

A Newsletter for  
Highmark Health Options  
Providers and Clinicians



# PROVIDER UPDATE

## INSIDE THIS ISSUE

Provider Resources for:

- Substance Abuse Treatment
- HEDIS
- Domestic Violence
- Dental Health for Children
- Plus, Rx Scam Alert

MARCH 2018





Table of Contents

●●● CLINICAL	●●● OFFICE STAFF		
Recognizing and Reporting Quality of Care and Quality of Service Concerns	3	Second Opinions	10
The Healthcare Effectiveness Data and Information Set (HEDIS®) Medical Record Season is Underway!	4	Out-of-Network Cost to Member	10
Behavioral Health and Substance Abuse Resources Now on Highmark Health Options Website	5	Provider Complaints	11
New Fraud Scheme	5	Hours of Operation	11
Substance Abuse Treatment Prior Authorization Procedure Change	6	Affirmative Statement about Incentives	11
Clinical Practice and Preventive Health Guidelines	7	Highmark Health Options Provider Policy and Procedure Manual	12
Preventive Child Dental Care for Improved Health	8	Utilization Management Criteria and Guidelines	12
Domestic Violence Awareness & Resources Brochure	9	Provider Relations Contacts	13
		Important Phone Numbers	Back Cover

Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association.



●●● CLINICAL

RECOGNIZING AND REPORTING  
QUALITY OF CARE AND QUALITY  
OF SERVICE CONCERNS

Highmark Health Options is committed to ensuring that our members receive safe, effective, and quality care and services. To achieve the best health outcomes for members, we monitor, investigate and track all quality of care concerns and issues.

A Quality of Care (QOC) concern may be related to quality of care as well as quality of services provided. A QOC issue occurs when care provided to a member places his/her health or life in jeopardy due to the action, or lack of action, by a provider or when care provided does not meet national or local standards of care or is not consistent with current professional knowledge. Examples of a QOC concern include delay in treatment, equipment failure resulting in a negative outcome, and medication error.

When a concern arises, Highmark Health Options conducts a medical record review and analyzes our findings prior to determining a resolution. We refer suspected or actual QOC findings to our Medical Director for actions which may include gathering a provider response, provider education, corrective action plan, or peer review. We may need to notify other areas as needed such as the Credentialing and Fraud and Abuse Departments, or the State.

We carefully track and trend our QOC concerns, identify process improvements, and report confirmed findings to the QI/UM Committee and the Committee's Board of Directors.

It is important for providers to report their QOC concerns to Highmark Health Options. Anyone can report a QOC concern by contacting Provider Services at 1-844-325-6251 or faxing your QOC concern to our QI department. A QOC reporting form is available at [www.highmarkhealthoption.com/providers/forms](http://www.highmarkhealthoption.com/providers/forms).





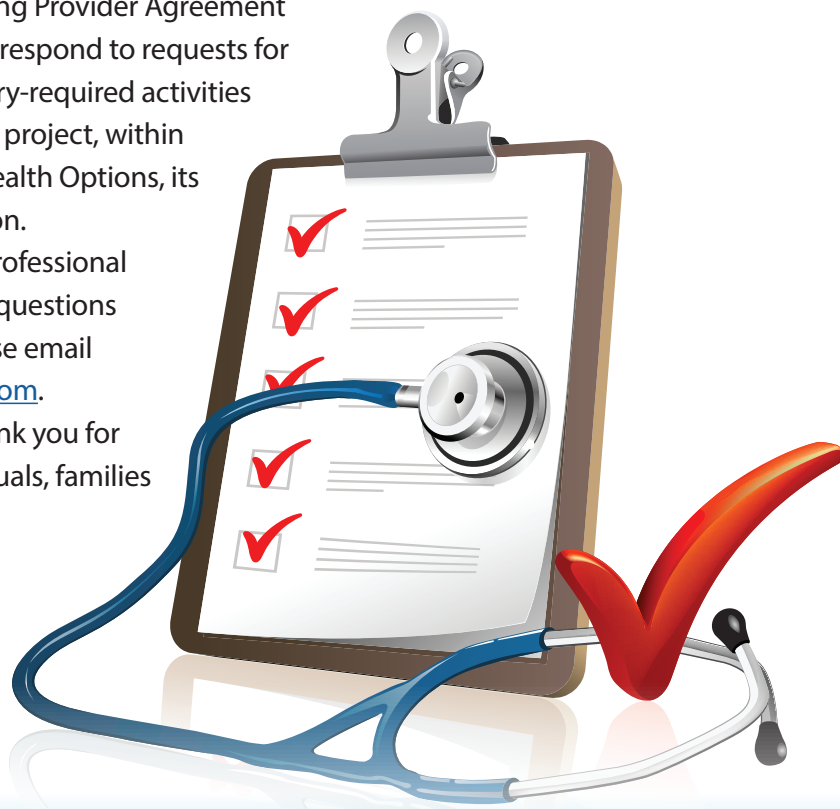
# THE HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®) MEDICAL RECORD SEASON IS UNDERWAY!

Highmark Health Options would like to request your assistance this year in completing this process in the most efficient manner. Highmark Health Options is pleased to announce that it has contracted with Inovalon, Inc. to perform HEDIS® medical record review on its behalf. It is important for you to know that Inovalon serves Highmark Health Options in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). As defined by HIPAA, Inovalon's role is as a "Business Associate" of "Covered Entities," and as such, Inovalon is ethically and legally bound to protect, preserve and maintain the confidentiality of any Protected Health Information (PHI) it gleans from clinical records provided by medical practice locations pursuant to its contractual obligations to Highmark Health Options. In this setting, you may be assured that Inovalon will treat your patients' PHI with the appropriate level of protection and confidentiality.

The HEDIS® medical record reviews are currently in progress, and you may have received a request for you to submit medical records via fax or mail. Additionally, one of our Clinical Transformation Consultants (CTCs) may conduct some data collection during an on-site review.

Please recall that, as outlined in your Participating Provider Agreement with Highmark Health Options, you are required to respond to requests for medical records in support of all state and regulatory-required activities including the annual HEDIS® medical record review project, within the requested timeframe at no cost to Highmark Health Options, its members, or its business associates, such as Inovalon.

Your cooperation in extending Inovalon your professional courtesy is very much appreciated. If you have any questions or concerns about any portion of this process, please email [ClinicalQualitySupportTeam@gatewayhealthplan.com](mailto:ClinicalQualitySupportTeam@gatewayhealthplan.com). We appreciate your assistance in this effort and thank you for partnering with us to improve the health of individuals, families and communities.



# BEHAVIORAL HEALTH AND SUBSTANCE ABUSE RESOURCES NOW ON HIGHMARK HEALTH OPTIONS WEBSITE

We are committed to helping members find effective services in their community for behavioral health and/or substance abuse disorders. Our website now includes an easy-to-find, and easy-to-use, resource section for behavioral health and substance abuse. You can use this tab to help find appropriate resources for members and you can also direct members to the site location. This new tab appears on the right side of our homepage [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com) and is titled 'Behavioral Health and Substance Abuse Resources.' You can also click [here](#) to bring you to the direct location.

Some examples of the behavioral health resources available to help our members include: counseling, support groups, crisis services, addiction treatment, and even food and energy assistance.



## NEW FRAUD SCHEME

As everyone is aware, there is a serious opioid epidemic that is running rampant across the United States. In the 4th quarter of 2017, multiple patients were charged with stealing prescription pads, using those pads to write oxycodone prescriptions, and selling those drugs on the street. This is a reminder to all providers to keep prescription pads locked up and out of the open. If you witness fraud or abuse, please contact Highmark Health Options Fraud Hotline at 1-844-325-6256. You may chose to remain anonymous when making the referral.



# SUBSTANCE ABUSE TREATMENT PRIOR AUTHORIZATION PROCEDURE CHANGE

**When Prior Authorization is Not Required**

Effective immediately, Highmark Health Options will not require prior authorization for the:

- first 14 days of Inpatient Substance Abuse Treatment;
- first 5 days of Withdrawal Management Treatment; and
- first 30 days for Intensive Outpatient Services provided to Highmark Health Options members for the purpose of treating drug and alcohol dependencies.

**When Prior Authorization is Required**

Providers are required to submit a prior authorization should a service exceed:

- 14 days for Inpatient Substance Abuse Treatment;
- 5 days for Withdrawal Management Treatment; and
- 30 days for Intensive Outpatient Services.

Highmark Health Options will review services using the ASAM criteria.

**Notification of an Admission Required**

Providers are required to notify Highmark Health Options within 48 hours of admission. A 48-hour Behavioral Health (BH) Notification Form is available via [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com) or by calling Behavioral Health at 1-844-325-6251. Upon notifying Highmark Health Options, providers will be given a reference number.

**Retrospective Review**

Claims for substance abuse treatment services will be retrospectively reviewed by Highmark Health Options Payment Integrity Group.

# CLINICAL PRACTICE AND PREVENTIVE HEALTH 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 professionally- 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 health care 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.



**Some of the guidelines maintained by Highmark Health Options:**

- |                                       |   |
|---------------------------------------|---|
| • ADHD                                | • Diabetes                              |
| • Adult Preventive Care               | • Hemophilia                            |
| • Asthma                              | • Hereditary Angioedema (HAE)           |
| • Asthma Child                        | • HIV                                   |
| • Bipolar                             | • Hypertension                          |
| • Bipolar in Children and Adolescents | • Opioid Dependency                     |
| • Cardiac                             | • Palliative Care                       |
| • Child Preventive                    | • Prenatal Care - Routine and High Risk |
| • Childhood Obesity                   | • Schizophrenia                         |
| • Colitis/Crohn's Disease             | • Sickle Cell Disease                   |
| • COPD                                | • Substance Abuse                       |
| • Depression                          |   |

A complete listing of Highmark Health Options adopted guidelines is viewable online at [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com). Select the Providers tab and then click on the Clinical Guidelines link. Physical copies are available upon request. For a paper copy, please contact the Quality Improvement Department at 1-844-325-6251.





# PREVENTIVE CHILD DENTAL CARE FOR IMPROVED HEALTH

According to the American Academy of Pediatric Dentistry, dental caries is the most common chronic disease in children and adolescents (ages 6-19 years). If left untreated, tooth decay can become a serious health issue such as an abscess or other infection. Untreated tooth decay also causes pain that can result in trouble with eating, or a loss of self-confidence.

It is unfortunate that tooth decay is so common since it is a disease that is very preventable. Brushing twice a day with fluoridated toothpaste and flossing, visiting the dentist regularly, and eating a diet full of fruits and vegetables are a few ways to help prevent tooth decay. You can make a difference, too. Speak to your patients about good oral hygiene and make the recommendation to see an area dentist. This recommendation is an important step for a patient who does not currently have a dentist.

There is another step that you can take in your office to help prevent tooth decay. In many cases decay occurs over time and is the result of habits formed when a child is young. One treatment that can strengthen a child's teeth is topical fluoride varnish application. Providers can get certified to apply fluoride varnish in an office setting quarterly for children under age five years. This service is reimbursable in Delaware for Medicaid recipients if applied by a physician and it can be worked into the time that you have for a check-up with your patient. This step can go a long way to improving your patient's overall health.

If you are not currently certified to apply fluoride varnish and you are interested, you can receive online training offered by Smiles for Life. Visit [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org) to access the training. Course 6 – Caries Risk Assessment, Fluoride Varnish, and Counseling provides information on applying fluoride varnish.



# DOMESTIC VIOLENCE AWARENESS & RESOURCES BROCHURE



DELAWARE COALITION  
AGAINST DOMESTIC VIOLENCE

promote equality  
coalition of agencies  
and individuals  
Prevention  
healthy relationships justice  
stop domestic violence  
join us  
Social Change  
partnership  
awareness  
1 in 4 women affected  
Advocacy  
alter the social conditions that  
allow violence to occur

Visit our website for  
information and resources:  
[www.dcadv.org](http://www.dcadv.org)

About Domestic  
Violence

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.

How to Get Help

If you or someone you know is in an  
abusive relationship, contact your  
local domestic violence hotline to  
learn about available options and  
services. Their trained advocates  
help victims create confidential,  
personalized safety plans.

24-Hour Hotlines & Shelters  
New Castle County  
302.762.6110 (bilingual)

Kent & Sussex Counties  
302.422.8058 or  
302.745.9874 (bilingual)

Who We Are

DCADV is the statewide,  
nonprofit coalition of  
agencies and  
individuals working to  
stop domestic violence  
in Delaware.

We work in partnership  
with direct service providers,  
government officials, and  
business and community partners  
to promote equality  
in relationships as we strive to  
alter the social  
conditions that allow  
violence and abuse to occur.

We invite you to join us in  
these efforts.

KEY AREAS OF FOCUS

Public Awareness  
Public Policy and Systems Advocacy  
Training and Certification  
Prevention  
Economic Justice  
Mental Health, Trauma, and Disabilities

What We Do

- Inform the public about the effects  
of domestic violence on our  
communities.
- Assist in the planning and  
coordination of services for victims  
and their families.
- Provide training and technical  
assistance to service providers and  
professional and community groups  
that serve victims and survivors.
- Encourage safe and respectful  
relationships for individuals of all  
ages, races, genders, sexual  
orientations, and abilities.
- Act as an information and resource  
center on domestic violence,  
bringing local, regional, and national  
expertise to Delaware.
- Advocate for policy and legislative  
issues that impact victims.
- Offer Domestic Violence Specialist  
Certification for advocates working  
with victims and perpetrators.
- Focus on specific populations,  
including teens, women of color,  
LGBTQ individuals, immigrants,  
and people with disabilities and  
mental health conditions.

Learn More and Join DCADV's Mailing List

[www.dcadv.org](http://www.dcadv.org)  
[www.facebook.com/DelawareCoalition](https://www.facebook.com/DelawareCoalition)

What You Can Do

- Join the Delaware Coalition  
Against Domestic Violence as  
a Supporting Member.
- Raise awareness by talking  
with your friends, neighbors,  
and co-workers.
- Volunteer in a local domestic  
violence program.
- Encourage employers to  
institute human resource  
policies that support victims.
- Make your voice heard. Let  
your legislators know where  
you stand on this important  
issue. Join DCADV's Action  
Alert list.
- Don't ignore signs of domestic  
violence. Call a local hotline to  
find out how to help.
- Hold abusers responsible for  
their behavior. Let them know  
there is no excuse for  
violence, ever.
- Ask your employer to support  
DCADV or to match your  
membership donation.
- Encourage programs in your  
community to teach children  
how to handle conflict without  
violence.
- Hold a cell phone drive to raise  
funds for DCADV.


Supporting  
Membership

Supporting membership is open to  
individuals, organizations, and businesses  
who would like to help prevent and end  
domestic violence. Your tax deductible  
contributions support DCADV's public  
information, advocacy, and policy reform  
efforts on behalf of victims of domestic  
violence and their children.

In addition to financial support, Supporting  
Membership shows the community and  
policy makers that there is wide support for  
the Coalition's mission and programming.

Visit our Members and Partners webpage  
for an online membership form and a  
printable form. Various forms of payment  
are accepted.

Contact Us



DELAWARE COALITION  
AGAINST DOMESTIC VIOLENCE

100 West 10th St., Suite 903  
Wilmington, DE 19801

p 302.658.2958  
p 800.701.0456  
f 302.658.5049

[dcadvadmin@dcadv.org](mailto:dcadvadmin@dcadv.org)  
[www.dcadv.org](http://www.dcadv.org)  
[www.facebook.com/DelawareCoalition](https://www.facebook.com/DelawareCoalition)

October 2016



## SECOND OPINIONS

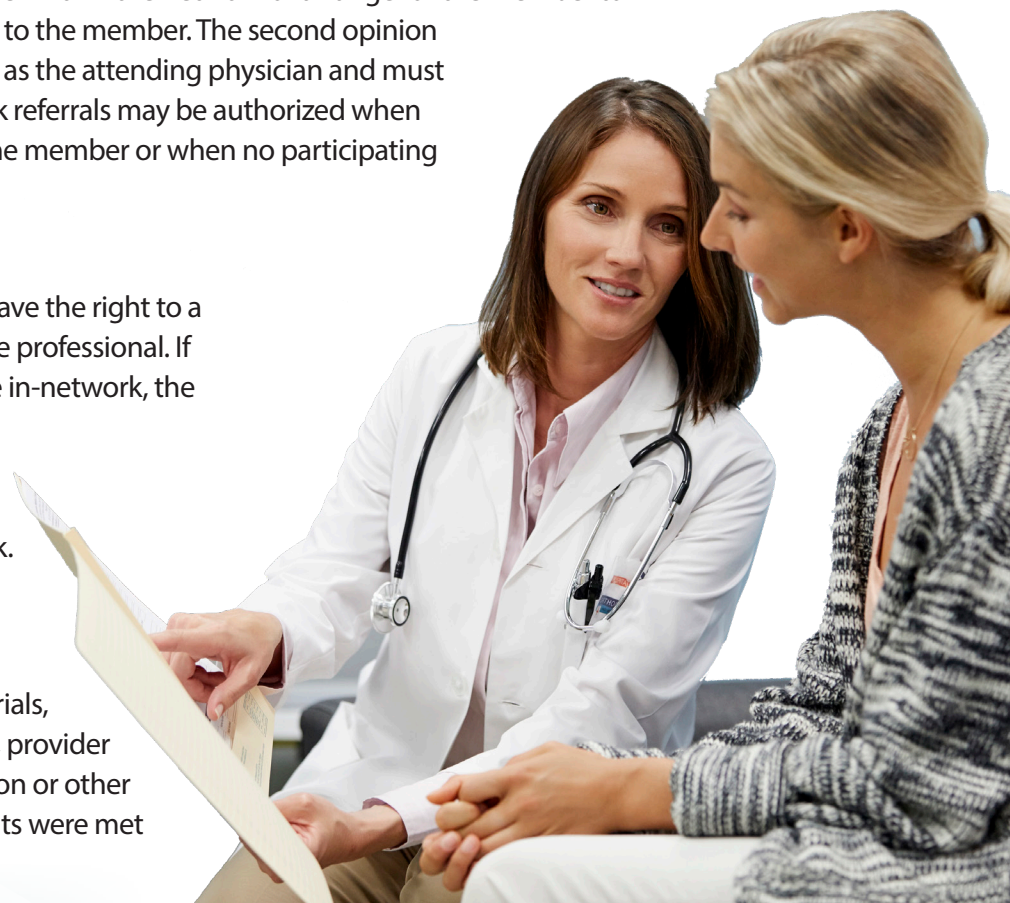
Highmark Health Options ensures member access to second opinions. Second opinions may be requested by Highmark Health Options, the member or the PCP. Highmark Health Options will provide for a second opinion from a qualified health care provider within the network or arrange for the member to obtain one outside the network, at no cost to the member. The second opinion specialist must not be in the same practice as the attending physician and must be a participating provider. Out-of-network referrals may be authorized when no participating provider is accessible to the member or when no participating provider can meet the member's needs.

### NCQA Explanation:

Medicaid law requires that members have the right to a second opinion from a qualified health care professional. If an appropriate professional is not available in-network, the organization must arrange for a member to obtain the second opinion out-of-network at no more cost to the member than if the service was obtained in-network.

### Scope of review:

NCQA reviews the organization's documented process and marketing materials, member newsletters, member handbooks, provider contract templates, provider communication or other materials for evidence that the requirements were met throughout the look-back period.



## OUT-OF-NETWORK COST TO MEMBER

Highmark Health Options will approve a member to go out-of-network if it is unable to provide a necessary and covered service in-network. When a non-participating provider request is approved, Highmark Health Options will coordinate payment with the out-of-network practitioner and ensure that the cost to the member is no greater than it would be if the service was furnished in-network.



## PROVIDER COMPLAINTS

Highmark Health Options created a Provider Complaint system for participating providers to raise issues with our policies, procedures and administrative functions.

Providers can call 1-844-228-1363 to discuss their issue with a Provider Representative. In addition to calling, providers have the option of sending a written complaint regarding any policy, procedure, or administrative function using one of the following methods:

- NaviNet Provider Complaint Messaging Center
- Highmark Health Options Provider Complaint Form – available on our website, [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com), under Provider Forms & Reference Materials. Completed forms may then be emailed to [ProviderComplaints@highmarkhealthoptions.com](mailto:ProviderComplaints@highmarkhealthoptions.com), or you may fax your completed form to 1-844-221-1569.

Complaints will be investigated and the details of the findings and disposition will be communicated back in writing to the provider within 30 days of receipt. If additional time is needed to resolve, we will provide status updates to the provider.



## HOURS OF OPERATION

Please remember – Highmark Health Options has a requirement that our Providers' hours of operations for their Medicaid patients are expected to be no less than what your practice offers to commercial members. Please reference your provider contract and Highmark Health Options procedure manual regarding provider availability and accessibility.

## 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 underutilization. Highmark Health Options monitors for both over and underutilization of care to prevent inappropriate decision making, identify causes and corrective action, and to indicate inadequate coordination of care or inappropriate use of services. Highmark Health Options is particularly concerned about underutilization and monitors utilization activities to assure members receive all appropriate and necessary care.







# HIGHMARK HEALTH OPTIONS PROVIDER POLICY AND PROCEDURE MANUAL

The **Highmark Health Options Provider Manual** is available on the **Highmark Health Options** website at [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com). The Provider Manual is an excellent reference source as it contains information regarding Highmark Health Options policies and procedures and is considered part of your contractual agreement. This manual should be considered a general guideline and ready reference.

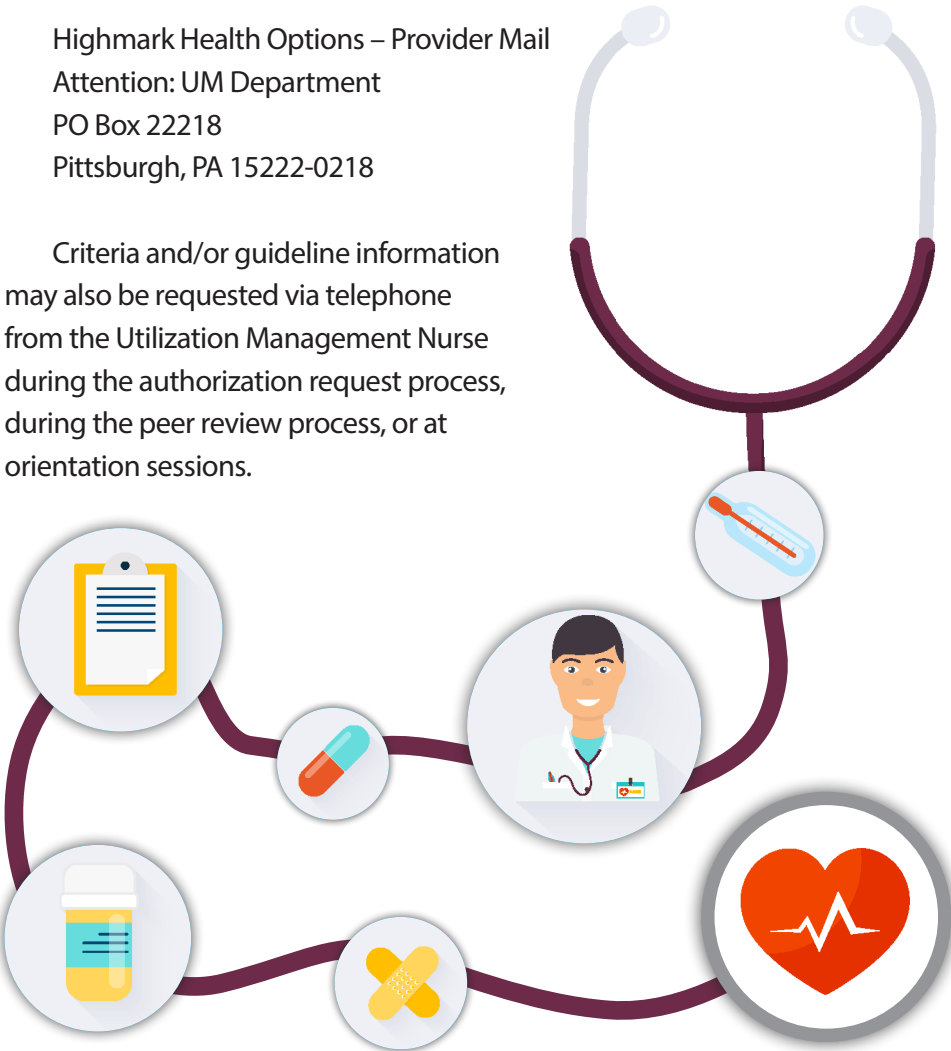
## OFFICE STAFF

# UTILIZATION MANAGEMENT CRITERIA AND GUIDELINES

Highmark Health Options Utilization Management criteria and guideline information is available to participating practitioners/providers online at [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com), or via a telephonic or written request to Highmark Health Options Utilization Management Department or Medical Management Department. As a reminder, the Utilization Management/Medical Management telephone number for all practitioners and providers is 1-844-325-6251. Written requests can be sent to:

Highmark Health Options – Provider Mail  
Attention: UM Department  
PO Box 22218  
Pittsburgh, PA 15222-0218

Criteria and/or guideline information may also be requested via telephone from the Utilization Management Nurse during the authorization request process, during the peer review process, or at orientation sessions.



## OFFICE STAFF

# PROVIDER RELATIONS CONTACTS

Below is a listing of the various contacts within Highmark Health Options provider networks.

### Provider Relations:

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

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

**Andrea Thompson** - New Castle County  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
[AThompson@Highmarkhealthoptions.com](mailto:AThompson@Highmarkhealthoptions.com)  
302-502-4024

**Ancillary Strategy:**  
**Andrea Thompson**  
Provider Contract Analyst, Behavioral Health  
[AThompson@Highmarkhealthoptions.com](mailto: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](mailto:CFreeman@Highmarkhealthoptions.com)  
302-502-4067

**Laura Gudenburr**  
Provider Contract Analyst, Free Standing PT/OT/ST; Free Standing Radiology; Urgent Care; Ambulatory Surgery Center; Walk-In Clinics; Food Delivery  
[LGudenburr@Gatewayhealthplan.com](mailto:LGudenburr@Gatewayhealthplan.com)  
412-420-6465

**Diane Thornberg** - Sussex County  
Provider Account Liaison  
*\*includes servicing of LTSS Providers*  
[DThornberg@Highmarkhealthoptions.com](mailto:DThornberg@Highmarkhealthoptions.com)

**Rick Madey**  
Provider Contracting Analyst, DME  
[RMadey@Gatewayhealthplan.com](mailto:RMadey@Gatewayhealthplan.com)  
412-918-8554

**Tracy Sprague**  
Provider Account Liaison/Provider Complaints  
*\*includes servicing of LTSS Providers*  
[TSprague@Highmarkhealthoptions.com](mailto:TSprague@Highmarkhealthoptions.com)  
302-502-4120

**Julia Donohue**  
Provider Contract Analyst, Dialysis; Lab; Audiology; Suboxone/Opioids  
[JDonohue@Gatewayhealthplan.com](mailto:JDonohue@Gatewayhealthplan.com)  
412-420-6467

**Melanie Anderson**  
Director, Provider Networks & Contracting  
[MAAnderson@Highmarkhealthoptions.com](mailto:MAAnderson@Highmarkhealthoptions.com)  
302-317-5967

### Provider Contracting:

**Chanel Bailey**  
Senior Provider Contracting Executive  
[CWalker-Bailey@Highmarkhealthoptions.com](mailto:CWalker-Bailey@Highmarkhealthoptions.com)  
302-502-4154

**Elaine Yakich**  
Provider Contract Analyst, Vision; SNF; ICF/MR; Pediatric Daycare; Ambulance; Environmental Lead Investigation  
[EYakich@Gatewayhealthplan.com](mailto:EYakich@Gatewayhealthplan.com)  
412-255-4349

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

**Shawn Smith**  
Provider Contract Analyst, Home Health/PDN; Hospice; Home Infusion  
[SSmith@Gatewayhealthplan.com](mailto:SSmith@Gatewayhealthplan.com)  
412-255-1195

## IMPORTANT ADDRESSES AND PHONE NUMBERS

ADDRESSES	
<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 15222-0188

TELEPHONE NUMBERS AND HOURS OF AVAILABILITY		
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.