

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.



[Important Phone Numbers](#)

Coding Corner: SCODI Frequency Limits

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Frequency Limits

The following limits apply to Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) procedures:

92133 - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

- Two visits per year for a diagnosis of glaucoma.
- One visit per year for any diagnosis other than glaucoma.

92134 - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

- Two visits per year for a diagnosis of glaucoma.
- One visit per month for a diagnosis of retinal disease.
- One visit per year for any diagnosis other than glaucoma or retinal disease.

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Diagnosis Requirements

Anterior Segment SCODI (92132) will be considered medically reasonable and necessary for evaluation of specified forms of glaucoma and certain disorders of the cornea, iris, and ciliary body.

While this is not a full list, some examples of covered indications are:

- Corneal ulcer (ICD-10 codes H16.0-H16.079)
- Foreign body (magnetic) in the anterior chamber of the eye (ICD-10 codes H44.61-H44.619)
- Malignant neoplasm of the eye (ICD-10 codes C69-C69.92)
- Open angle glaucoma (ICD-10 codes H40.10-H40.11X4)
- Pigmentary iris degeneration (ICD-10 codes H21.2-H21.29)
- Pterygium (ICD-10 codes H11.0-H11.069)

Coding Corner: SCODI Frequency Limits

Posterior segment SCODI (92133 or 92134) will be considered medically reasonable and necessary under the following circumstances:

1. For the diagnosis and management of a patient who has mild, moderate, severe, or indeterminate stage glaucoma or who is suspected of having glaucoma.
2. Monitoring patients being treated with CQ and/or HCQ for the development of retinopathy.
3. The evaluation and treatment of patients with conditions affecting the optic nerve (e.g., optic neuropathy) or retinal disease (e.g., macular degeneration, diabetic retinopathy) and in the evaluation and treatment of certain macular abnormalities (e.g., macular edema, atrophy associated with degenerative retinal diseases).

While this is not a full list, some examples of covered indications are:

- Benign neoplasm of the retina (ICD-10 codes D31.2-D31.22)
- Cystoid macular edema following cataract surgery (ICD-10 codes H59.031-H59.033)
- Histoplasmosis of retina (ICD-10 codes B39.4-B39.9)
- Malignant neoplasm of the eye (ICD-10 codes C69-C69.92)
- Retinal detachments and defects (ICD-10 codes H33.0-H33.059)
- Tuberculosis of the eye (ICD-10 codes A18.51, A18.53-A18.59)

REFERENCES

American Medical Association, *Current Procedural Terminology (CPT)*

CMS LCD: Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35038&ver=56>

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

Coding Corner: SCODI Frequency Limits cont.

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Member Rights and Responsibilities

Our members have certain rights and responsibilities that are a vital part of membership with Highmark Health Options. These rights and responsibilities are included in the member handbook and are reviewed annually in the Highmark Health Options member newsletter.

The Highmark Health Options Member Rights and Responsibilities are available online for our network providers to help maintain awareness and support your relationship with your Highmark Health Options members.

You'll find the Member Rights and Responsibilities in Chapter 2, Unit 2, of the *Highmark Health Options Provider Manual*. The *Provider Manual* is available on the Highmark Health Options website under

Providers > Provider Manual. A hard copy of the Member Rights and Responsibilities is available upon request by calling your Provider Relations representative.



Lifestyle Management 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/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	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 with Body Mass Index (BMI): *Adults ≥ 25 *Children 3 or older: $> 85^{th}\%$	Pregnant women
Contact Referrals and Information	Highmark Health Options Care Coordination 1-844-325-6251.					
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 preventative and treatment services for adults and children in an effort to improve individual healthy weight & ongoing weight management</p>	This prenatal program offers care coordination to reduce low birth weight, pre-term deliveries, and NICU admissions

Lifestyle Management Programs cont.

Provider Benefits and Support	<p>Highmark Health Options' Lifestyle Management/Wellness Program aims 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 ED visits</p>					
	Asthma	Cardiac	COPD	Diabetes	Healthy Weight Management	Maternal Outreach Management (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>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>
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>					

Lifestyle Management Program's Cardiac Program

Overview

Highmark Health Options helps members with certain chronic diseases by providing additional educational benefits and health support for their condition through the Lifestyle Management Program.

Cardiac conditions is one of the chronic health disorders included in the Lifestyle Management Program. The Cardiac Program emphasizes patient education and support to help members with cardiac conditions take an active role in their well-being by adopting a heart healthy lifestyle, by taking medications as prescribed, and by understanding how to avoid sudden flare-ups of their condition.

Eligibility

All adult Highmark Health Options members, age 21 or older, with a diagnosis of heart failure, myocardial infarction, or coronary artery disease are eligible for the program. Members are automatically enrolled once they are identified with one of these cardiac conditions; however, they are able to opt out if they choose.

Program Benefits

The program will help your patient:

- Learn the meaning of specific cardiac symptoms to prevent further cardiac damage
- Understand the importance of lab tests for lipid testing and medications
- Understand how other conditions play a part in worsening a cardiac condition
- Understand when to call the physician and the key words to tell the office

For more information on the Lifestyle Management Program, including inquiring about the other chronic conditions included in the program, or to refer a patient to the Cardiac Program, call Highmark Health Options at 1-844-325-6251.

My Healthy Weight

A pledge to provide obesity prevention and treatment for individuals

Obesity is prevalent, expensive and serious. Over the past twenty years, obesity rates have doubled among adults and tripled among children in the United States.

Obesity, physical inactivity, and related chronic diseases are some of the most challenging and costly public health threats that our country faces. Estimates for health care related to obesity range from \$147 to \$210 billion per year.

In acknowledgement of this grave health challenge, Highmark Health Options joined the Delaware Division of Medicaid and Medical Assistance (DMMA), as a founding member of the first ever collective national insurance initiative:

- ***My Healthy Weight***; a pledge to provide obesity prevention and treatment for individuals of all ages

With this initiative, Highmark Health Options expanded its Lifestyle Management and Wellness Programs for members to participate in Highmark Health Options' **new** Healthy Weight Management Program. This Program offers members the information, tools, resources and applicable interventions needed to provide them with health/wellness and nutritional options.

HOW PROVIDERS CAN HELP

To support the *My Healthy Weight* pledge signed by the Division of Medicaid and Medical Assistance (DMMA), you can refer your patients to our new Healthy Weight Management Program.

In addition to this, the United States of Preventative Services Task Force (USPSTF) recommends clinicians offer and/or refer adults with a body mass index (BMI) equal to or greater than 30 for intensive behavioral therapy.

Intensive behavioral therapy (IBT) for obesity includes: screening for obesity in adults using measurement of BMI, dietary (nutritional assessment) and/or intensive behavioral counseling and IBT to promote sustained weight loss through high-intensity interventions related to exercise and diet.

My Healthy Weight cont.

Thus, as a health care provider, you can also address unhealthy weight and/or weight gain (before serious health problems develop), by offering intensive behavioral interventions every plan year for members with a qualifying diagnosis:

- At least six (6) contact hours for adults with a body mass index (BMI) ≥ 25 and one or more risk factors for cardiovascular disease
- At least twelve (12) visits for adults with a BMI ≥ 30
- At least eight (8) visits for children ages three (3) years or older with a BMI 85TH – 95th percentile
- At least twelve (12) visits for children ages three (3) years or older with a BMI $\geq 95^{\text{TH}}$ percentile
- With your assistance, we can help our members improve their *overall health and quality of life!*

CPT Codes – Procedure*

G0447 - Face-face behavioral counseling for obesity, 15 minutes

S9770 – Nutritional Counseling, dietitian visit

Disclaimer: Obesity counseling not payable separately with another encounter or visit on same day. Only one unit of G0447 or S9770 should be billed per day. This is not a guarantee of payment and not an effort to prescribe care – listed only as resource. Providers need to verify their contract and/or credentialing.*

Sources:

[https://bipartisanpolicy.org/press-release/organizations-pledge-to-provide-obesity-prevention/Medicaid's My Healthy Weight program](https://bipartisanpolicy.org/press-release/organizations-pledge-to-provide-obesity-prevention/Medicaid's-My-Healthy-Weight-program)

<https://www.todaysdietitian.com/newarchives/0317p44.shtml>

<https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/obesity-in-adults-interventions1>

<https://www.cdc.gov/obesity/data/adult.html>

<https://www.stateofobesity.org/healthcare-costs-obesity/>

Correct Coding for Adult BMI

Did you know that many practitioners are providing services that never get billed to insurance companies? While many codes may not be necessary for reimbursement, they can help justify medical necessity should the need arise. Insurance companies can also compile this data to better evaluate the needs of their respective populations and adjust resources accordingly.

Highmark Health Options has identified a decline in the number of provider offices submitting claims containing codes for evaluation of body mass index (BMI). Most provider offices measure a patient's height, weight, and BMI at every visit however, they often forget to bill for the service.

An increased BMI is a contributing factor to a wide range of medical conditions. Highmark Health Options needs your help to identify patients that need assistance with improving their health. When you see a patient, ask your staff to bill the applicable ICD-10 codes for BMI. They range from Z68.1 – Z68.45. Doing so will help us better serve the population and care for our members.

To maximize your office visits towards meeting the HEDIS BMI measure (ABA) please consider doing the following for members ages 18-74:

HEDIS Measure	Member description	Documentation requirements	Codes
Adult BMI Assessment (ABA) <i>Medicare Health Plan Rating Measure</i>	18-74 year old members	BMI documented during the measurement year or the year prior to the measurement year: • BMI: date and result • Weight: date and result • Note: For patients age 18-19 on date of visit, a height, weight & BMI percentile must be recorded.	BMI: ICD-10-CM: Z68.1, Z68.20-Z68.39, Z68.41- Z68.45 BMI Percentile: ICD-10-CM: Z68.51-Z68.54 Outpatient Visits: CPT®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 UB Revenue: 0510-0517, 0519-0523, 0526-0529, 0982, 0983 Exclusions: Pregnancy

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 of 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.

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.



Living Will / Advance Directives

The Omnibus Budget Reconciliation Act (OBRA) of 1990 included substantive new law that has come to be known as the Patient Self-Determination Act and which largely became effective on Dec 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 governmentally-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 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.



Social Determinants of Health and Community Repository

What is Health? As defined by the World Health Organization, it is a “State of complete physical, mental, and social wellbeing, and not merely an absence of disease or infirmity.” Influences on health include availability of and access to: Education, healthy, nutritious food, safe and affordable housing, reliable public transportation, health insurance, safe water and non-polluted air and culturally sensitive health care providers.

These *Social Determinants of Health* (SDOH) are conditions in which people are born, grow, live, work and age and are defined by the distribution of resources, and help create health disparities. Empowering patients is one key to help address SDOH and health disparities.

As a provider you can educate your patients about social determinants of health and refer them to Care Coordination for assistance. [The Highmark Health Options Community Repository](#) is a resourceful tool that is full of support and guidance through a list of public agencies. The categories that define this tool focus on all aspects of life including health and dental, food support, utility assistance, maternal care, housing assistance, mental health and more. You can also refer the member to Highmark Health Options Member Services by calling 1-844-325-6251 TTY (711), or dial 1-800-232-5460).



Smoking Cessation Treatment Pathway

Tobacco use, especially cigarette smoking, is a major risk factor for cardiovascular morbidity and mortality and is the leading preventable cause of death worldwide. Comprehensive tobacco cessation treatment is a critical component of the clinical care for individuals with or at risk for cardiovascular diseases. The consistent delivery of tobacco cessation treatment remains a significant challenge for healthcare providers.

The Decision Pathway recommends that clinicians and practices establish a team-based system of care that recognizes cigarette smoking as a chronic relapsing substance use disorder caused by addiction to nicotine. The care team should ensure that patients are asked about cigarette smoking and other tobacco product use at all clinical encounters. Patients who use any tobacco product should receive clear advice to stop tobacco use and be offered a brief intervention that includes prescriptions for proven pharmacological smoking cessation aids and proactive connection to evidence-based behavioral support based in the healthcare system and/or the community.

Former smokers, especially recent quitters (i.e., those who have stopped smoking in the past year), should be monitored closely for possible relapse back to smoking. Nonsmokers (i.e., both former smokers and never smokers) should routinely be asked about exposure to secondhand smoke and advised to avoid it.

Assessment of Tobacco (Nicotine) Dependence. The strength of an individual's nicotine dependence is a key predictor of how likely the individual is to relapse after stopping smoking. A simple screen for nicotine dependence is to ask whether an individual smokes every day or only on some days. For treatment purposes, virtually all persistent daily smokers are nicotine dependent and are likely to benefit from pharmacological and behavioral treatment for smoking cessation.

Nondaily smokers, some of whom previously smoked every day, may not have withdrawal symptoms when stopping tobacco use, but they may use cigarettes compulsively in certain situations and have great difficulty quitting. They should also be advised to quit smoking completely and offered assistance to do so, although the need for pharmacotherapy should be evaluated on a case-by-case basis.

Smoking Cessation Treatment Pathway cont.

Assessment of Tobacco (Nicotine) Dependence

TABLE 1
Heaviness of Smoking Index: 2 Questions to Assess a Smoker's Degree of Nicotine Dependence

How many cigarettes do you smoke?

0: 10 or fewer

1: 11-20

2: 21-30

3: ≥31

How soon after waking up do you smoke your first cigarette of the day?

0: After 60 minutes

1: 31-60 minutes

2: 6-30 minutes

3: within 5 minutes

Level of nicotine dependence is computed by adding the scores together as follows:

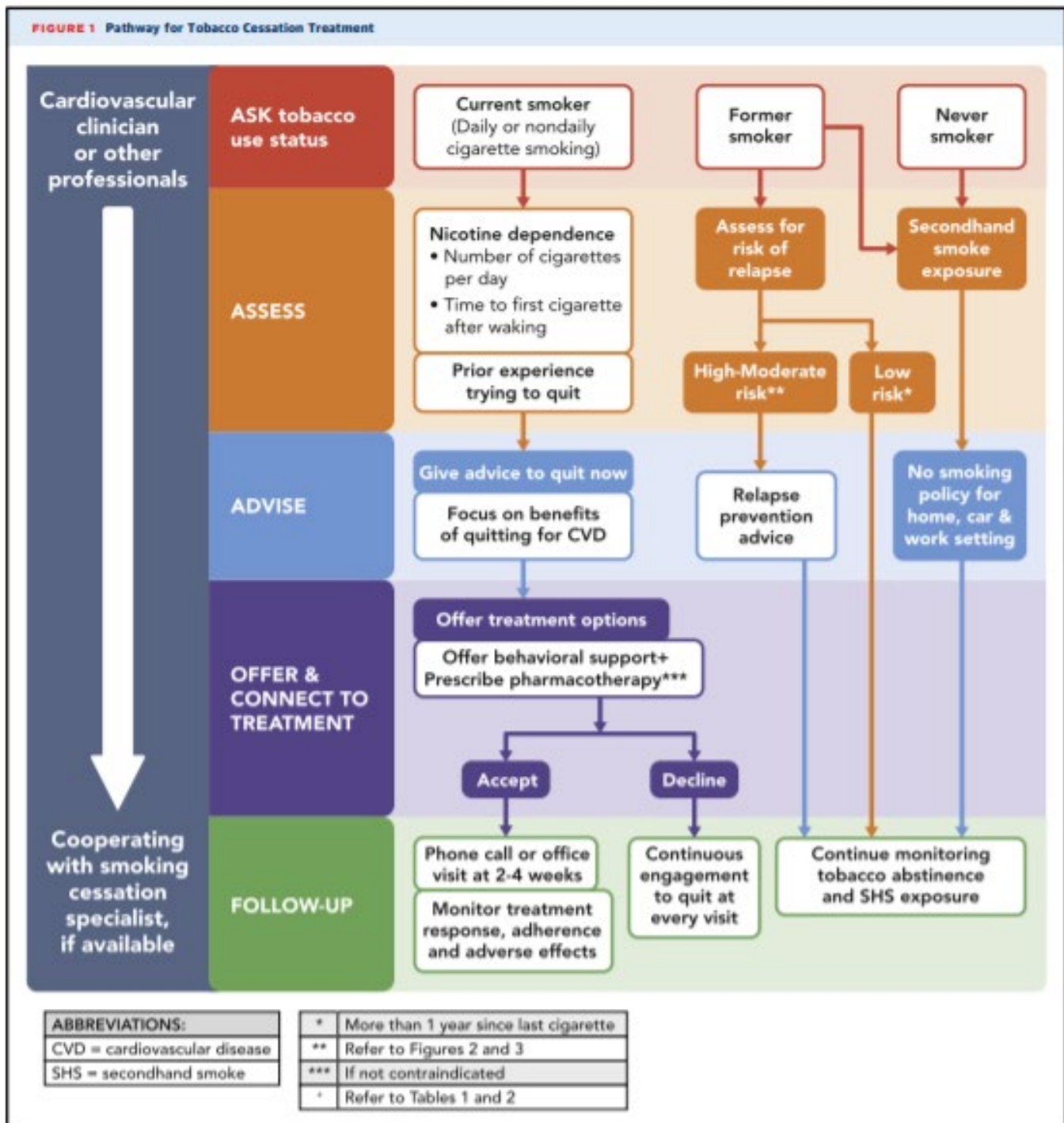
- 0-2 = low nicotine dependence
- 3-4 = moderate nicotine dependence
- 5-6 = high nicotine dependence

TABLE 2
Community-Based Behavioral Support Resources to Help Smokers Quit

Resource	Services Provided
Telephone Quitline 1-800-QUIT-NOW (1-800-784-8669)	<ul style="list-style-type: none"> ■ Counseling by telephone from a trained tobacco coach who offers support via a series of scheduled telephone calls before and after a smoker's quit date. ■ Many quitlines also offer text messaging and web coaching support. ■ Many quitlines also offer a free sample of nonprescription nicotine replacement products. ■ Providers can directly refer to quitlines using fax or web enrollments. Quitline then contacts smoker directly to offer services.
Smokefree.gov (National Cancer Institute website)	<ul style="list-style-type: none"> ■ SmokefreeTXT (text messaging program) ■ QuitGuide (mobile phone app) ■ Web-based information about quitting resources
Becomeanex.org (Truth Initiative)	<ul style="list-style-type: none"> ■ Web-based support program that includes support from experts and an online community to help smokers quit

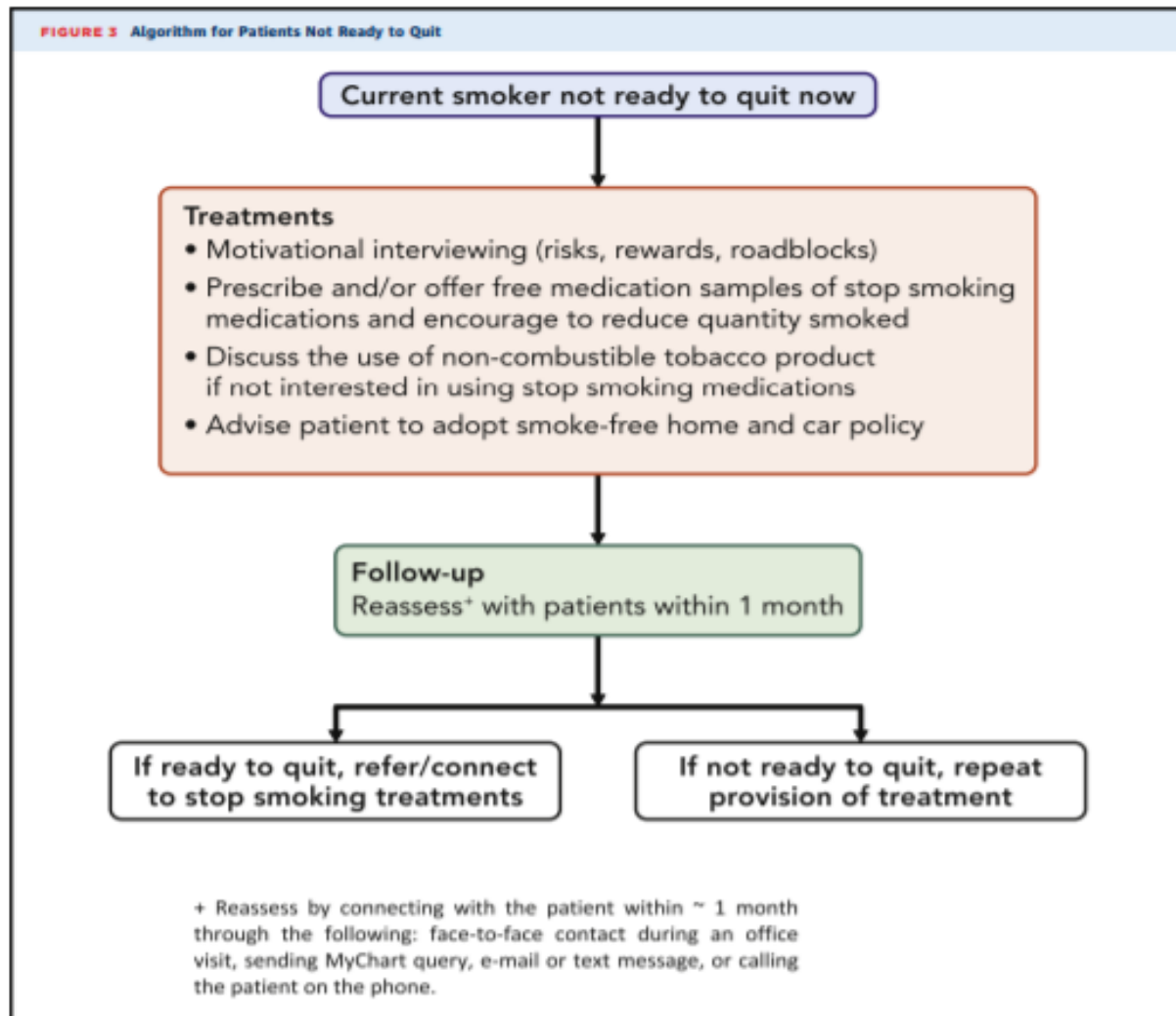
Smoking Cessation Treatment Pathway cont.

Pathway for Tobacco Cessation Treatment



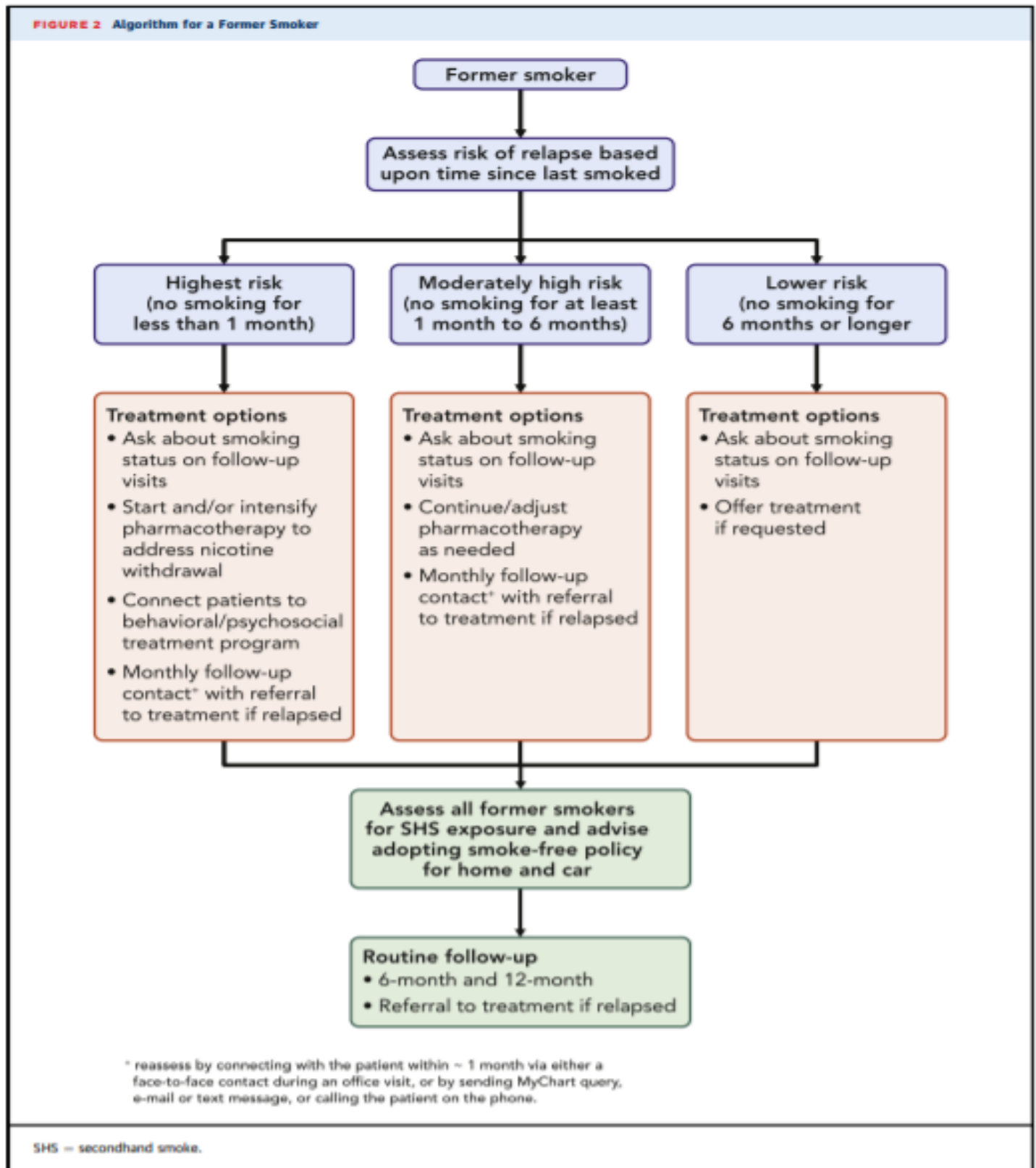
Smoking Cessation Treatment Pathway cont.

Algorithm for Members Not Ready to Quit



Smoking Cessation Treatment Pathway cont.

Algorithm for Former Smoker



Smoking Cessation Treatment Pathway cont.

Pharmacological Therapy Options

Nicotine Replacement Therapy (NRT): Combining long-acting WITH short-acting NRT formulations is a first-line option and considered standard of care to help patients stop smoking, even in patients with stable cardiovascular disease. Some experts also consider combination NRT first-line in stable hospitalized patients with an acute coronary syndrome (ACS).

- Long-acting NRT (patches) provides consistent nicotine levels to help **reduce background cravings**.
- Short-acting NRT (e.g., gum, lozenge, and inhaler) provides as needed relief for **breakthrough cravings** and a sensory substitute for smoking.
- Base product selection on patient preferences, as the different NRT dosage forms are generally considered equally effective.
- NRT can be used for ≥ 3 months. Short-acting NRT can be continued after the patch has been stopped, if necessary.
- See product information for suggested NRT tapering regimens.

<u>Product</u>	<u>DE Medicaid</u>
Nicotine Patches	Preferred
Nicotine Gum	Preferred
Nicotrol Inhaler	Preferred
Chantix	Non-preferred*
Sustained-Release Bupropion	Preferred

References

Barua, R. (2018). Journal of the American College of Cardiology. Retrieved from JACC:

<http://www.onlinejacc.org/content/accj/early/2018/11/29/j.jacc.2018.10.027.full.pdf>

Letter, P. (2019, February). *Pharmacist Letter*. Retrieved from

<https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2016/Jul/Smoking-Cessation-Drug-Therapy-10354>

Provider Network Contacts

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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 here 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.