

# 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

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

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.

## Complex Case Management

Highmark Health Options provides a Complex Case Management Program for eligible members. Complex Case Management can help members to better understand their health condition and benefits. Complex Case Management can coordinate health care services and community resource referrals. Eligible members may include:

- Members with multiple medical conditions;
- Members with a complex medical history; and,
- Members that need assistance to become more self-reliant managing their health care.

### Referrals

Please call the Care Management Department at 1-844-325-6251 to make a referral to the Complex Case Management Program. Highmark Health Options will review the request for enrollment and make the final decision for inclusion in the program.

## UM 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

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

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

## Appointment Standards

PCP or Specialist		
Appointment Type	Example	Appointment Standard
Emergency Care	High temperature, persistent vomiting or diarrhea or symptoms which are of sudden or severe onset but which do not require emergency room services.	Available the same day
Urgent Care	Persistent rash, recurring high-grade temperature, non-specific pain or fever.	Seen within 2 calendar days
Routine Care	Psoriasis, treatment of chronic conditions such as chronic back pain.	Seen within 21 days

### Appointment standards below apply to OB/GYNs or PCPs who provide prenatal care

First trimester visit	Initial visit	Within 3 weeks
Second trimester visit	Initial visit	Within 7 calendar days
Third trimester visit	Initial visit	Within 3 calendar days
High risk pregnancy	Initial visit	Within 3 calendar days
	Emergency Exists	Immediately

### Additional Office Standards for PCP or Specialist

Wait time in waiting room for routine care	Providers will not make a patient wait longer than one hour. Office visits can be delayed when a provider “works in” urgent cases, when a serious problem is found, or when a patient had an unknown need that requires more services or education than was described at the time the appointment was made. If a physician or provider is delayed, patients must be notified as soon as possible so they know the delay. If the delay results in more than a 90 minute wait, the patient must be offered a new appointment.
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## Appointment Standards

Behavioral Health Practitioners		
Appointment Type	Example	Appointment Standard
Care for a non-life-threatening emergency	<p>An Acute Dystonic Reaction to antipsychotic medication ( drug-induced involuntary muscle spasms).</p> <p>Antidepressant-induced hypomania (drug-induced manic mood without functional impairment).</p> <p>Intrusive thoughts (significant, severe, distressing).</p>	Within 6 hours
Care for immediate-life threatening emergencies	Immediate requests for behavioral health practitioner services include potentially suicidal individuals and include mobile response teams.	Within 1 hour
Urgent care	Acute major depression and acute panic disorder.	Within 24 hours
Initial visit for routine care	Routine outpatient behavioral health services include requests for initial assessments, requests for members discharged from an inpatient setting to a community placement and requests for members seen in emergency rooms or by a behavioral health crisis provider for a behavioral health condition.	Within 7 calendar days
Non-emergent or follow-up routine care	Marital problems, tensions at work and general anxiety disorder.	Within 3 weeks

All PCPs, Specialists, and Behavioral Health Practitioners are responsible for providing 24 hour 7 day a week coverage for urgent or emergent care. Members should be instructed to call 911 or go directly to the emergency room in the case of a true emergency. In addition, there should be a provider on call to assist members in obtaining urgent or emergent care in a timely manner, following the guidelines outlined above.

## How to Request a Drug Be Added to the Formulary

Requests must include the drug name, rationale for inclusion on the formulary, role in therapy, and the formulary medications that may be replaced by the addition. The Pharmacy and Therapeutics (P&T) Committee will review and consider these requests. All requests should be forwarded in writing to:

**Highmark Health Options  
Provider Mail  
P.O. Box 22188  
Pharmacy Department  
Pharmacy and Therapeutics (P&T) Committee, Floor 19  
Pittsburgh, PA 15222-0188**

Highmark Health Options Pharmacy Department is focused on providing a first-class customer service experience for our providers. Designated staff is available to address provider questions related to the drug benefit or other pharmacy processes.

**If you are a provider or calling on behalf of a provider, please contact the Highmark Health Options Pharmacy Department at 1-844-325-6251.**

A trained representative is ready to help with all of your questions related to the drug benefit or other pharmacy processes. A representative can help you locate important pharmacy forms (e.g. Prior authorization forms), assist you in the pharmacy prior authorization process, and provide you with formulary alternatives to non-formulary medications. You can find this valuable information on our website under the Provider section at <http://www.highmarkhealthoptions.com>.

## Medical Record Review Procedure

### Introduction:

- Medical Record Review (MRR) Standards have been adopted by the Highmark Health Options Quality Improvement/Utilization Management (QI/UM) Committee.
- Medical Record Review Standards have been developed for:
  - PCPs and Specialists
  - OB/GYN Practices
  - Skilled Nursing Facilities
  - Home Health Agencies
  - Behavioral Health Practitioners
- The importance of having standards is to verify that Practitioners and Providers:
  - Are aware of the expected level of care and associated documentation.
  - Are aware of the requirements for maintenance of confidential medical information and record keeping.
  - Are assured that medical records are being evaluated in a consistent manner.

### Goals:

- The Quality Improvement/Utilization Management Committee has established the scoring standard of 80% for the Medical Record Review elements.
- If the score of 80% has not been met for MRR, a follow-up review will be scheduled to assess improvement.
- Practitioners and providers are notified of their results and any areas of deficiency by letter within forty-five (45) calendar days of the review.
- Repeatedly failing to meet an overall performance score of 80% may lead to initiation of corrective action, up to and including termination from the Plan.

### Frequency of Reviews:

Medical record reviews are conducted at least annually on a sample of PCPs, SCPs, and ancillary providers (e.g. Home Health Agencies, Skilled Nursing Facilities, and Behavioral Health Practitioners). Medical records for this review are obtained directly from the provider and may be reviewed at the provider's location (on-site review) or sent to Highmark Health Options for a desk-top review.



## Lifestyle Management Program

The Health Options Lifestyle Management Program includes population-based disease management programs that focus on improving the health status of Health Options members with chronic conditions. The Lifestyle Management Program provides patient education and self-empowerment for medication, diet, and lab adherence to reduce inpatient and emergency room utilization.

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach and Management MOM Options
<b>Eligibility</b>	Ages 2 and older with a diagnosis of asthma	Ages 21 and older with CAD, MI or HF	Ages 21 and older with COPD	All ages with Type 1 or Type 2 diabetes	Pregnant women
<b>Contact Referrals and Information</b>	Highmark Health Options Provider Relations 1-844-325-6251				
<b>Description</b>	<ul style="list-style-type: none"> <li>The programs provide patient education and self-empowerment for treatment plan adherence, as well as tools to reduce inpatient utilization and emergency room utilization.</li> <li>Education is aimed at delaying or preventing the onset of disease specific complications.</li> <li>The programs support the provider’s plan of care.</li> </ul>				This prenatal program offers care coordination to reduce low birth weight, pre-term deliveries, and NICU admissions.
<b>Provider Benefits and Support</b>	<p>Highmark Health Options Lifestyle Management Programs aim to:</p> <ul style="list-style-type: none"> <li>Enhance patient-provider communication</li> <li>Decrease inpatient and emergency room utilization</li> <li>Increase treatment plan adherence including immunizations such as flu and pneumonia</li> <li>Improve patient satisfaction</li> </ul> <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>				

## Lifestyle Management Program

	Asthma	Cardiac	COPD	Diabetes	Maternal Outreach Management and MOM Options
<b>Enrollment</b>	<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>Provider submission of the ONAF helps identify high-risk women in need of interventions.</p>
<b>Coordination of Care</b>	<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>				
<b>Web-Based Tools</b>	<p>Go to the provider pages at <a href="http://www.highmarkhealthoptions.com">www.highmarkhealthoptions.com</a> and choose <i>Providers</i> and select the <i>Training</i> tab.</p>				
<b>Referral Source to Help Members Quit Tobacco</b>	<p>Refer patients to the toll-free Delaware Tobacco Quitline at 1-866-409-1858.</p>				

## 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.