

# 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](#)

## Coding Corner: Verification of Member Eligibility

As a reminder, Highmark Health Options recommends that you check member eligibility each and every time a member presents for services, as member eligibility can fluctuate. Highmark Health Options will not be responsible for payment of claims if the member is not an eligible Highmark Health Options member on the date of service rendered. Member eligibility can be retrospectively determined by Highmark Health Options' governing bodies and as a result, Highmark Health Options may recover overpayments from member eligibility terminations.

Confirm Member Eligibility	
<b>During normal Business hours</b>  <i>8:00am to 5:00pm Monday through Friday</i>	<ul style="list-style-type: none"> <li>○ Providers may dial 1-844-325-6251 to contact Highmark Health Options <ul style="list-style-type: none"> <li>▪ Representatives require the following information: <ul style="list-style-type: none"> <li>▪ Member ID Number</li> <li>▪ Member First and Last name</li> <li>▪ Member Date of Birth</li> </ul> </li> </ul> </li> </ul>
<b>IVR (Interactive Voice Response)</b>	<ul style="list-style-type: none"> <li>○ Providers may dial 1-844-325-6251 to access the IVR (24 hours a day/7 days a week) <ul style="list-style-type: none"> <li>▪ Providers may choose automated eligibility verification or choose to speak to a representative (during normal business hours only).</li> <li>▪ Please have the following available: <ul style="list-style-type: none"> <li>▪ Member ID Number</li> <li>▪ Social Security Number</li> <li>▪ Member Date of Birth</li> </ul> </li> </ul> </li> </ul>
<b>NaviNet</b>	<ul style="list-style-type: none"> <li>○ Check eligibility using the web based interactive system. <ul style="list-style-type: none"> <li>▪ NaviNet requires the following to provide automated verification: <ul style="list-style-type: none"> <li>▪ Member ID Number</li> <li>▪ Member First and Last name</li> <li>▪ Member Date of Birth</li> </ul> </li> </ul> </li> </ul>

Should you have any questions about this communication please contact your Provider Relations Representative or Highmark Health Options' Customer Service Department. Customer Service is available 8:00 am to 5:00 pm Monday through Friday by calling 1-844-325-6251.

## New Permanent Procedure Code Assigned Effective January 1, 2019

A subset of medications require a pre-service authorization for medications obtained through the medical benefit. This prior authorization process applies to all Highmark Health Options members. Medical necessity criteria for each medication listed below is outlined in the specific medication policies available online. To access Highmark Health Options medical policies, please visit:

<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>. Failure to obtain authorization will result in a claim denial.

### Rituxan

The procedure code for Rituxan, J9310, has been discontinued. As of 01/01/2019, the effective procedure code is J9312. This code should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description
J9312	Rituxan (rituximab)

Authorizations previously obtained under the discontinued Jcode will be honored through the original authorization end date. All future authorization requests (initial and reauthorization) for Rituxan should be requested with the effective procedure code, J9312. When submitting a request for reauthorization, please reference original authorization number.

### Fasenra, Luxturna, Brineura

As of 01/01/2019, permanent procedure codes have been assigned for Fasenra, Luxturna, and Brineura. These codes should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description	Procedure Code	Description
J0517	Fasenra (benralizumab)	J3398	Luxturna (voretigene neparvovec-rzyl)
J0567	Brineura (cerliponase Alfa)		

## New Permanent Procedure Code Assigned Effective January 1, 2019

### What if the medication not on the list?

If the medication you are prescribing for your patient is not addressed on the Highmark Health Options Medical and Payment Policy site (<https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>) that means it does not require a pre-service prior authorization. The process for obtaining this medication, which is not listed above, has not changed.

If you intend to bill the medication on the medical benefit, you will administer the medication and submit the claim as you have in the past.

### Would you prefer to get the medication through pharmacy?

This change only applies to the medical benefit. If the medication is to be billed at the pharmacy/specialty pharmacy, you will continue to submit requests to Highmark Health Options Pharmacy Services. They can be reached at 1-844-325-6253.

### Submitting a Request

The most efficient path of submitting a request (for one of the medications on the list above) is via NaviNet. A form has been added to NaviNet with auto-fill functionality to make completing and submitting your online request easier and faster.

If you have questions regarding the authorization process and how to submit authorizations electronically via NaviNet, please contact your Highmark Health Options Provider Relations Representative directly or Provider Services Department using the phone number 1-844-325-6251.

### Additional Information

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered & non-covered services.
- Current and previous provider notifications can be viewed at:  
<https://highmarkhealthoptions.com/providers/communications>

## Behavioral Health and Substance Use Disorders Resources are Now on the Highmark Health Options' Website

We are committed to helping members find effective services in their community for behavioral health and/or substance use 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 Use Disorders 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.



## My Diabetes Report Card

Highmark Health Options recognizes the important role that medical practices play in providing quality healthcare to members. We also know the critical role members play in their own health. For that reason, we want to empower them with the best tools and resources to increase the likelihood of healthy outcomes.

With this in mind, we would like to notify you that the “**My Diabetes Report Card**” will be sent to about 7,100 diabetic members meeting the HEDIS criteria.

The “**My Diabetes Report Card**” is an educational tool providing information on medications, as well as dates and results for diabetes-related labs/exams. The report card will be sent to about 7,100 identified members (ages 18-75 years of age), English or Spanish language.

Included in the “**My Diabetes Report Card**” is education on how often A1C, LDL-C, dilated retinal eye exam, urine screen, blood pressure, and BMI should be checked, but also the members’ date of last diabetes screening test along with the most recent result of A1C and LDL-C. The “**My Diabetes Report Card**” also informs about medications that are often part of a diabetes management plan, along with the members’ last medication fill date. We’d like you to be familiar with the information shared with members on their report card, should one of your patients receive it and follow up with you.

The following additional resources were also included in the mailing:

Care4Life Diabetes Texting Program ([www.care4life.com](http://www.care4life.com) Code: Options; Text #: 300400 word: JOIN reply: Options)

Websites-diabetes.org and cdc.gov/diabetes

Highmark Health Options resources: o Lifestyle Management Program o Member Services

Website ([www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com))

Member Portal & Community Repository (access to resources)

We appreciate your continued support of Highmark Health Options mission to deliver quality programs that positively impact the health and wellness of our members. If you have any questions or suggestions, please contact Provider Services at 1-844-325-6251.

## Lead Screening as Part of EPSDT

Highmark Health Options EPSDT Program is based upon the federally-mandated EPSDT Program for Medical Assistance-eligible children under the age of 21 years. Through the EPSDT Program, children are eligible to receive medical, dental, vision, and hearing screens to assure that they receive all medically necessary services without regard to Medical Assistance covered services.

Each primary care practitioner and primary care/specialist is responsible for providing the health screens for Highmark Health Options members and reporting the results of the screens to Highmark Health Options, as well as communicating demographic information (e.g. telephone number, address, alternate address) with the staff to assist with scheduling, locating, and addressing compliance issues.

One of the required screen tests within the EPSDT program is lead screening. It is important for all members to be tested for lead exposure at age 1 and again at age 2. This will help to keep children safe from lead poisoning. Children are at highest risk for lead poisoning because they put objects in their mouth during the crucial brain development period. Lead poisoning leads to learning disabilities and slowed growth and development. Educate your patients about items that may contain lead, such as, old paint chips or paint dusting, dirt, and pipes. Children who have been lead poisoned may not look or act sick, so it is important to for all children to be tested.

Other required screenings and tests are outlined in the provider section of the Highmark Health Options website at [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com). Primary care practitioners are required to follow this schedule to determine when the necessary screens and tests are to be performed.



## Appropriate Treatment for Children with Upper Respiratory Infection

According to the CDC, antibiotic resistance is presenting a major threat to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the United States, at least 2 million people get infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

About 30 percent of antibiotics, or 47 million prescriptions, are prescribed unnecessarily in doctors' offices and emergency departments in the United States, which makes improving antibiotic prescribing and use a national priority.

Recent efforts to decrease unnecessary prescribing have resulted in fewer children receiving antibiotics in recent years. Increased awareness of appropriate treatment for URIs can reduce the dangers of antibiotic-resistant bacteria.



### References

Centers for Disease Prevention and Control. 2013. "Antibiotics Aren't Always the Answer." <http://www.cdc.gov/features/getsmart/>



## LTSS: Oral Health Care for Attendant Care Providers

According to a collaborative study between the Division of Public Health, Bureau of Oral Health and Dental Services, and the University of Delaware (Center for Disabilities Studies), poor oral health and periodontal disease are correlated to: diabetes, respiratory infections, pneumonia, and cardiovascular disease.

Many members in the Long Term Services and Supports (LTSS) Case Management program at Highmark Health Options receive assistance with activities of daily livings through an attendant care agency. The care provided by an attendant helps to ensure that patients receive adequate oral healthcare thereby decreasing serious dental problems and risks to overall health.

### **What you can do to help:**

Assess whether or not a member needs assistance with oral health. This can include set-up of utensils, supervision and queuing, or hands on assistance.

Document on the plan of care that oral healthcare assistance is an intervention.

Make sure the member has a copy of their plan of care and that it is kept in a convenient location.

### **How we can help:**

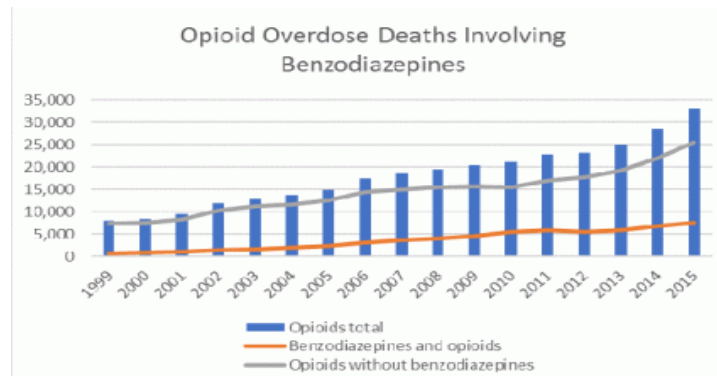
The Health Options LTSS Case Managers conduct quarterly home visits and review the attendant care provider's plan of care. They are specifically looking to see if there are any oral health interventions.

If you notice any issues please feel free to reach out to our case managers. We are here to help and to ensure that our members get the very best care possible!

Highmark Health Options is committed to providing the best possible care to your patients, our members. During 2019, we will continue to educate our providers on the importance of oral care and its benefits. Informational provider forums will be scheduled in the fall to discuss more about this initiative. We encourage you to attend one of these important sessions.

## Tips on Benzodiazepine Taper

More than 30% of overdoses involving opioids involve benzodiazepines.



**Source:** Centers for Disease Control and Prevention (CDC). Multiple Cause of Death, 1999-2015

## Possible Risks from Taking Benzodiazepines

### BENZODIAZEPINES SIDE EFFECTS

#### SHORT-TERM USE

is considered to be safe and effective, but still carries side effects:

AGGRESSION

DIZZINESS

DROWSINESS

SEXUAL DYSFUNCTION

DEPRESSION

BLURRED VISION

#### LONG-TERM USE

can carry some serious negative effects mentally and psychologically:

COGNITIVE PROBLEMS

SLEEP DISTURBANCES

MENTAL DISORDERS

IMMUNE SYSTEM SUPPRESSION

CANCER RISK

ADDICTION

## Tips on Benzodiazepine Taper (cont.)

There are more effective and less harmful treatments available for sleep, nightmare, PTSD, pain and anxiety.

### Alternatives for Anxiety and Trauma-Related Disorders

	Generalized Anxiety Disorder	Obsessive Compulsive Disorder	Panic Disorder	Social Anxiety Disorder	Posttraumatic Stress Disorder
<b>Non-drug treatments</b>	<ul style="list-style-type: none"> <li>• CBT</li> <li>• Exposure Therapy</li> <li>• Applied relaxation</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure Therapy</li> <li>• CBT</li> </ul>	<ul style="list-style-type: none"> <li>• CBT</li> </ul>	<ul style="list-style-type: none"> <li>• CBT</li> <li>• Exposure Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive processing</li> <li>• Prolonged Exposure</li> </ul>
<b>First line Medications</b>	<ul style="list-style-type: none"> <li>• SSRI's</li> <li>• SNRI's</li> <li>• Buspar</li> <li>• Remeron</li> <li>• Lyrica</li> </ul>	<ul style="list-style-type: none"> <li>• SSRI's</li> <li>• Clomipramine</li> </ul>	<ul style="list-style-type: none"> <li>• SSRI's</li> <li>• Effexor</li> </ul>	<ul style="list-style-type: none"> <li>• SSRI's</li> <li>• Effexor</li> </ul>	<ul style="list-style-type: none"> <li>• SSRI's</li> <li>• Effexor</li> </ul>
<b>Other medications</b>	<ul style="list-style-type: none"> <li>• TCA</li> <li>• Vistaril</li> <li>• Seroquel</li> </ul>	<ul style="list-style-type: none"> <li>• Remeron</li> <li>• Effexor</li> <li>• Antipsychotics</li> <li>• Topamax</li> <li>• Lamictal</li> </ul>	<ul style="list-style-type: none"> <li>• Remeron</li> <li>• TCA</li> </ul>	<ul style="list-style-type: none"> <li>• Neurontin</li> <li>• Lyrica</li> <li>• Inderal</li> </ul>	<ul style="list-style-type: none"> <li>• Remeron</li> <li>• TCA</li> <li>• Prazosin</li> </ul>

Some of these medications should be used in caution when treating the elderly population >65. It is always good to refer to Beers Criteria when treating the elderly population.

### Alternatives for Insomnia

Non-Drug Treatments	Medications
Address other potential causes	TCA: Doxepin, Amitriptyline
Sleep Study	Antidepressant: Trazodone, Mirtazapine
Sleep Hygiene education	Gabapentin
Cognitive Behavioral Therapy	Antihistamine: Benadryl, doxylamine, hydroxyzine
	Melatonin agonist: Melatonin, Ramelteon
	Prazosin (PTSD nightmares)

## Tips on Benzodiazepine Taper (cont.)

### Sleep Hygiene Do's and Don'ts

The Do's	The Don'ts
Establish regular sleep schedule	Don't ingest caffeine after noon
Get plenty of natural light	Avoid alcohol
Relaxation exercises before bed	Don't eat large heavy meals close to bedtime
Maintain comfortable sleep environment	Don't nap during the day
Decrease/ eliminate screen time	Don't use mobile device or laptop in bed



For more information, visit <https://www.onemedical.com/blog/live-well/how-to-relieve-insomnia-without-medication-part-1/>

## Discussing Benzodiazepine Discontinuation

### 1. Assess the patient's willingness to discontinue or reduce the dose.

Action	Provider Response
Express Concern	"I would like to take a minute to discuss my concerns about (benzodiazepine name)."
Provide education on risks	"Because of your [age, or other risk factors], I am now concerned that the use of (benzodiazepine name) may put you at increased risk for [relevant repercussion]."
Assess patient's readiness to begin taper process	<p>"What do you see as the possible benefits of stopping or reducing the dose? What concerns do you have about stopping? What can we do together to help address these concerns?"</p> <p>If patient indicates no desire to change, provide information handout. "What would be a reason you might consider changing from (benzodiazepine name) to (name of recommended alternative)?"</p>
Negotiate plan	"What changes are you willing to make to meet this goal?" Would you be willing to talk to one of my colleagues to learn about options to support your changes?"

### 2. Agree on timing and discuss the symptoms that can occur with benzodiazepine taper

Inform patients	<ul style="list-style-type: none"> <li>Withdrawal is only temporary and not all patients will have symptoms</li> <li>Slowly tapering will decrease these symptoms</li> <li>Report distressing symptoms and if necessary adjust the rate of taper</li> </ul>
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### 3. Provide written instructions for a structured medication taper. Be prepared to slow taper if the patient reports significant withdrawal symptoms.

i.e., Lorazepam 4 MG BID

No Switch (i.e. same benzodiazepine)

Lorazepam 4mg BID (divide total mg/day dose)	
Week 1	7mg/day
Week 2	6mg/day (25% of initial dose)
Week 3	5mg/day
Week 4	4mg/day (50% of initial dose)
Weeks 5-8	4mg/day (hold dose then Reduce by 25% of current Dose every 2 weeks)
Weeks 9-10	3mg/day
Weeks 11-12	2mg/day
Weeks 13-14	1mg/day
Week 15	Discontinue

## Discussing Benzodiazepine Discontinuation (cont.)

### Switching to longer acting benzodiazepine

Convert to 40mg Diazepam Daily (divide total mg/day dose)	
Week 1	35mg/day
Week 2	30 mg/day (25% of initial dose)
Week 3	25mg/day
Week 4	20mg/day (50% of initial dose)
Week 5-8	20mg/day (hold dose then reduce by 25% of current dose every 2 weeks)
Week 9-10	15mg/day
Week 11-12	10mg/day
Week 13-14	5mg/day
Week 15	Discontinue

Benzodiazepine Equivalency Table				
Generic	Brand	Elimination half-life	Dosage Form	Approx. Equiv Dose
Alprazolam	Xanax	12-15 hours	Tab	1mg
Chlordiazepoxide	Librium	>100 hours	Cap	25mg
Clonazepam	Klonopin	20-50 hours	Tab	1 mg
Diazepam	Valium	>100 hours	Tab	10mg
Lorazepam	Ativan	10-20 hours	Tab	2mg
Temazepam	Restoril	10-20hours	Cap	15mg

### No Switch vs. Switch

Switching from a short or intermediate acting to a long acting benzodiazepine has not been shown to be more effective or to reduce the severity of the withdrawal symptoms.

Consider switching to a longer acting or different benzodiazepine if current benzodiazepine does not allow for dose reduction (e.g. capsules, tablets difficult to halve or quarter).

### References

Affair, U. V. (2015, January). <https://www.pbm.va.gov>. Retrieved from <https://www.pbm.va.gov>: [https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Benzodiazepine\\_Provider\\_AD\\_%20Risk\\_Discussion\\_Guide.pdf](https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Benzodiazepine_Provider_AD_%20Risk_Discussion_Guide.pdf)

Ball, S. (2018, March). <https://msp.scdhhs.gov>. Retrieved from <https://msp.scdhhs.gov>: [https://msp.scdhhs.gov/tipsc/sites/default/files/tipsc\\_mailer\\_v3\\_23%20final%204-13-18%20%28003%29.pdf](https://msp.scdhhs.gov/tipsc/sites/default/files/tipsc_mailer_v3_23%20final%204-13-18%20%28003%29.pdf)

Vora, E. (2018, November). *One Medical*. Retrieved from One Medical: <https://www.onemedical.com/blog/live-well/how-to-relieve-insomnia-without-medication-part-1/>

## 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 & 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 fax your QOC concern to our QI department. A QOC reporting form is available at [www.highmarkhealthoptions.com/providers/forms](http://www.highmarkhealthoptions.com/providers/forms)



## Utilization Criteria Management 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.



## Recommendations for Perinatal Care

Timeliness of perinatal care is essential to help reduce poor birth outcomes, low birth weights, and infant and maternal mortality rates. Healthy development of a fetus, healthy deliveries, and healthy postpartum outcomes are a reasonable goal and expectation for both members and providers.

Provider offices that administer maternity care on a regular basis should be very familiar with the Healthcare Effectiveness Data Information Set (HEDIS) clinical guidelines that recommend:

- A minimum of one (1) prenatal visit within the first trimester visit (or within 42 days of enrollment);
- Regular prenatal care 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 Network Contacts

### Provider Relations:

**Desiree Charest** - Sussex County  
Provider Account Liaison  
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## Important Addresses and Phone Numbers

### Addresses

Office Location	Highmark Health Options 800 Delaware Avenue Wilmington, DE 19801
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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.