

A Newsletter for
Highmark Health Options
Providers and Clinicians



PROVIDER UPDATE

INSIDE THIS ISSUE

Provider Relations Contacts

Back to School with ADHD

How Wait Times Affect Member Satisfaction

SEPTEMBER 2017

Table of Contents

OFFICE STAFF	CLINICAL
Provider Relations Contacts	Diabetes Report Card
What Highmark Health Options Does with Member Information	Flu and Pneumococcal Vaccinations
You Can Prevent Fraud	Medicaid Requirements for Perinatal Care
Patient Wait Time Affects Member Satisfaction	Breast Cancer Awareness Month
Compliance Brief	Back to School with Attention Deficit Hyperactivity Disorder
Notifiable Diseases and Conditions	Specialty Pharmacy Network
Complex Care and Disease Management	Important Phone Numbers
QI/UM Program	
Highmark Health Options Donates to YMCA Summer Scholarship Program	

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

OFFICE STAFF

PROVIDER RELATIONS CONTACTS

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

Provider Relations Account Liaisons

- Paula Victoria**
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WHAT HIGHMARK HEALTH OPTIONS DOES WITH MEMBER INFORMATION

Highmark Health Options protects medical and non-public personal information obtained from its members as required according to the HIPAA Privacy and Security Rules (45 CFR, Parts 160 and 164). This protection extends to verbal, written and electronic communications.

While member information must be made available to healthcare professionals in order to enable proper care, timely payment and reimbursement, our employees are trained to follow strict guidelines to authenticate callers prior to the release of information and to avoid disclosing more information than what is needed to accomplish a particular task.

We want our providers to be aware that the HIPAA guidelines also permit healthcare providers to use or give out member medical information in some instances without the need for a written authorization from the member. Some of these instances may include:

- To contact members about new or changed benefits
- To avoid a serious and likely threat to health or safety
- For public health activities, such as reporting disease outbreaks
- For government healthcare oversight activities, such as fraud investigations
- For judicial and administrative proceedings, such as in response to a court order

Under HIPAA guidelines, Highmark Health Options may collect non-public information about its members. An example of this is contact information provided on an enrollment application.

Highmark Health Options does not permit the release of non-public information unless required or permitted by law, or if granted permission to do so. Additionally, the Department of Health and Human Services (HHS) released the new Omnibus Rule in January 2013, which amended a wide range of privacy, security and breach notification requirements under HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act. The effective date of changes was September 23, 2013.

To learn more about how Highmark Health Options uses or discloses member information, please visit us online at www.highmarkhealthoptions.com to view the "Notice of Privacy Practices." To request a paper copy of the notice, please contact our Member Services department at 1-844-325-6251.



YOU CAN PREVENT FRAUD

The Highmark Health Options Payment Integrity Department is committed to detecting, correcting and preventing fraud, waste and abuse. It is essential in maintaining a healthcare system that is affordable for everyone. Highmark Health Options contracted physicians and staff, business partners, and other health care providers can help with these efforts.

If you suspect that fraud, waste or abuse is occurring, report it to Highmark Health Options and we'll investigate. Your actions may help to improve healthcare for your patients and our members. You may remain anonymous if you prefer; all information we receive will be kept confidential.

For information on detecting fraud or understanding laws and regulations, visit www.highmarkhealthoptions.com and click on **Fraud and Abuse** at the bottom of the web page.

If you need to report suspected activity, it's easy! Highmark Health Options also has a **Fraud Hotline** at 1-844-325-6256 or you can mail information to Highmark Health Options to the attention of the "Payment Integrity Department."

PATIENT WAIT TIME AFFECTS MEMBER SATISFACTION

When patients have to wait long periods of time to schedule an appointment, wait in the waiting room, or receive their test results, patient satisfaction goes down, no-show rates increase and patients become less likely to comply with doctors' orders. As a result, patient care suffers and healthcare professionals waste time with rework and redundancy.

There are several approaches to help reduce wait time when scheduling appointments. Here are a few recommended changes from the Institute of Healthcare Improvement Organization to consider:

1. Measure supply and demand over a long period of time in order to anticipate future highs and lows.
2. Reduce and eliminate backlog by first measuring the backlog, and then creating and using a deliberate backlog reduction plan.
3. Use alternatives to one-on-one visits.
4. Consider telephone consults.
5. Reduce future work – in many cases, eliminating the need for extra appointments – by doing as much for the patients while they are in the office for a given visit.
 - a. Look for any patient who is also on the schedule for a future date and address future needs during the first visit.
 - b. Use a preventive care checklist to anticipate patients' future needs and take care of them during today's visit whenever possible.

Visit www.IHI.org for more information on reducing wait times for appointments.





COMPLIANCE BRIEF

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.

NOTIFIABLE DISEASES AND CONDITIONS

The state of Delaware requires providers to report certain diseases, infections, conditions and outbreaks, including but not limited to chicken pox, lead poisoning, Lyme disease and mumps¹.

A full listing of notifiable diseases can be found at <http://dhss.delaware.gov/dph/dpc/rptdisease.html>, along with how to report and identify rapidly reportable conditions that require immediate contact to the Delaware Division of Public Health.

¹ Delaware Administrative Code, 16 DE Admin Code 4202 Control of Communicable and Other Disease Conditions, Section 2.0

OFFICE STAFF

COMPLEX CARE AND DISEASE MANAGEMENT

Care Management focuses on active condition monitoring, lifestyle management, preventive health, care coordination and community resource referrals. Individualized care plans are established for members, and you, as physicians, are invited to share input for the care plans as needed.

The Highmark Health Options Lifestyle Management Program includes population-based disease management programs that focus on improving the health status of 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.

The populations identified are:

- Asthma
- Diabetes
- Cardiac Conditions
- Chronic Obstructive Pulmonary Disease (COPD)
- MOM Options (Pregnancy)

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

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

For an overview, eligibility requirements and benefits for each of these programs, please refer to your provider manual. For additional information or to refer a member to either program, call Highmark Health Options as 1-844-325-6251.

OFFICE STAFF

QI/UM PROGRAM

The purpose of the Quality Improvement/Utilization Management (QI/UM) Program is to assure quality, safety, appropriateness, timeliness, availability, and accessibility of care and services provided to Highmark Health Options members. The comprehensive evaluation and assessment of clinical, demographic and community data – in conjunction with current scientific evidence – is paramount to meet identified needs.

The goal of the QI/UM Program is to ensure the provision and delivery of high quality medical and behavioral health care, pharmaceutical, and other covered health care services and quality health plan services. The QI/UM Program focuses on monitoring and evaluating the quality and appropriateness of care provided by the Highmark Health Options health care provider network, as well as the effectiveness and efficiency of systems and processes that support the health care delivery system. The QI/UM Program is assessed on an annual basis to determine the status of all activities, identify opportunities that meet the QI/UM Program objectives, and develop a work plan.

As a participating provider, Highmark Health Options asks that you cooperate with QI activities to improve the quality of care and services members receive. This may include the collection and evaluation of data, participation in various QI initiatives and programs, and allowing the plan to use and share your performance data.

Implementation and evaluation of the QI/UM Program is embedded into Highmark Health Options' daily operations. The QI/UM Program has available and uses appropriate internal information, systems, practitioners, and community resources to monitor and evaluate use of health care services, continuous improvement process and implementation of positive change.



The scope of the Program includes but is not limited to:

- Enrollment
- Members' Rights and Responsibilities
- Network Accessibility and Availability, including those related to Special Needs
- Network Credentialing/Recredentialing
- Medical Record Standards
- Claims Administration
- Clinical Outcomes
- Patient Safety
- Preventive Health, Disease Management, and Long Term Services and Support (LTSS)
- Continuous Quality Improvement using Total Quality Management Principles

To request a copy of the complete Quality Improvement Program, Work Plan, or Annual Evaluation, please contact Highmark Health Options Provider Services Department at 1-844-325-6251.

HIGHMARK HEALTH OPTIONS DONATES TO YMCA SUMMER SCHOLARSHIP PROGRAM

April Franklin, MSW, PROMISE Care Coordinator, was instrumental in assisting a member in applying for the scholarship for four of her children.

PROMISE (Promoting Optimal Mental Health for Individuals through Supports and Empowerment) is a program administered by the Delaware Division of Substance Abuse and Mental Health (DSAMH) that provides home and community-based services (HCBS) in the most integrated setting to adults meeting targeted behavioral health diagnostic and functional limitations.

With her thorough assessment skills, April was reminded of how important it is to treat our members holistically. It was through the face to face visit with this member that allowed her to see firsthand, not only the member's needs but the needs of her family as well. April was in a position to advocate and assist the member's behavioral and physical health needs and the social needs of the family, needs that may have been overlooked or presented via telephonic outreach.

Being able to witness the interaction between the member and her children, and how overwhelming the member's situation can be, allowed April to more clearly identify the resources needed to help the member. This allowed April to take the necessary steps via collaboration with and utilization of community resources, which ultimately contribute to providing the opportunities for the member's children to advance and succeed, in addition to linking them to added community supports. Highmark Health Options was able to assist linking this member to services and supporting the needs of our community.

To show our appreciation for the commitment of the Delaware YMCA to this member and her children, Highmark Health Options donated 60 water bottles to the Central YMCA in Wilmington, Delaware. The YMCA's Summer Scholarship Program provides great opportunities and is beneficial to the member community.



Mia Tabron, MSW, Care Coordinator, presenting water bottles to the YMCA.

DIABETES REPORT CARD

At Highmark Health Options, we recognize the important role that medical practices play in providing quality healthcare to our 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 My Diabetes Report Card was mailed at the end of September.

My Diabetes Report Card is an educational tool that provides information on medications, as well as dates and results for diabetes-related labs and exams. It is being sent to adult members ages 18 to 75 living with diabetes. Below is a sample of the My Diabetes Report Card.

A collage of images related to diabetes care. It includes a family photo, a doctor examining a patient's eye, a person using a glucose meter, and a sample of the 'My Diabetes Report Card' document. The report card is titled 'MY 2017 DIABETES REPORT CARD' and 'MY DIABETES REPORT CARD'. It contains a table with columns for 'LABS/TESTS', 'HOW OFTEN?', 'MOST RECENT DATE', 'MOST RECENT RESULT', and 'TALK TO YOUR DOCTOR ABOUT YOUR INDIVIDUAL GOALS. WHAT'S GENERALLY RECOMMENDED IS:'. The table lists various tests and their recommended frequencies and results. Below the table, there is a note: 'Talk to your doctor about your results or any lab tests you may need.'

We appreciate your continued support of the 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.



FLU VACCINATION

Flu season is just around the corner. Since 2010, the Centers for Disease Control (CDC) estimated that there have been up to 35.6 million influenza cases and up to 56 thousand deaths due to influenza annually¹.

You can help stop the flu from spreading by encouraging your patients to get a flu vaccine! The flu vaccine is the best way to prevent the flu.

It is recommended that everyone ages six months and older should receive a flu vaccine around the time flu season starts in October, especially individuals who are at an increased risk for developing serious flu complications. Those at increased risk for developing flu complications include:

- Children aged five years and younger
- Adults aged 65 years and older
- Pregnant women
- People with chronic health conditions like heart and lung diseases, diabetes, and asthma

People who interact with these at-risk individuals or care for infants less than six months old should also receive the vaccine.

Help do your part in preventing the spread of the flu and discuss flu vaccine benefits and risks with your patients! More information on the flu vaccine can be found at <https://www.cdc.gov/flu/index.htm>

PNEUMOCOCCAL VACCINATION

Thousands of pneumococcal infections – including meningitis, bacteremia, pneumonia and ear infections – occur annually². It is recommended that older adults (aged 65+ years) be vaccinated against pneumococcal diseases because they are at an increased risk for developing pneumococcal infection and death.

There are two types of pneumococcal vaccines recommended for adults:

- Pneumococcal Conjugate Vaccine (PCV13): Prevents against 13 types of pneumococcal bacteria
- Pneumococcal Polysaccharide Vaccine (PPSV23): Prevents against 23 types of pneumococcal bacteria

More information on specific recommendations for pneumococcal vaccines can be found at <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>

¹ Centers for Disease Control and Prevention. Influenza (Flu). Accessed August 8, 2017 from <https://www.cdc.gov/flu/index.htm>

² Centers for Disease Control and Prevention. Pneumococcal Disease. Accessed August 8, 2017 from <https://www.cdc.gov/pneumococcal/vaccination.html>

MEDICAID REQUIREMENTS FOR PERINATAL CARE

Offices that administer maternity care on a regular basis are very familiar with the HEDIS clinical guidelines that recommend a prenatal visit in the first trimester, regular visits throughout the pregnancy and a postpartum visit 21 to 56 days after delivery.

Below is a brief list of additional perinatal screenings that are required for Medicaid recipients as recommended by the Department of Health and Human Services (DHS):

- Prenatal and postpartum depression with notation of the depression scale used and documentation of referral when applicable
- Tobacco, alcohol and illicit drug use with documentation of counseling or referral when applicable
- Exposure to environmental smoke
- Intimate partner violence
- Medication review of both prescription and over the counter medicines

Please complete and document these important perinatal screenings when caring for Highmark Health Options members.



BREAST CANCER AWARENESS MONTH

Each October, we are reminded of the impact that breast cancer has in the United States, for both victims and their families. According to the American Cancer Society, breast cancer is the most common type of cancer in the United States and the fourth leading cause of cancer deaths¹. In fact, it is estimated that one in eight American women will be diagnosed with breast cancer at some point in their lives¹.

Despite being so prevalent and receiving nationwide attention, many women still worry about screening for breast cancer. Notably, there is concern about false positives that lead to unnecessary biopsies – a topic that has been in the news recently. To complicate matters further, a review of available research has shown that estimates of over-diagnosis ranges from zero to 54 percent². As a result, it is difficult to truly understand women's chances of receiving a false positive when discussing risks with patients.

One thing that is certain, however, is the small, but real chance of saving a woman's life through regular breast cancer screening. That benefit must be weighed against any risk of a false positive, and the decision to screen should be discussed with your patient. Regular screening is a great way to improve your patients' lives.

Breast cancer screening is also a measure that impacts HEDIS rates. It's defined as the number of women 52 to 74 years of age as of December 31 of the measurement year who have received one or more mammograms since October 1st two years prior to the measurement year. Women who have had both breasts surgically removed are excluded from the measure.

There are several ways that you can get more patients screened and improve your HEDIS rates:

- Create alerts or flags in the medical record to remind staff who interact with patients to discuss breast cancer screening.
- Ask your patients if they have already had a mammogram that was ordered by another physician and get a copy of the results to include in their medical record.
- Use other preventive appointments, including well visits or annual flu shots, as an opportunity to discuss breast cancer screening.
- Offer scheduling or referral assistance to patients. You can even have standing referrals created for staff to provide patients while they are in the office.
- Come up with a schedule for screening that you can share with the patient. Having a schedule can help the patient plan for future appointments.

Breast Cancer Awareness Month is a good time to evaluate processes in your practice to determine what is and isn't working. In the end, small changes could make a big difference in your patients' lives.



¹. American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

². Nelson HD, Pappas M, Cantor A, Griffin J, Daeges M, Humphrey L. Harms of breast cancer screening: systematic review to update the 2009 U.S. Preventive Services Task Force recommendation. Ann Intern Med. 2016.

BACK TO SCHOOL WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Fall time and back to school bring about a flurry of activity for youth and their families. For a child with attention deficit hyperactivity disorder (ADHD), it can also bring about new challenges and barriers as they return to the routine of school.

Children who are entering elementary school might have symptoms of ADHD identified by school staff for the first time. Caregivers of these children may be coming to your office for evaluation and assistance in finding the right care, including the implementation of medications used to treat the symptoms of ADHD. For children who have been previously diagnosed with ADHD, they may be re-starting their ADHD medication after a summer medication holiday. Either way, children who are being prescribed ADHD medications may need increased monitoring this time of year to ensure that the medication is adequately managing their symptoms and meeting their need.

For children who are starting medication for the first time or resuming the use of ADHD medication after a break of longer than four months they should receive regular provider follow up during the first 10 months that they are being prescribed this medication. The first follow up appointment should occur during the first 30 days that the patient is prescribed the ADHD medication. If it is determined that the child should continue to take this medication at this first appointment, they should have an additional two visits during the next nine months. These follow up appointments provide the opportunity to review the parent and teacher perception of how the medication is working and whether any dosage changes are needed.



If you are in need of additional resources to assist in care for a patient with ADHD, the Children and Adults National Resource Center on ADHD (CHADD) is an excellent resource to providers, health educators and families. To learn more, call 1-800-233-4050 or visit www.chadd.org.

SPECIALTY PHARMACY NETWORK

As you know, Highmark Health Options engages the services of a network of pharmacies to fulfill the medication dispensing needs of our members. A subset of these medications are either so specific in their medication management requirements, require special handling, have limited distribution channels, require special knowledge of niche disease states, or are of such high cost that not every pharmacy will agree to stock, that we designate them to be *specialty drugs*.

Effective September, 1, 2017, we implemented a Specialty Pharmacy Network, which will channel the dispensing of *specialty drugs* to any willing pharmacy provider who is able to meet the terms of our Specialty Pharmacy Provider Agreement and decides to sign our contract. This contract not only sets the standard for common practices related to claims processing, but it also includes specific dispensing requirements and clinical monitoring. In our Specialty Pharmacy Provider Agreement, we have defined the clinical management expectations for a total of 14 disease states, including hepatitis C, multiple sclerosis, hemophilia and cystic fibrosis – to name a few.

Additionally, Highmark Health Options has included the HIV drug class to our specialty dispensing program to provide additional reinforcement in our drug adherence initiatives through the focused efforts of the specialty pharmacies. We are confident you will agree with this approach, as well as our increased attention toward managing appropriate use and improving the quality of our most high-risk, complicated drugs and disease states.

A complete list of the specialty pharmacies and specialty drugs may be found on the Highmark Health Options website at <https://highmarkhealthoptions.com/providers/drugcoverage>.



HIGHMARK HEALTH OPTIONS CONTACT INFORMATION

Our website, www.highmarkhealthoptions.com, provides up-to-date information.

IMPORTANT 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 22188 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 Support (LTSS)	1-844-325-6251	Mon. – Fri., 8 a.m. to 5 p.m. (after hours support accessible through the Nurse Advice 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.

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