HIGHMARK HEALTH OPTIONS

Quarterly Update for Providers

Fall 2023

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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** or emailing **hho-depsresearch2@highmark.com**.

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 provider.

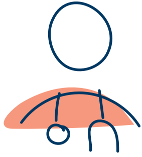
Providers with questions regarding this process can contact Gainwell Technologies at:

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.

Nursing facilities are required to notify Highmark Health Options of any changes in patient condition.



Per contract requirement, nursing facilities are required to notify the Case Manager of any change in a patient's medical or functional condition that could affect the patient's level of care for the currently authorized level of nursing facility services.

In addition, nursing facilities are required to notify the Case Manager when considering discharging a patient. Providers should consult with the patient's Case Manager to intervene in resolving issues and assist with the implementation of a discharge or transition plan.

Providers who do not know the Case Manager to contact with any change in condition or pending discharge for a patient in the facility can contact Provider Services at **1-844-325-6251** for assistance. Provider Services can help identify the facility's assigned point of contact or a patient's Case Manager.

Use these resources for interpretation and translation services.

Per the Highmark Health Options (HHO) contract, providers are required to address, arrange, and coordinate interpreter services for patients. Reasonable steps should be taken to provide meaningful access to services, including translator services for patients with limited English proficiency.

HHO assists providers in locating resources upon request. HHO offers the Member Handbook and other HHO information in large print, Braille and numerous language translations at no cost to the patient. Instruct patients to call Member Services at **1-844-325-6251** to ask for these other formats.

Additional resources are available to providers to help with translation services:

- **Better Communication, Better Care: Provider Tools to Care for Diverse Populations (PDF):** This tool kit provides guidance to help providers care for diverse populations.
- **Office of Minority Health/Think Cultural Health:** Helps providers communicate effectively with patients with diverse communication needs and preferences.
- **US Census Bureau:** Provides quick facts about Delaware.
- **Think Cultural Health Physician's Guide to Culturally Competent Care:** Physician's practical guide to culturally competent care from the U.S. Department of Health & Human Services' Office of Minority Health.
- **Cultural Competency Training**
- Downloadable multilingual sign available at hho.fyi/language or by scanning the QR code.

The sign allows patients to point to their language to quickly identify the translation services required.

Providers may obtain copies of documents that explain legal requirements for translation services by contacting Provider Services at **1-844-325-6251.**

Review this language data to help meet patients' language needs.

Highmark Health Options (HHO) implements quality improvement efforts to continually review aspects that affect patient care and satisfaction and looks for ways to improve them. To help providers meet patients' languages needs, HHO shares details with providers about the languages patients in their area may speak and provides information on available interpreting services. Providers can request this information by contacting Provider Services at **1-844-325-6251**.

HHO annually assesses languages spoken by the patient population in the service area and compares them to the data that providers report on their network applications. The 2022 analysis concluded that Delaware had greater than 1,000 residents speaking the following primary languages:

Language	Language is spoken, and PCPs are available who speak the language	Language is spoken, and there are no PCPs available who speak the lanaguage
Arabic	✓	
Bengali	✓	
Chinese (including Mandarin and Cantonese)	✓	
French	✓	
German or Other West Germanic	✓	
Gujrati	✓	
Haitian Creole	✓	
Hindi	✓	
Italian	✓	
Korean	✓	
Russian, Polish, or Other Slavic	✓	
Spanish	✓	
Swahili	✓	
Tamil	✓	
Telugu	✓	
Vietnamese	✓	

For more information on available language assistance resources, contact Provider Services at 1-844-325-6251.

Earn incentives by submitting the Obstetrical Need Assessment Form (ONAF).

Providers who see pregnant HHO patients during their first trimesters can earn an incentive of $100 for completing and submitting an ONAF. For providers to receive the incentives, HHO must receive the ONAF to process the claim.

Complete the ONAF with the patient's demographic and clinical information in its entirety along with medical condition risks. These include date of prenatal visit, gestational age, and estimated date of delivery.

Completed ONAFs should be faxed to HHO at **1-855-501-3903**.

To receive the incentive for submitting an ONAF, providers must bill the following codes on the same claim form:

Incentive	Requirements
Outreach bonus: $100 for an intake visit with completed form during the first trimester.	• Procedure codes for first trimester outreach (99429-HD) and initial risk assessment (T1001-U9) must be reported together on the same claim form. • Include the appropriate evaluation and management codes (99202-99215) and HD pricing modifier on the claim form.
Intake visit: $50 for an intake visit with completed form.	• If the patient's first prenatal visit does not occur within the first trimester, code 99429-HD should not be billed. • At the intake visit, an ONAF must be completed and faxed to HHO, and a claim submitted with code T1001-HD for reimbursement. • The appropriate evaluation and management code and pricing modifier should also be included on the claim form.

Providers can contact Maternity Care Coordination at 1-844-325-6251 for more information regarding the ONAF.

Coding Corner – Review coding changes to prevent claims from being denied.

The National Center for Health Standards has posted updates to the ICD-10-CM Official Guidelines for Coding and Reporting. The latest version went into effect Oct. 1, 2023.

Providers should review the updates to be aware of coding changes. Claims could be denied if not coded appropriately.

Service	Code	Addition	Notes
Screening for COVID-19	Z11.52	Assign code Z11.52: Encounter for screening for COVID-19, for screening for COVID-19. This includes preoperative testing.	This code was added Jan. 1, 2021, and replaced Z11.59, encounter for screening of other viral disease. For COVID-19 screening encounters on or after Oct. 1, 2023, assign code Z11.52.
Myocardial Infarction with Coronary Microvascular Dysfunction	I21.B	Code I21.B, myocardial infarction with coronary microvascular dysfunction is assigned for myocardial infarction with coronary microvascular disease, myocardial infarction with coronary microvascular dysfunction, and myocardial infarction with non-obstructive coronary arteries with microvascular disease.	Coronary microvascular dysfunction is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance.
Unspecificed Coma	R40.20	Code R40.20, unspecified coma, should be assigned when the underlying cause of the coma is not known, or the cause is a traumatic brain injury and the coma scale is not documented in the medical record.	Do not report codes for unspecified coma, individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient. 1. Coma scale 2. The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes. These codes cannot be used with code R40.2A, nontraumatic coma, due to underlying condition. They are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).

Service	Code	Addition	Notes
Follow-up	Z08,Z09	Codes Z08, encounter for follow-up examination after completed treatment for malignant neoplasm, and Z09, encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, may be assigned following any type of completed treatment modality (including both medical and surgical treatments).	
Other diagnosis		For reporting purposes, the definition for "other diagnoses" is interpreted as additional clinically significant conditions that affect patient care in terms of requiring...	Two impactful words were added to the definition for "other diagnoses."

The **FY2024 ICD-10-CM guidelines** are available for download from the NCHS website.

For more information about coding changes, contact Payment Integrity at 1-844-325-6251.

Submit documentation within the required Highmark Health Options time frame or claims will be denied.

Providers are required to submit documentation requested by the Highmark Health Options Payment Integrity team within the required time frame. Documentation not submitted within the time frame will result in a claims denial as "unsupported."

Each request should be reviewed thoroughly, and providers must submit all documentation requested. If additional clarification is needed, providers can contact the individual who sent the request, as noted on the letter received.

Providers requesting an extension because they need more time to gather information for the submission can contact the Payment Integrity team via phone, email, or fax. These numbers can be found on the request letter.

Submit medical records by mail to:

Highmark Health Options
120 Fifth Avenue
Mail Code: HHOFRAUD
Pittsburgh, PA 15222

Records can also be sent via secure fax as outlined on the letter received from Payment Integrity.

Social determinants of health claims will be rejected without the proper code.

Providers submitting claims for social determinants of health (SDOH) must use the appropriate codes.

Introduced in Chapter 21: Factors influencing health status and contact with health services (Z00–Z99) adding several new codes, including Z59.82 transportation insecurity, and Z59.87 material hardship.

Claims without the proper modifiers will be denied.

For more information about SDOH claims, contact Payment Integrity at **1-844-325-6251**.

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.

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.

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. Patients can opt out of this program at any time.

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 Healthy Weight Management Program.

Highmark Health Options (HHO) and the Division of Medicaid and Medical Assistance (DMMA) have collaborated to develop My Healthy Weight for eligible individuals. Patients can opt out of this program at any time.

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 in the 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 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 earn Healthy Rewards based on their participation with the LEAN Program. To earn rewards, patients must complete healthy activities and meet patient-specific metrics and milestones.

Encourage patients to track their progress by using the TheraPay app. 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.

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. Patients can opt out of this program at any time.

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. Patients can opt out of this program at any time.

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.

Provider Relations

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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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