below and then you hit **Select**
2. Choose **Super Group Role** and then **Continue**
3. Go to **Workflows** at top of page and then **My Health Plans** and Select **Highmark Health Options (Blue Cross Blue Shield Delaware)** and then **Enhanced Provider Features**

The screenshot displays the NantHealth NaviNet provider portal interface. On the left, a sidebar menu is visible with the 'Workflows' dropdown expanded, showing 'My Health Plans' as the selected option. The main content area on the right is titled 'Workflows' and lists various services under the heading 'Workflows for this Plan'. The 'Enhanced Provider Features' option is highlighted with a red box at the bottom of the list.

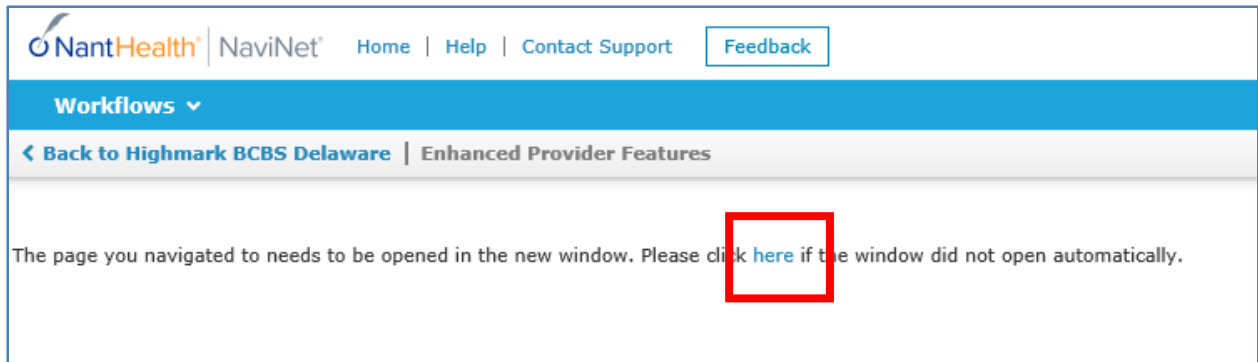
**Workflows** ▼

Highmark BCBS Delaware

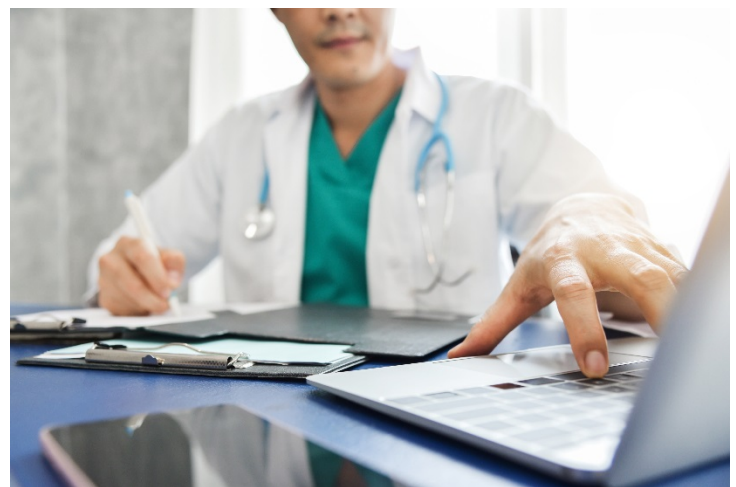
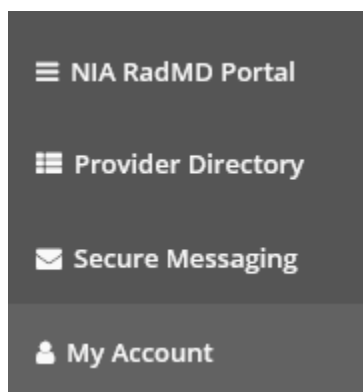
**Workflows for this Plan**

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports >
- Authorization Submission >
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission >
- Estimate Submission >
- Diagnosis Code Inquiry
- Allowance >
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider File Management
- AR Management >
- BlueExchange® (Out-of-Area) >
- Resource Center
- Claims Dashboard
- COB Questionnaire
- Quality Blue >
- Enhanced Provider Features**
- Doctor Match Quiz

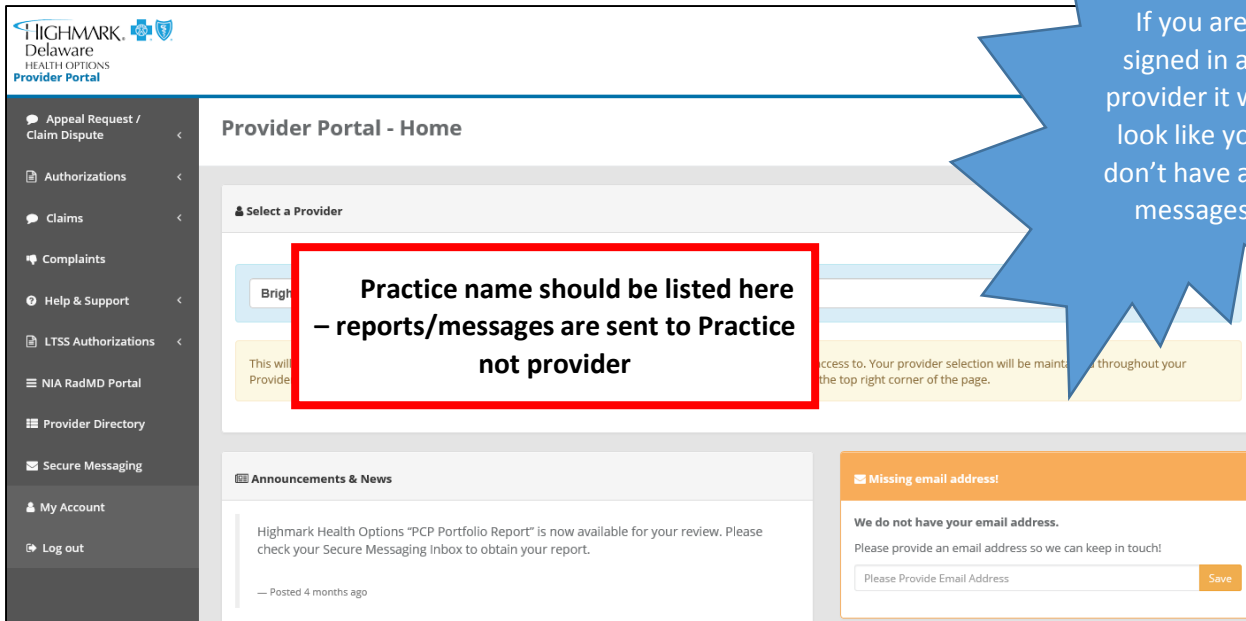
## Guide to Accessing the Provider Portal Reports on NaviNet cont.



- 4.) You may see the above message and will need to click on hyperlink to be connected.

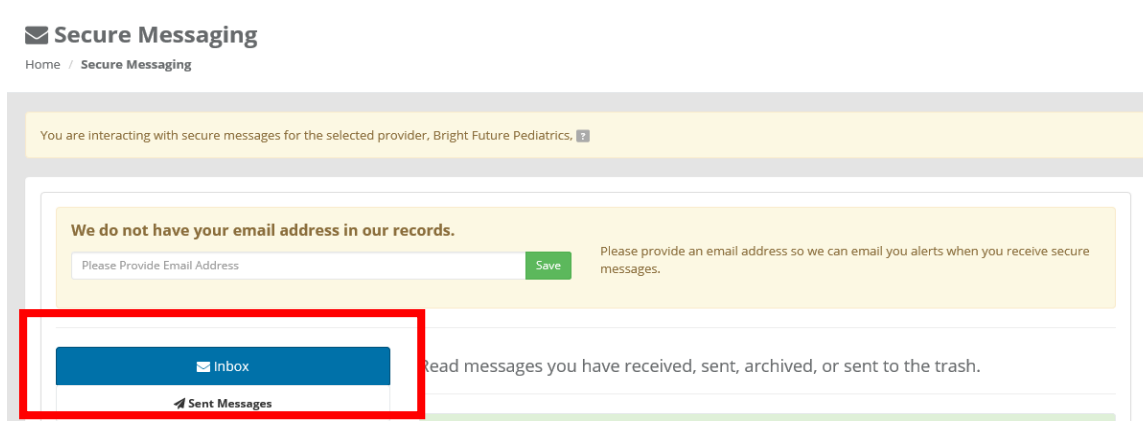


## Guide to Accessing the Provider Portal Reports on NaviNet cont.



5.) Once you are in provider portal, you should see your practice name. If provider name is listed, click on provider name and then practice should appear as an option and then click practice name. Click on **Secure Messaging**.

6.) Click on Inbox and you will be able to view EPSDT reports and any other messages.





## Risk Gap Closure Campaign

Highmark Health Options is offering your practice reimbursement to review and confirm a list of patient specific conditions not previously sent to the health plan for dates of service between 07/01/2018 and 06/30/2019.

Starting July 1, 2019 participating Delaware Medicaid providers can access the Risk Gap Closure module to determine if your practice has eligible patients. Regular updates, including Retro Claims Resubmission Tips and the Risk Gap Closure Users Guide will be posted on NaviNet later this month. For immediate updates, check the Highmark Health Options [Provider Announcements](#) page on our website.

Thank you for your continued participation with Highmark Health Options. Please contact your Clinical Transformation Consultant with questions at: [DEProviderEngagement@highmarkhealthoptions.com](mailto:DEProviderEngagement@highmarkhealthoptions.com).



## New Remittance Advices Address Offsets

### **Great News - Effective 5.31.2019**

Remittance Advices have been made more user friendly by adding offset detail. Informational messages have been added to include details around immediate offsets and future offsets.

**Immediate Offset Message:** The immediate offset section provides the claims we identified as overpayments which are eligible for immediate recovery.

**Future Offset Message:** The future offset detail section provides a listing of claims we have identified as overpayments. Even though the amounts of these overpayments are not factored into your current check/EFT, we will automatically correct the processing of these claims, resulting in an offset approximately 60 days of this notice. If you feel the refund is being requested in error, please contact the Highmark Health Options Provider Service Department at 1-844-325-6251 within 45 days of this notice to avoid an offset in 60 days.

Please see the remittance advice example [here](#) from our website for highlighted areas that have changed.



## Opioid Use for Dental Procedures

Opioid painkillers prescribed for wisdom teeth surgery could steer teens and young adults on a path to long-term opioid use, a study finds. According to researchers from the University of Michigan (UM), young people aged 13 to 30 years who filled an opioid prescription immediately before or after they had their wisdom teeth out were nearly 2.7 times as likely as their peers to still be filling opioid prescriptions weeks or months later.

The study, published in a research letter in *JAMA*, reported that those in their late teens and twenties had the highest odds of persistent opioid use, compared with those of middle school and high school age. Led by Calista Harbaugh, MD, a UM research fellow and surgical resident, the investigators relied on insurance data to analyze young people who were “opioid naïve”—individuals who had not had an opioid prescription in the 6 months before their wisdom teeth extraction and who did not have other procedures necessitating anesthesia in the following year.

Wisdom teeth extraction is performed 3.5 million times a year in the U.S., and many dentists prescribe opioids in case patients need it for the pain after the procedure. Prior to the study published in *JAMA*, there wasn't any data on the long-term risks of opioid use after wisdom teeth extraction. The study shows a sizable number go on to fill opioid prescriptions long after we would expect they would need for recovery and the main predictor of persistent use is whether or not they fill the initial prescription.

Several other factors predicted risk of long-term opioid use. Teens and young adults who had a history of mental health issues, such as depression and anxiety, or chronic pain conditions were more prone to progress to persistent use after filling their initial wisdom tooth–related prescription.



## Opioid Use for Dental Procedures cont.

Dental associations are highlighting the importance of limiting the use of opioids for dental pain in light of the opioid crisis.

Consider these strategies to direct the use of opioids to appropriate patients.

- Use nonsteroidal anti-inflammatory drugs (NSAIDs) first-line for acute dental pain in most patients.
  - Ibuprofen 400 mg taken with acetaminophen 500 mg to 1,000 mg, given about every six hours, appears more effective (with fewer side effects) compared to many opioid-containing regimens.
    - NSAIDs are unlikely to lead to significant bleeding following dental procedures, including tooth extractions, in most patients.
    - Ask about concomitant medications. Bleeding risk with NSAIDs may be higher in patients also taking an antiplatelet or anticoagulant.
- Recommend **non-drug measures** to help with pain and inflammation including:
  - Cold compresses
  - Warm salt water rinses
  - Sleeping propped up on a few pillows

If opioids are determined to be the most appropriate option, use these steps to **ensure safe opioid prescribing**:

- Consider combining an NSAID and an opioid to minimize the opioid dose.
- Limit dose and days' supply. For example:
  - A three-day supply is usually enough for most patients, though up to a seven-day supply may be needed for some patients.
  - 50 morphine milligram equivalents (MMEs)/**day** or more increases risk of death from overdose. This is equivalent to approximately:
    - 50 mg hydrocodone (10 tablets of hydrocodone/acetaminophen 5/325)
    - 33 mg oxycodone (~2 tablets of oxycodone ER 15 mg)
- Use the prescription drug monitoring program in your state or province to:
  - Promote appropriate use of controlled substances for legitimate medical purposes.
  - Deter the misuse, abuse, and diversion of controlled substances.

### References:

Staff. (2019, March). *US Pharmacist*. Retrieved from US Pharmacist:

<https://www.uspharmacist.com/article/opioids-for-wisdom-teeth-removal-unwise>

Therapeutic Research Center. (2019, Jan). *Pharmacist Letter*. Retrieved from Pharmacist Letter:

<file:///C:/Users/mdesai/Downloads/segment-350107-letter-pdf.pdf>

## Links to Wellness Programs and Services

Highmark Health Options has links to our Lifestyle Management Programs and Wellness Services. Tell your patients about our updated website, that will be featured in the Highmark Health Options summer member newsletter. Click on the image below for a sneak peak to learn more 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 members will need to create a member account if they don't already have one.

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Care Management - Partnership

ACCESS TO WELLNESS PROGRAMS AND LINKAGE TO SERVICES

Did you know we are here to partner with you to provide comprehensive Care Management Services for all eligible Highmark Health Options Members?

Our goal is to work with you to help you reach your optimal health care outcomes. Nurses, social workers and other health care staff are on hand to talk with you over the phone to make sure you get the medical care you need.

Helping you achieve your health goals

We want you to have a healthy, happy life. Our multidisciplinary team is available to address any issues you may have such as women's health, chronic conditions, i.e., asthma, heart or lung disease, diabetes, high blood pressure, etc., as well as mental health and substance abuse.

We offer community resources and programs to help you stay well and manage any conditions you may have. If you have a chronic condition, such as asthma or diabetes, our staff can provide you with ongoing disease education and management with our Lifestyle Management/Wellness Programs.

HAPPY AND HEALTHY !

DON'T FORGET

Schedule your yearly doctor appointment!

**LIFESTYLE MANAGEMENT/WELLNESS PROGRAMS**

More Lifestyle Management/Wellness Program information is available on our website: [https://www.highmarkhealthoptions.com/Portals/5/members/DSHP\\_Member\\_Handbook.pdf](https://www.highmarkhealthoptions.com/Portals/5/members/DSHP_Member_Handbook.pdf)

\*Need help near you? Check our [Community Resource Connection!](#) <https://www.highmarkhealthoptions.com/Members/Community-Resource-Connection>

## The Appeal

If your patient received a denial for a service or item that was requested, you can ask us to reconsider our decision on behalf of the patient. The appeal process can either follow a standard or expedited review timeframe. You may call Member Services to help you file an appeal, or, find the *Member Appeal Form* on our website at <https://www.highmarkhealthoptions.com/Portals/5/provider/forms/Health-Options-Member-Appeal-Form.pdf?ver=2018-08-15-141425-240>.

If a standard review is requested, the member's written signature will be needed before your request can be processed. To help with our review, medical records supporting your request should accompany your request. After the member's signature is received, the standard review timeframe is 30 days.

Our expedited process is provided only when the member's **life, health or ability to regain maximum function would be placed in jeopardy** if the request is reviewed using the standard timeframe. Expedited requests require a physician written certification stating the clinical rationale or facts supporting the need for an urgent review period. Decisions for expedited appeals will be made within 72 hours of the appeal request. The member's signature is not required for expedited requests. If you request an expedited appeal, please fax us your request certifying the need option as the review timeframe and medical records supporting the appeal request.

If you do not agree with our appeal decision, you may ask for a State Fair Hearing. This is an appeal process provided by the State of Delaware. More information on how to apply for a State Fair Hearing can be found in the [Provider Manual](#).



## Provider Self-Audit / Overpayments

### Overview

Highmark Health Options, its providers, and its members are responsible for the identification and return, regardless of fault, of overpayments. In the event that Highmark Health Options makes an overpayment to a provider, Health Options must recover the full amount of that overpayment. Additionally, if a provider identifies an overpayment from Highmark Health Options, the provider is responsible for returning the overpayment in full at the time of discovery.

### Provider Self-Audit (Self-Identified Overpayment)

Federal and State regulations require providers to routinely audit claims for overpayments. Highmark Health Options has a process in place for our network providers to report the receipt of a self-identified overpayment.

Providers must notify Highmark Health Options in writing of the reason for the self-identified overpayment, and should provide payment within sixty (60) calendar days. If the claim is over two years old a check is preferred, however, retraction is preferred for claims that are less than two years old. It is imperative that providers include the explanation of the Self-Audit and the claims they represent. ***If a listing of claims is not provided, Highmark Health Options cannot guarantee that the claims will not be included in separate audits, for the same reason.*** Please provide a listing of claims as requested on the [Provider Self-Audit/Overpayment Form](#). Conversely, if providers use an extrapolation calculation to determine payment, a description of that methodology and the calculation should be included with your submission.

Deposit of a provider check or retraction of the requested claims does not constitute complete agreement to the submitted self-audit results or overpayment amount. Highmark Health Options Payment Integrity Department may contact the provider to discuss self-audit results as necessary. The overpayment letter and check (if applicable) should be sent directly to:

Highmark Health Options  
Attention: Payment Integrity Department  
Four Gateway Center  
444 Liberty Avenue, Suite 2100  
Pittsburgh, PA 15222-1222

### Information to Submit for Self-Identified Overpayment

When submitting information for an identified overpayment, please include the following:

Provider Information (i.e.; Name, NPI, TIN, Contact information, etc.)

Self-Audit / Overpayment Information

Period of claims

For claims more than 2 years old, please provide a check

For claims less than 2 years old, retraction of claims is preferred

List of affected claims and/or extrapolation calculation used to determine overpayment amount

Other information (as required).



## Provider Network Contacts

### Provider Relations:

**Desiree Charest** - Sussex County  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
[DCharest@Highmarkhealthoptions.com](mailto:DCharest@Highmarkhealthoptions.com)  
302-217-7991

**Cory Chisolm** - All Counties  
Provider Account Liaison  
Ancillary Strategy  
[CChisolm@Highmarkhealthoptions.com](mailto:CChisolm@Highmarkhealthoptions.com)  
302-217-7960

**Nikki Cleary**- All Counties  
Provider Account Liaison for Hospitals and  
Ambulatory Surgery Centers  
[NCleary@Highmarkhealthoptions.com](mailto:NCleary@Highmarkhealthoptions.com)  
302-502-4094

**Chandra Freeman** – Kent County and City of Newark  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
[CFreeman@Highmarkhealthoptions.com](mailto:CFreeman@Highmarkhealthoptions.com)  
302-502-4067

**Felicia Herron**– New Castle County  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
[FHerron@Highmarkhealthoptions.com](mailto:FHerron@Highmarkhealthoptions.com)  
302-217-7973

**Tracy Sprague**  
Provider Account Liaison/Provider Complaints  
[TSprague@Highmarkhealthoptions.com](mailto:TSprague@Highmarkhealthoptions.com)  
302-502-4120

**Paula Victoria**  
Manager, Provider Relations, LTSS  
[PVictoria@Highmarkhealthoptions.com](mailto:PVictoria@Highmarkhealthoptions.com)  
302-502-4083

### Provider Contracting:

**Melanie Anderson**  
Director, Provider Networks & Contracting  
[MAnderson@Highmarkhealthoptions.com](mailto:MAnderson@Highmarkhealthoptions.com)  
302-502-4072

**Elsa Honma**  
Provider Contract Analyst, LTSS and Nursing Homes  
[EHonma@Highmarkhealthoptions.com](mailto:EHonma@Highmarkhealthoptions.com)  
302-317-5967

**Kia Knox**  
Senior Provider Contract Analyst  
[KKnox@Highmarkhealthoptions.com](mailto:KKnox@Highmarkhealthoptions.com)  
302-502-4041

**Paula Brimmage**  
Senior Provider Contract Analyst NEW-SCA's and  
DME, working to transition Ancillary when up to  
speed still training  
[Pbrimmage@highmarkhealthoptions.com](mailto:Pbrimmage@highmarkhealthoptions.com)  
302-433-7709

**Terri Krysiak**  
Provider Contract Analyst,/PR Representative  
Behavioral Health In training (Elsa still working BH  
and bringing Terri up to speed)  
[Tkrysiak@highmarkhealthoptions.com](mailto:Tkrysiak@highmarkhealthoptions.com)  
(phone pending IT)

## Important Addresses and Phone Numbers

### Addresses

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 15222-0188

### NaviNet

NaviNet Access 24/7	Click <a href="#">here</a> to enter the NaviNet Portal
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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 Supports (LTSS)	1-844-325-6251	Mon. – Fri. 8 a.m. to 5 p.m. (after hours support accessible through the Nurse 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.
Opioid Management Program	855-845-6213	Mon.- Fri. 8 a.m. to 5 p.m.