HIGHMARK HEALTH OPTIONS

Quarterly Update for Providers

Summer 2023

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2023 HEDIS Audit Results.

Know the 2023 Clinical Practice Guidelines.

Help patients lower their A1c levels.

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Contact us.

Highmark Health Options Provider Services is the first line of communication for providers' questions and inquiries. Provider Services is available Monday–Friday, 8 a.m.–5 p.m., and can be reached by calling **1-844-325-6251.**

Provider update.

Better communication leads to better health care.

Providers can simplify complex systems to improve communication and help members make the most of their benefits. HHO provides language assistance resources, including a downloadable multilingual sign, to their provider network.

Download the language sign at hho.fyi/language or scan the QR code.

Highmark Health Options patients should not be balance billed by any participating provider.

Highmark Health Options (HHO) continues to receive numerous complaints about participating providers who have inappropriately balance billed HHO patients for services.

As a reminder, reference the below language from page 19 of the Highmark Health Options Provider Manual Billing Responsibilities section:

Billing patients for covered services

Under no circumstance may a provider bill; charge; collect a deposit from; seek compensation, remuneration, or reimbursement from; or have any recourse against a patient for nonpayment by Highmark Health Options for covered services.

Contact Provider Services at 1-844-325-6251 to learn more about balance billing.

Be sure to register for the 21st Century Cures Act.

In compliance with 42 CFR 438.602 and 42 CFR Part 455, subparts B and E, and the 21st Century Cures Act, the Delaware Medical Assistance Program (DMAP) has developed processes to screen current and prospective managed care organization (MCO) providers according to the Centers for Medicare & Medicaid Services (CMS) guidelines.

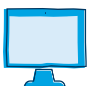
Providers who wish to participate with a Delaware Medicaid Managed Care Organization are required to enroll with DMAP. These requirements align DMMA's provider screening and enrollment with fee-for-service requirements.

For providers who have not completed this process, complete the registration as soon as possible. Failure to comply with these requirements will result in the MCO's inability to contract with providers for Medicaid services.

Gainwell Technologies has sent providers a letter containing information about the steps they need to take to enroll in DMAP. It is vital that providers respond to this letter and follow the necessary steps to ensure they are enrolled as a providers.

Providers with questions regarding this process can contact Gainwell Technologies at:

Phone: **1-800-999-3371**; Option 0, then Option 4.

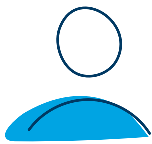


Email: **delawarepret@gainwelltechnologies.com**

Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Providers can refer patients to the Complex Case Management Program.

The Complex Case Management Program supports eligible patients in taking control of their health care needs. Highmark Health Options and providers collaborate to coordinate health care services to enable patients to regain optimal health or improve functional ability.



Eligible patients are identified as needing comprehensive and disease-specific assessments and reassessments. This population may include patients:

- At risk for a hospital admission.
- Who need assistance to become more self-reliant in managing their health care.
- With a complex medical history.
- With multiple medical conditions.

The Complex Case Management Program includes:

- Comprehensive assessment of the patient's condition.
- Determination of available benefits and resources.
- Development and implementation of a case management plan of care with patient-centered prioritized goals, monitoring, and follow-up.

To refer patients to the Complex Case Management Program, providers can call **1-844-325-6251.** Patients have the choice to opt out of all Case Management Programs at any time.

Behavioral health providers must collaborate with LTSS Case Managers.

Behavioral health providers are required to work with LTSS Case Managers to ensure proper care is being provided and case status remains up to date. Behavioral health providers and the Case Management team can work together to provide collaborative care for patients.

Behavioral health providers should expect weekly calls or emails from LTSS staff. LTSS staff will coordinate and collaborate care on mutual cases. The objectives are to ensure continuity of care as much as possible and to partner on holistic measures to meet patient needs.

Providers can contact Provider Services at **1-844-325-6251** to learn more.

Lifestyle Management and Wellness Programs meet patients' needs.

Highmark Health Options offers ongoing disease education and health care management. The Lifestyle Management and Wellness Programs promote positive lifestyle changes. More **Lifestyle Management and Wellness Program** information is available on our website.

Asthma Program

Helps patients:

- Learn the difference between a long-term asthma controller medicine and a rescue inhaler.
- Identify asthma triggers.
- Understand how an Asthma Action Plan can help them make good choices.
- Understand the long-lasting effects of uncontrolled asthma.

Chronic Obstructive Pulmonary Disease Program

Helps patients:

- Learn how diet and exercise can help them breathe easier.
- Can identify which inhalers to use and how to use them correctly.
- Understand the warning signs of a flare-up so it can be caught and managed early.
- Understand how to use oxygen safely.

Cardiac Program

Helps patients:

- Learn how to make small changes in diet and activity to manage heart disease.
- Find out how to prevent a cardiac condition from getting worse.
- Understand the importance of medications and how to take them.
- Understand how uncontrolled blood pressure may lead to heart disease.

Diabetes Program

Helps patients:

- Learn how to prevent diabetes complications by managing blood sugar.
- Identify and complete the necessary tests needed to be "in control."
- Understand what is normal, what is not, and when to call the doctor.
- Understand how unmanaged diabetes may lead to heart disease.

LEAN Program

Helps patients:

- Learn easy ways to take care of their health.
- Learn how to manage their weight with better choices, such as diet and activity.
- Help identify tools they need for optimal health and nutrition.
- Learn how smart choices may prevent other health problems, such as high blood pressure or diabetes.

Diabetes Prevention Program

Helps patients:

- Learn how to lose weight.
- Adopt healthy habits.
- Hear about ways to manage stress.
- Greatly lower their risk of developing type 2 diabetes.

Learn about the LEAN Program.

Highmark Health Options (HHO) and the Division of Medicaid and Medical Assistance (DMMA) have collaborated to develop My Healthy Weight for eligible individuals. The program pledges to offer intensive behavioral interventions every plan year (12 months) for patients with a qualifying diagnosis of:

For adults:

- At least 12 visits for adults with a BMI equal to or greater than 30.
- At least 6 contact hours for adults with a BMI equal to or greater than 25 and one or more risk factors for cardiovascular disease.

For children:

- At least 12 visits for children age 3 or older with a BMI equal to or greater than 95th percentile.
- At least 8 visits for children age 3 or older with a BMI 85th – 95th percentile.

This program helps patients:

- Identify the tools and resources needed to give them the best health, wellness, and nutritional options.
- Learn how to choose a healthier lifestyle that may help to prevent other health problems.
- Understand how to manage their weight with better choices, such as diet and activity.

Additional program interventions and incentives.

HHO's collaboration with the YMCA of Delaware also offers the LEAN Program to eligible HHO patients. The LEAN Program is a 12-week weight management program for adults (age 18 and older) designed to help people seeking a healthier weight.

Eligible HHO patients can receive rewards based on their participation with the LEAN Program. To receive rewards, patients must complete healthy activities and meet patient-specific metrics and milestones.

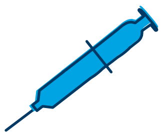
Encourage patients to track their progress. The app tells patients about healthy activities and rewards they qualify for and sends reminders along the way.

Contact Care Management at 1-844-325-6251 to learn more about this program.

Learn which vaccines are important for patients with asthma or COPD.

Per the CDC, patients with asthma or COPD are at higher risk for serious illness or could even die from certain vaccine-preventable diseases. Statistics indicate some people would be willing to get vaccines if it's easy to do so; others may need reassurance or information.

Providers play a vital role in reaching both groups. Providers can offer vaccinations to patients, while serve as trusted messengers for patients with concerns.



For people who have asthma or COPD, the CDC recommends the following vaccines:

- Flu vaccine every year to protect against seasonal flu.
- Tdap vaccine to protect against tetanus, diphtheria, and pertussis (whooping cough).
- Pneumococcal vaccines to protect against serious pneumococcal diseases.
- Zoster vaccine to protect against shingles (if age 50 or older).

Providers can verify other insurance coverage through email.

Providers can email the Highmark Health Options Third-Party Liability department directly when they need to verify if a patient has other insurance coverage. The email option enables providers to skip the call queue and does not require a Provider Services representative to become involved. Providers can send their email requests directly and at their convenience.

Providers requesting verification of other insurance coverage can email **HHOTPLEnrollment@highmark.com.**

Providers can earn prizes by participating in Risk Revenue's competition.

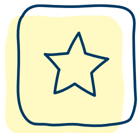
Highmark Health Options (HHO) would like to recognize each winner. The competition is to reward providers for improving their addressed rate for risk gaps. Practice groups were grouped in tiers by total patients.

Internal Medicine of Dover: Winner for practices with up to 1,000 total patients.

Internal Medicine of Dover increased their gap-addressed rate from 0% to 31%.

Delaware Pediatrics: Winner for practices with up to 2,000 patients.

Delaware Pediatrics increased their gap-addressed rate from 0% to 5.9%.



Beacon Pediatrics: Winner for practices with over 2,000 patients and overall highest gap-addressed rate.

Beacon Pediatrics has an overall gap-addressed rate of 15.7%.

The HHO competition runs for the 2023 calendar year. Participation in the Prospective Gap Closure Program automatically enrolls providers in the competition.

Each measuring period, the provider with the highest gap-addressed rate in their respective tier receives an award. The awards are for their participation and excellent work during the program year.

- Biannual winners will receive HHO branded rewards after each measuring period.
- The year-end grand prize is awarded to the provider with the highest gap-addressed rate among all tiers. The grand prize winner receives a catered lunch and commemorative plaque to celebrate their win.

To participate in or learn more about the competition, contact Brian Boyd, Senior Project Manager, at **bryan.boyd@highmark.com.**

Know the 2023 Clinical Practice Guidelines.

Highmark Health Options compiles with clinical practice and preventive health guidelines to assist providers in delivering appropriate care relevant to their patients.

These guidelines are developed using clinical practice guidelines (CPGs) from recognized sources. In addition, the guidelines serve as a guide for the various HHO wellness programs.

General CPG Limitations: Guidelines may not apply to every patient or clinical situation; some variation from guidelines is expected. Provider judgment and knowledge of an individual patient replaces clinical practice guidelines. In addition, guidelines do not determine insurance coverage of health care services or products. Coverage decisions are based on patient eligibility, contractual benefits, and determination of medical necessity.

A complete listing of **HHO guidelines** can be found online. Physical copies are available upon request. To receive a paper copy, contact the Quality Improvement Department at **1-844-325-6251.**

Providers can help patients lower their A1c levels.

A1c tests identify the percentage of glycosylated hemoglobin in the blood over the last three months.

This percentage can reflect how much sugar the red blood cells had exposure to during that period. If a person's A1c levels are too high, it suggests their blood sugar levels are too high. Blood sugar levels that remain too high for a long period of time can result in health complications.

Lowering A1c levels can help slow the progression of diabetes and reduce the risk of complications, such as nerve damage and cardiovascular disease, in both type 1 and type 2 diabetes. When it comes to an A1C target range, there is no one-size-fits-all solution. Many factors, including the type of diabetes and general health, can affect an A1c goal. Providers should discuss a suitable target for their patients with diabetes.

The American Diabetes Association notes that the goal for most adults living with diabetes is an A1c of less than 7%. Many strategies, such as physical activity, diet, and medication, can help manage blood glucose levels.

Lifestyle Tips

Lifestyle behaviors, such as regular exercise, a varied eating plan, and following diabetes treatment plan, can lower a person's blood sugar. This will lower their A1c percentage and reduce the likelihood of potential health problems.

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Exercise and lifestyle tips to help lower A1c levels include:

Physical activity	Current guidelines recommend that adults perform a minimum of 150 minutes of moderate physical exercise each week. Providers can help develop suitable exercise plans for people who use insulin or have special considerations.
Routine activities	Recommend routine activities, such as housework and gardening, to help keep patients moving. Ensure patients are monitoring their blood glucose. This is crucial to ensure they meet their targets and make any necessary changes. Ensure patients are following the treatment plan. This includes the use of medications and lifestyle therapies.
Weight management	Work with patients to set realistic and achievable weight loss goals.
Tracking progress	Providers can encourage patients to self-motivate, monitor changes, and identify which strategies work.
Getting other involved	Lifestyle changes are often easier to adopt if other people can encourage and monitor progress.
Dietary tips	Advise patients to eat plenty of fresh fruit and vegetables, whole foods, and foods that are low in sugar, salt, and fat. Advise patients to monitor their carbohydrate intake to help manage their glucose levels.

Providers can call Quality Management at **1-844-325-6251** to learn more about how to manage A1c levels.

Highmark Health Options and Ivira working together on the Controlling Asthma Program.

Highmark Health Options and Ivira are collaborating to connect pediatric patients with asthma to a clinical pharmacist. The Controlling Asthma Program will help:

- Ensure proper use of inhalers.
- Alert providers with any concerns.

The Controlling Asthma Program benefits providers by:

- Helping patients see providers sooner if asthma is uncontrolled.
- Contacting providers if a patient's asthma is grossly uncontrolled or the patient is having medication problems.
- Reducing emergency department visits by referring to the provider earlier and conducting monthly education calls.
- Sharing patient interactions with providers every quarter.

The goal is to have patients feel comfortable with managing their asthma and health.

For a patient to enroll in this program, they must:

- Have Highmark Health Options insurance coverage.
- Have a diagnosis of asthma.
- Be younger than age 18.

For more information on this program, providers can contact the Quality department at 1-844-325-6251.

Strategies providers can use to reduce hospital readmissions.

Readmission rates are one measure of hospital care quality. Highmark Health Options has recently launched a new tiered reward incentive for patients to schedule follow-up appointments to reduce readmission rates. When patients get a follow-up visit discharge within:

- 1-14 days, they receive $50.
- 15-30 days post discharge they get $25.

Providers can remind patients about these rewards to help address readmission rates.

Five readmission rate reduction strategies for providers

1. Identify High-Risk Patients

Certain patient populations are at higher risk for hospital readmission. Socioeconomic factors, such as race, income, and payer status, are correlated with rehospitalization rates. In addition, patients with certain conditions, including heart failure, chronic obstructive pulmonary disease, and renal failure, have higher rates of readmission. Providers can take additional steps to minimize high-risk patients' chances of readmission. They can involve the patient's family in post-discharge care instructions or refer the patient to a specialist for further care.

2. Ensure Adequate Nursing Coverage

There is a correlation between the number of nursing staff at a hospital and its 30-day readmission rates. When staff levels are higher, nurses have more time to spend with each patient, ensuring more comprehensive communication.

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This often increases the quality of discharge instructions provided. Another component of ensuring adequate nursing coverage should be offloading nonclinical activities from nursing staff to appropriate nonclinical personnel. This helps ensure that clinical staff are able to focus on patient care.

3. Improve Transitional Care

Transitional care may include rehabilitative, restorative, or skilled care, physical therapy, nutritional counseling and dietary planning, fall prevention, and more. These services are especially useful to patients with complex or chronic conditions.

4. Ensure Patients Understand Post-Discharge Instructions

When patients misunderstand or forget parts of their post-care directions, the misunderstood instructions can greatly increase their risk of being readmitted to the hospital in the near future. Providers can use the "teach-back" method, in which patients are asked to explain their own care instructions back to providers. This allows providers to assess whether patients fully understand the steps they need to take post-discharge.

5. Schedule 7-Day Follow-Up Appointments

Programs like the 7-Day Pledge can help ensure that patients are following up with their primary care providers, who can help patients with medication reconciliation, reviewing their discharge plan, and providing any additional information needed for a smooth care transition.

Providers can contact the Quality department at **1-844-325-6251** to learn more.

How to get patients back on track with mammograms.

When the COVID-19 pandemic hit, most providers put a pause on elective procedures and screenings. This decision helped to keep healthy patients out of their facilities, prioritize treating COVID-19 patients, and slow the virus' spread.

However, this included postponing annual mammogram screenings scheduled in the early months of the pandemic.

The number of cancer screening tests received by women through the CDC National Breast and Cervical Cancer Early Detection Program declined by 87% during April 2020 compared with previous five-year averages. Additional research found about 50% of women scheduled for a routine mammogram missed their appointments and 25% of women postponed care for breast cancer symptoms, resulting in delayed diagnoses and treatment.

Patients can face many barriers that keep them from scheduling and showing up for mammogram appointments. There are many types of barriers to care:

- Cognitive (e.g., defaulting to the status quo of not getting care)
- Psychosocial (e.g., being misinformed, fatalistic)
- Physical (e.g., having a disability)
- Due to life circumstances (e.g., experiencing a job change, health plan change, and other social determinants of health, like transportation, work flexibility, and Internet access)

Addressing each patient's specific barriers and communicating through their preferred communication channel is important to moving each person toward critical preventive screenings.

Providers can contact the Quality department at **1-844-325-6251** to learn more.

2023 HEDIS Audit Results.

Every year, NCQA-accredited health plans conduct a HEDIS® (Healthcare Effectiveness Data and Information Set) audit to measure performance against industry benchmarks. The audit uses a wide variety of indicators covering effectiveness of care, medication management, utilization management, preventive screenings, and more. The results are analyzed annually, trended over time, and compared to other health plans nationwide.

Earlier this year, Highmark Health Options (HHO) may have requested medical records from providers for HHO patients. We want to thank providers for their cooperation and flexibility, making this year's HEDIS project a success.

The 2023 HEDIS audit, which measured health care delivered during 2022, resulted in many areas experiencing significant improvement. Some of these areas include:

- CBP – Controlling High Blood Pressure.
- HBD – Hemoglobin A1c Control for Patients with Diabetes.
- EED – Eye Exam for Patients with Diabetes.
- IMA – Immunizations for Adolescents.
- PPC – Postpartum Care.

The audit also showed several measures with opportunities for improvement, such as:

- PPC – Timeliness of Prenatal Care.
- CCS – Cervical Cancer Screening.
- AMR – Asthma Medication Ratio (Age 5-11).
- 30-Day Hospital Readmission (not a HEDIS measure).

HHO helps our patients have the best health outcomes. Some examples of how we do this:

- Send select patients at-home A1c testing kits annually.
- Partner with hospital systems to host women's health screenings.
- Targeted patient outreach to assist in scheduling appointments to close care gaps.
- Provider partnering for asthmatic pediatric population for improved asthma control efforts.
- Health campaign messaging through billboards, buses, community posters, and church bulletins.
- Patient education through Member Advisory Council, Health Awareness Series, newsletters, and mailings.

The success of the 2023 HEDIS could not have been achieved without the partnership and joint efforts from providers. We believe that working side by side with providers improves the health of patients, which is reflected through HEDIS rates.

Providers with any questions about the HEDIS results can contact Provider Services at **1-844-325-6251.**

Providers can partner with Highmark Health Options for wellness programs and linkage to services.

Highmark Health Options (HHO) staff is available to partner with providers to provide comprehensive Care Management Services for all eligible HHO patients.

By working together, we can help patients reach their optimal health care outcomes. Nurses, social workers, and other health care staff are available to talk with providers to make sure patients receive the medical care and support they need.

Our multidisciplinary team is available to address any issues patients may have, such as:

- Chronic conditions (e.g., asthma, heart or lung disease, diabetes, high blood pressure)
- Mental health and substance use disorders
- Women's health

Community resources and programs are available to help patients stay well and manage their conditions. HHO staff can provide patients with ongoing disease education and management with our Lifestyle Management/Wellness Programs. More **Lifestyle Management/Wellness Program** information is available on our website.

Providers have an important role in the Care Management Program.

The Highmark Health Options Care Management team can partner with providers to decrease the number of times a patient goes to the emergency department, help a patient avoid going back to the hospital, and support a personal plan of care for a patient.

HHO has nonclinical and clinical staff available to:

- Address the patient's physical and/or behavioral health issues.
- Link patients to applicable services, such as local community resources and self-management tools.
- Remind patients to go to their annual physicals and help them make appointments.
- Review medications with patients.

Providers can call Care Management at **1-844-325-6251** about the Care Management Program.

The PCP Portfolio Report promotes quality and safety of care.

The PCP Portfolio Report helps identify ways we can work together to improve care quality and safety through information sharing. This report is available on NaviNet. The report is updated quarterly in January, April, July, and October.

The report compares providers to others in their peer groups and contains key utilization, pharmacy, and quality measures. Quality of care and services provided to patients is evaluated based on these measures. When outliers are found, we send a letter to providers to explain these findings.

Provider feedback is incorporated into these reports.

Note: The PCP Portfolio Report is not tied to any reimbursement or incentive and is designed exclusively to improve quality and safety of care.

For more information, contact **Su-Linn Zywiol, Strategy Program Manager.**

Provider network contacts.

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1-302-433-7709

Terri Krysiak
Provider Contract Analyst/PR Representative, Behavioral Health
Terri.Krysiak@highmark.com
1-302-502-4054

Provider Complaints
(not claims related)

HHO-ProviderComplaints@highmark.com
Phone: 1-844-228-1364
Fax: 1-844-221-1569

Review statement of members' rights and responsibilities.

The organization's member rights and responsibilities statement specifies that members have:

1. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and their right to privacy.
3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy.
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Check out this useful information.

Atlas Systems Inc. continues to conduct quarterly outreach to verify provider data on Highmark Health Options' behalf.

Balance billing: Payment by Highmark Health Options is considered payment in full. Under no circumstance may a provider bill; charge; collect a deposit from; seek compensation, remuneration, or reimbursement from; or have any recourse against a member.

Medical records: Highmark Health Options may request copies of medical records from providers. If medical records are requested, the provider must supply copies at no cost within 30 calendar days of the request.

Taxonomy: Highmark Health Options requires that credentialed taxonomy be included for all billing, rendering/performing, and attending providers on an inbound claim.

Check out these tools.

Cultural Competency Toolkit: Highmark Health Options has assembled a list of resources and tools to assist you in providing care that is sensitive to the cultural and linguistic differences of our members.

Community Support offers a way to free or reduced-cost services in the community. Search for local support resources to access food, housing, transportation, utility assistance, medical care, job training and more.

Visit the Highmark Health Options **website** for more resources and the latest updates.

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