

# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## Program/Policy Updates

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If you believe you received patient information from Highmark Health Options in error, please contact the Corporate Compliance and Privacy Team at [privacyteam@gatewayhealthplan.com](mailto:privacyteam@gatewayhealthplan.com).



Important Phone Numbers

## CAHPS Satisfaction Scores

Every year, a sample of members are asked to complete a member satisfaction survey. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey asks members a variety of questions related to their experience with Highmark Health Options and their providers. Three separate CAHPS surveys are completed annually to assess member satisfaction for the adult, child, and CHIP populations. Survey questions are combined to form the following categories:

- Getting Needed Care
- Getting Care Quickly
- Customer Service
- How Well Doctors Communicate
- Coordination of Care
- Shared Decision-Making
- Health Promotion and Education

Members are then asked to rate their health care, health plan, personal doctor, and specialist on a scale from one to ten. The responses allow us to focus resources on underperforming areas and make improvements where needed.

The results of the 2017 CAHPS surveys were largely positive with high ratings received in a number of categories. On a national scale, several categories are performing in the 90<sup>th</sup> percentile. Members are happy with how their doctors are communicating with them and also with how quickly they were able to get the care they needed. However, the survey responses also indicated a need to enhance our customer service. As a result, several initiatives have already been put into place. We've hired additional staff, including a new manager, in our Member Services department and have refined our post-call survey. We are also looking toward enhancing communication between departments, developing an Escalation Team at Member Services for difficult and complex calls, and exploring better ways to keep our Provider Directory up to date.

While the CAHPS surveys are reflective of Highmark Health Options as a plan, they also measure your performance as a provider. You can help by considering the following suggestions:

- Include members in the decision-making process
- Use active listening techniques such as paraphrasing what was said and incorporate “teach back” strategies
- Ensure staff engage in effective and respectful communication with members
- Explain things in an understandable way
- Be cognizant of cultural needs and barriers to care

Together, we can make members happier and healthier!

## Community Repository

Highmark Health Options web-based search platform provides resource assistance to members by encouraging preventive care and detailing many other services. A key objective of the repository is engaging members in healthy behaviors through health education and locating programs for wellness and disease self-management. Additionally, members can be connected to a wide array of local resources such as food banks, shelters and housing, child care, clothing and furniture, legal assistance, transportation assistance, pastoral care, and financial assistance with utilities.

The repository is available not only to members, but also to providers. Go to [www.highmarkhealthoptions.com/communityrepository](http://www.highmarkhealthoptions.com/communityrepository) for assistance in finding state and local community resources that may be helpful for members.

## 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 wellbeing. 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](http://www.highmarkhealthoptions.com). Members can be directed to their Member Handbook, or to contact Member Services at 1-844-325-6251, to obtain an advance directive form.

## 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.

## Privacy Notice

Highmark Health Options makes protecting the privacy and security of member health information a priority!

Highmark Health Options understands that there are times when we need to share information with health care professionals to enable proper care, timely payment, and reimbursement.

Understand that in some instances, HIPAA guidelines do permit health care providers to use or give out member medical information without the need for written authorization from the member. A few examples include:

- For public health activities (such as disclosing an outbreak)
- Student immunization records (can be released to the school when required by law or if written or oral agreement is documented)
- Release of a decedent's personal health information (PHI) to coroners, medical examiners, funeral directors and for organ donations
- For judicial proceedings (such as court orders)

When a request is received for another purpose, Highmark Health Options will provide PHI in situations when the member has given authorization or consent to release information to the requesting party. In the event the member does not give authorization or consent to release their information, we will follow the parameters defined in 45 CFR 164.512 (Uses and disclosures for which an authorization or opportunity to agree or object is not required), to determine if the information can be released.

Highmark Health Options employees are trained to avoid inappropriate disclosures and to provide minimum necessary information when responding to inquiries.

To learn more about how Highmark Health Options uses or discloses member information or to view our "Privacy Statement," please visit us online at [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com). To request a paper copy of Highmark Health Options "Privacy Statement," please call Provider Services at 1-844-325-6251.

Highmark Health Options takes great pride in protecting member information and looks forward to working with providers to manage our members' health care needs.

## Provider Contacts

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

### Provider Relations:

#### **Paula Victoria**

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

**Andrea Thompson** – New Castle County  
Provider Account Liaison

*\*includes servicing of LTSS Providers*  
[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

**Tracy Sprague** – Sussex County

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

#### **Chanel Bailey**

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

#### **Elsa Honma**

Provider Contract Analyst, LTSS  
[ehonoma@highmarkhealthoptions.com](mailto:ehonoma@highmarkhealthoptions.com)  
302-317-5967

#### **Melanie Anderson**

Director, Provider Networks  
[manderson@highmarkhealthoptions.com](mailto:manderson@highmarkhealthoptions.com)  
302-317-5967

### Ancillary Strategy:

#### **Katrina Tillman**

Provider Contract Analyst, Behavioral Health  
[KTillman@Gatewayhealthplan.com](mailto:KTillman@Gatewayhealthplan.com)  
302-528-4871

#### **Laura Gudenburr**

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

#### **Rick Madey**

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

#### **Julia Donohue**

Provider Contract Analyst, Dialysis; Lab and  
Audiology  
[JDonohue@Gatewayhealthplan.com](mailto:JDonohue@Gatewayhealthplan.com)  
412-420-6467



## Important Phone Numbers

Address	
<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 15222-0218

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