

# Quarterly Update for Providers

Winter 2022



## In this newsletter:

CAHPS® season is coming.

Measurement year 2021 is coming to a close.

Your role in the Care Management program is important.

The PCP Portfolio Report promotes quality and safety of care.

... and more.

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## Contact us.

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Highmark Health Options Provider Services is the first line of communication for your 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](tel:1-844-325-6251) or emailing [hho-depsresearch2@highmark.com](mailto:hho-depsresearch2@highmark.com).

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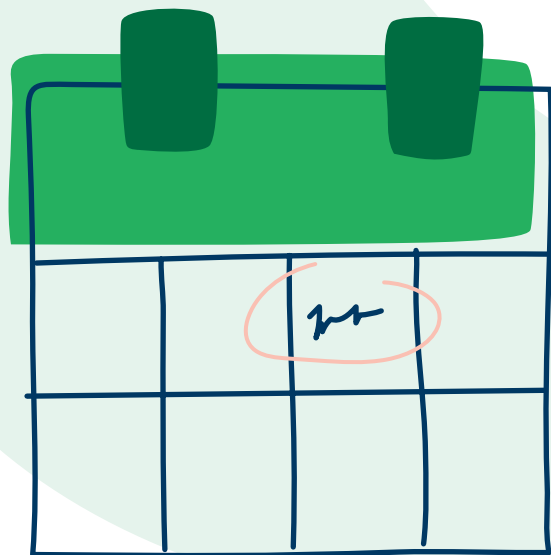
# CAHPS<sup>®</sup> season is coming.

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The Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) survey is a tool that collects information about patients' health care experiences. The survey allows patients to disclose their thoughts about their health plan, which includes various aspects of care from doctors, provider practices, and health care facilities. Survey results are used to:

- Elevate the standards of patient-provider relationships.
- Identify key areas to provide better clinical care.
- Improve the delivery of services.

Highmark Health Options members will be surveyed during March and April. The results will be available to you by late summer.



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# Enrollment is mandatory for all Highmark Health Options providers servicing Delaware Medicaid members.

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In compliance with 42 CFR Part 455, subparts B and E and the 21st Century Cures Act, all Delaware Medicaid managed care organization (MCO) network providers must be enrolled in the Delaware Medical Assistance Program (DMAP) to provide services to Delaware Medicaid members. This requirement applies to all Highmark Health Options network providers who furnish, order, refer or prescribe items or services to Delaware Medicaid members. **You must enroll to continue to serve Medicaid members.**

The Delaware Division of Medicaid and Medical Assistance (DMMA) is working with Gainwell Technologies to implement the requirements of 42 CFR Part 455, subparts B and E, and the 21st Century Cures Act. In the coming months, you can expect to receive notice from DMAP to complete a Provider Enrollment Application via the Delaware Medical Assistance Portal for Providers. Please do not discard this notice and follow the associated instructions in a timely manner. **From the date of that notice, you will have 60 calendar days to complete the required Provider Enrollment Application in DMAP. Failure to adhere to this requirement will result in termination with the DMMA and Highmark Health Options network participation with the Delaware Medicaid program. Once this date expires, you will no longer be able to participate in Delaware Medicaid until you have successfully enrolled with DMAP.**

There are many resources available to you as an MCO provider. Please check out the [Announcement Section of the Delaware Medical Assistance Portal for Providers](#) to locate important information regarding DMAP policies, how-to documents, and additional resources. Please refer to the Highmark Health Options Provider Manual and online resources for specific guidance regarding contracting requirements, member eligibility information, provider services and billing and coding inquiries.

If you have questions, contact Gainwell Provider Services at [1-800-999-3371](tel:1-800-999-3371) and select option 0, option 4.



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# Accurately measure blood pressure every time.

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Did you know incorrect patient preparation and positioning can cause unreliable and often higher blood pressure readings? The following table shows some common preparation mistakes that can cause higher and inaccurate blood pressure measurement:

When the patient has:	Blood pressure can change by an estimated*:
Crossed legs	2-8 mm Hg
Cuff over clothing	5-50 mm Hg
Cuff too small	2-10 mm Hg
Full bladder	10 mm Hg
Talking or active listening	10 mm Hg
Unsupported arm	10 mm Hg
Unsupported back/feet	6.5 mm Hg

*\*These values are not cumulative.*

Accurate blood pressure measurement is important because it can help diagnose and treat hypertension in patients. To obtain the most accurate blood pressure measurement for each patient, providers should:

- Ask the patient if they need to use the restroom and allow them to do so prior to taking the measurement.
- Ensure the patient is properly positioned:
  - Seated in a chair with the back supported
  - Feet are flat on the ground or supported by a foot stool
  - Legs are uncrossed
- Not allow the patient to talk or use their phone during the procedure.
  - Clinical staff and any family present should not talk during the procedure.
- Place the blood pressure cuff mid-arm, just above the elbow. Support the arm so the arm and cuff are at the level of the patient's heart.
- Use a validated, automated device to measure blood pressure.
- Use the correct cuff size for the patient's arm.



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# Coding Corner: You should know these new remote therapeutic codes.

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The Centers for Medicare & Medicaid (CMS) has proposed [Remote Therapeutic Monitoring \(RTM\)](#) as a new category of digital health services to complement the existing suite of Remote Physiological Monitoring (RPM) codes. The new RTM codes are intended to expand the scope and reach of digital health technologies to reimburse monitoring of nonphysiologic data. The CMS proposed rule enhances providers' ability to use remote monitoring technologies to improve the patient care experience. The new codes are:

Code	Description
CPT code 989X1	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial setup and patient education on use of equipment.
CPT code 989X2	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor <b>respiratory</b> system, each 30 days.
CPT code 989X3	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor <b>musculoskeletal</b> system, each 30 days.
CPT code 989X4	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes.
CPT code 989X5	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure).



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## While RPM and RTM codes have similarities, there are key differences:

- The nature of the data to be collected.
  - RTM codes offer the promise of broader use cases and applications in patient care.
- What clinical use cases are eligible for device supply reimbursement under RTM.
  - The two RTM device supply code descriptors themselves indicate far more limited clinical use cases.
    - 989X2 is only for transmissions to monitor the **respiratory** system.
    - 989X3 is only for transmissions to monitor the **musculoskeletal** system.
- How the device collects data.
  - RTM data can be self-reported by the patient, as well as digitally uploaded via the device.
  - In contrast, RPM requires the device to digitally record and upload patient physiologic data (i.e., data cannot be patient self-recorded, self-reported, or entered manually into the device).
- Which providers can order and bill for RTM services.
  - The primary billers of RTM were intended to be nurses and physical therapists.
    - The new RTM codes allow providers who cannot bill RPM codes to furnish and bill for services that look similar to those of RPM.





# Providers can help prevent domestic violence.

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Providers can play a role in preventing and ending domestic violence. **The Delaware Coalition Against Domestic Violence (DCADV)** has information and resources available to help you talk to patients about domestic violence. Patients can also use this site, where trained advocates can help them create confidential, personalized safety plans.

Domestic violence is a pattern of abusive behaviors used by one partner in an intimate relationship to control the other. It can include physical, psychological, verbal, sexual, and financial abuse. It is estimated that 1 in 4 women will be a victim of domestic violence in her lifetime.

The DCADV is a statewide, nonprofit coalition of agencies and individuals working to stop domestic violence in Delaware. They can be contacted at:

100 West 10th St., Suite 903  
Wilmington, DE 19801  
Phone: **1-302-658-2958**  
National Hotline: **1-800-799-7233**  
**[dcadvadmin@dcadv.org](mailto:dcadvadmin@dcadv.org)**

**In addition, local 24-hour hotlines and shelters are available at:**

- New Castle County: **1-302-762-6110** (bilingual)
- Kent and Sussex Counties:  
**1-302-422-8058/1-302-745-9874** (bilingual)

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# Use these strategies to identify patients' health-related social needs.

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Health-related social needs (HRSN), previously referred to as social determinants of health, are environmental conditions that can affect a person's health, well-being, and quality of life. Prioritizing early identification and mitigation of HRSN can help improve a patient's quality of life and well-being.

HRSN embraces a prevention framework to recognize and address a person's social, economic, and environmental needs that have been previously overlooked. HRSN encompasses:

- Education (e.g., English as a Second Language [ESL], General Education Development [GED], or other education programs affecting HRSN).
- Employment and income.
- Family and social supports (e.g., prenatal support services, child care, social isolation, respite services, or caregiver support).
- Food insecurity.
- Housing instability and quality (e.g., homelessness, poor housing quality, or inability to pay mortgage or rent).
- Interpersonal violence (e.g., intimate partner violence, elder abuse, or child maltreatment).
- Transportation needs beyond medical transportation.
- Utility needs (e.g., difficulty paying utility bills).



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You can use certain strategies to address the HRSN of patients. [These strategies](#) were developed by the National Academies' Committee on Integrating Social Needs Care into the Delivery of Healthcare to Improve the Nation's Health.

### 5A's to address health-related social needs:

- **Awareness:** Identify social risks specific to the patient and their population.
- **Adjustment:** Adjust clinical care to meet patients' needs, such as providing a language line, educational literature in an easy-to-understand format, and off-hour visits or telehealth services.
- **Assistance:** Connect patients with local community and government resources for short-term and long-term assistance.
- **Alignment:** Assess the patient's social care assets in the community. This is a great way to collaborate with the patient's LTSS or Care Coordination Case Managers, as they are available to provide continuous support and resources to patients.
- **Advocacy:** Form alliances with local social care organizations to advocate for policies that promote resources and address health-related social needs.



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# Measurement year 2021 is coming to a close.

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Highmark Health Options encourages providers to submit supplemental data for gap closures through the Clinical Quality Feedback (CQF) Loop. CQF allows submissions for the following measures:

- BCS: Breast Cancer Screening
- CCS: Cervical Cancer Screening
- CBP: Controlling High Blood Pressure
  - CBP requires three separate submissions (office visit, systolic, diastolic) for each member.
  - PCP visits are acceptable for Highmark Health Options Medicaid patients; select the “Nursing Service Visit” option.
- CDC: Comprehensive Diabetes Care: HbA1c < 8%
- PPC: Prenatal and Postpartum Care: Timeliness of Prenatal Visit
  - PPC is a newly added measure to CQF. Providers should attach supporting documentation under service Prenatal Care Visit in CQF.

Refer to the Clinical Quality Feedback Loop Guide or reach out to your True Performance Clinical Transformation Consultant (CTC) with any questions regarding the CQF submission process.



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# HEDIS season is fast approaching.

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The Healthcare Effectiveness Data and Information Set (HEDIS) medical record data abstraction process for the 2022 season is right around the corner. Providers may receive a request from PalmQuest on behalf of Highmark Health Options asking for your assistance to complete this review. In-network providers are contractually required to provide medical record information. This information helps fulfill state and federal regulatory and accreditation obligations.

Providers contacted to participate in this season's HEDIS audit may find these tips and reminders helpful:

- You may receive a request by fax, letter, or phone call from PalmQuest for medical record chart copies.
- PalmQuest may arrange for the collection of medical records through a site visit (if feasible), by fax, or by mail.
- Respond to the request for medical records in a timely manner. Highmark Health Options has a limited amount of time to collect and review all the medical records.

If your practice currently utilizes an electronic medical records (EMR) system and is willing to grant our HEDIS Operations Nurse remote access, contact [Su-Linn Zywiol](#).

If at any time during the HEDIS season you have questions or concerns, feel free to reach out to the Highmark Health Options HEDIS Operations Team at [1-302-502-4166](tel:1-302-502-4166).



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# As COVID cases remain high, help patients distinguish chronic conditions from COVID-19 symptoms.

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Patients with chronic conditions may experience greater complications from COVID-19. And they may struggle to distinguish chronic disease symptoms from symptoms of COVID-19 infection. These patients may require education about COVID-19 symptoms as well as encouragement to take precautions, including vaccination, social distancing, handwashing, and wearing a mask.

## Cardiac conditions

It can be hard for patients to distinguish between cardiac-related symptoms and COVID-19 illness. COVID-19 can damage the heart muscle and affect heart function. Some of the symptoms common in long COVID, such as palpitations, dizziness, chest pain, and shortness of breath, may be due to heart problems or COVID-19 infection.

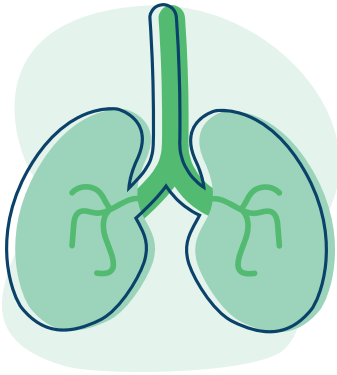
Cardiac patients can benefit from learning what to do when certain symptoms occur. Let them know that shortness of breath and chest pain are not always indicators of a serious problem, but if coupled with symptoms such as low oxygen or nausea and lightheadedness, they could signal a cardiac issue. The information in the chart below can help cardiac patients better understand what to do when certain symptoms occur:

Symptom	When to call 911	When to see a doctor
Shortness of breath	<ul style="list-style-type: none"><li>• Bluish lips or face</li><li>• Oxygen saturation reading under 92%</li><li>• Sudden onset</li></ul>	<ul style="list-style-type: none"><li>• Accompanied by fatigue or ankle swelling</li><li>• Worse on exertion</li><li>• Worse when lying down</li></ul>
Chest pain	<ul style="list-style-type: none"><li>• Severe chest pain accompanied by nausea, shortness of breath, lightheadedness, or sweating</li><li>• Sudden chest pain, especially with shortness of breath lasting more than five minutes</li></ul>	<ul style="list-style-type: none"><li>• New chest pain that resolves in 15 minutes (otherwise call 911)</li><li>• New exertional chest pain relieved by rest</li><li>• Persistent, nonsevere pain increasing in frequency</li></ul>



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## COPD



Patients with COPD have a higher risk of severe COVID-19 illness. Discuss with them the benefits of getting vaccinated against COVID-19 and how the vaccine can protect them from severe COPD complications. Let patients know they may need to adjust their COPD action plan if COVID-19 becomes widespread in their area.

If a patient already has COPD, the following symptoms could be a sign of a COVID-19 infection:

- Changes in phlegm color or amount
- Increased oxygen use
- Lower blood oxygen levels at rest
- More coughing
- More use of rescue inhaler
- More wheezing
- New types of coughing
- Worsening breathing problems

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## Diabetes



Patients with diabetes are likely to have worse outcomes if they contract COVID-19. Education and proper diabetes management can help lessen their chances of developing COVID-19 complications.

Viral infections like COVID-19 can increase inflammation and internal swelling in patients with diabetes. This can lead to more severe complications, such as diabetic ketoacidosis, making it hard for a patient to manage fluid intake and electrolyte levels.

When seeing a patient with diabetes who develops COVID-19 symptoms, make sure they:

- Are clear when explaining their symptoms.
- Have their glucose and ketone readings available.
- Keep track of their fluid consumption and report.



# Partner with us to provider wellness programs and linkage to services.

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Did you know we are here to partner with you to provide comprehensive Care Management Services for all eligible Highmark Health Options members?

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 you to make sure patients receive the medical care and support they need.

Our multidisciplinary team is available to address any issues your 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

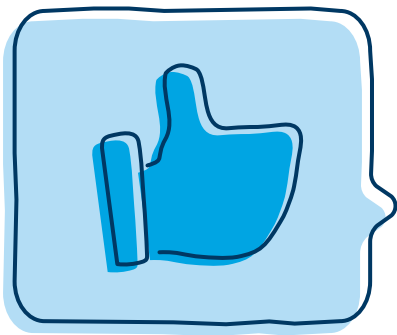
Community resources and programs are available to help patients stay well and manage their conditions. Our staff can provide your patients with ongoing disease education and management with our Lifestyle Management/Wellness Programs. More [Lifestyle Management/Wellness Program](#) information is available on our website.



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# Your role in the Care Management program is important.

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The Highmark Health Options Care Management team can partner with you to reduce a patient's visits to the emergency department, help them avoid going back to the hospital, and support a personal plan of care for each patient. A team of nonclinical and clinical staff is available to:

- Address a patient's health issues.
- Link patients to services, such as helping them make appointments.
- Remind patients to go to their annual physicals.
- Review a patient's medications with them.

If your patients may benefit from this program, call Care Management at **1-844-325-6251**.



# Encourage patients to quit vaping or smoking.

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Seventy percent of smokers want to quit, but only 20% will attempt it, either on their own or by asking for help. Help patients begin to live a vape- and tobacco-free life by starting the conversation. Educate patients about tobacco cessation using the 5A's strategy.

The 5A's are:

- **Ask** about and document tobacco use status at every visit.
- **Advise** in a clear, personalized manner that tobacco users stop smoking.
- **Assess** willingness to quit at this time. Or ask former tobacco users how recently they stopped and what challenges they may still have trouble dealing with.
- **Assist** by prescribing NRT, when applicable.
- **Arrange** follow-up, including counseling.

Refer patients age 13 and older to the Delaware Quitline at [1-866-409-1858](tel:1-866-409-1858). Find more information on [how to help patients quit smoking](#) on the CDC website.

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# Note these changes to the provider portal and authorization requests.

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Highmark Health Options has implemented a prior authorization process for a subset of medications. This authorization requirement applies to all members. Failing to obtain authorization for these medications will result in a denied claim.

## Important medications/HCPS code changes:

- No longer require authorization:
  - Biosimilar products
  - Oncology agents with the exception of reference products, which require a trial of the biosimilar agent when clinically appropriate
    - bevacizumab (Avastin) (J9035)
    - filgrastim (Neupogen) (J1442)
    - infliximab (Remicade) (J1745)
    - pegfilgrastim (Neulasta) (J2505)
    - rituximab (Rituxan) (J9312)
    - trastuzumab (Herceptin) (J9355)
- Now require authorization as of **Jan. 1, 2022**:
  - anifrolumab-fnia (Saphenlo) (J3590\*)
  - avalglucosidase alfa-ngpt (Nexviazyme) (J3590\*)
  - epoprostenol (Flolan; Veletri) (J1325)
  - pegcetacoplan (Empaveli) (J7799\*)
  - plasminogen, human-tvmh (Ryplazim) (J3590\*)
  - selexipag (Uptravi) (J3490\*)
- Now require authorization as of **March 15, 2022**:
  - laronidase (Aldurazyme) (J1931)
  - alpha 1-proteinase inhibitor human (Aralast NP; Prolastin C; Zemaira) (J0256)
  - c-1 esterase inhibitor human (Berinert) (J0597)
  - c-1 esterase inhibitor human (Cinryze) (J0598)



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- idursulfase (Elaprase) (J1743)
  - taliglucerase alfa (Eleyso) (J3060)
  - alpha 1 proteinase inhibitor (Glassia) (J0257)
  - sebelipase alfa (Kanuma) (J2840)
  - vestronidase alfa-vjbk (Mepsevii) (J3397)
  - galsulfase (Naglazyme) (J1458)
  - c1 esterase inhibitor recombinant (Ruconest) (J0596)
  - teprotumumab-trbw (Tepezza) (J3241)
  - velaglucerase alfa (Vpriv) (J3385)
  - eptinezumab-jjmr (Vyepsti) (J3032)

\*These medications will be reviewed under the applicable miscellaneous procedure code until a permanent code is assigned.

Find the most current Preferred Drug List of medications requiring prior authorization and [Medication Information](#) on the HHO website.



# The PCP Portfolio Report promotes quality and safety of care.

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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 our members 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.

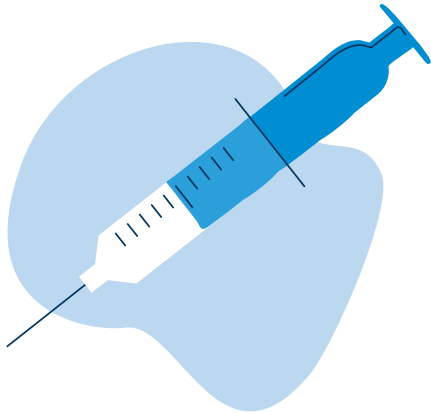
Note: The PCP Portfolio Report is not tied to any reimbursement or incentive and is designed exclusively to improve quality and safety of care.

If you have questions, contact **Su-Linn Zywiol**, Strategy Program Manager.

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# Remind patients to get their annual influenza vaccines.

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Influenza outbreaks commonly peak in February, with significant activity seen also in May. The Centers for Disease Control and Prevention (CDC) continues to support the use of licensed, age-appropriate influenza vaccines because there is no evidence that COVID-19 vaccinations are effective at protecting patients from influenza. The CDC estimates a decrease in annual influenza vaccinations from last year. Pregnant women and children were identified as two populations causing this decrease.

## **In addition, some alternative reasons for the influenza vaccine decline include:**

- Perceived lower influenza activity last season.
- Possible belief that COVID-19 vaccines also protect against influenza.
- Vaccine fatigue caused by continuous COVID-19 vaccination efforts.

Available influenza vaccines include quadrivalent inactivated influenza vaccine (IIV4), recombinant influenza vaccine (RIV4), or live attenuated influenza vaccine (LAIV4). Recommendations for populations that should receive the influenza vaccine remain the same; everyone 6 months and older with any **licensed influenza** vaccine that is appropriate for the recipient's age and health status.

## **As a reminder, groups that should avoid the influenza vaccine are:**

- Infants younger than 6 months.
- People with severe, life-threatening allergies to any ingredient in an influenza vaccine (other than egg proteins), which may include gelatin, antibiotics, or other ingredients.
- People who have had a severe allergic reaction to a dose of influenza vaccine in the past.

### **Sources:**

Precision Vaccinations. Reduced Flu Shot Rates Raise Concerns at the U.S. CDC

Centers for Disease Control and Prevention. Key Facts About Seasonal Flu Vaccine



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# Note this health advisory alert for pediatric lead screening.

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The Delaware Division of Public Health issued a Health Advisory Alert for Pediatric Lead Screening. There has been a significant decrease in childhood lead screenings due to the COVID-19 pandemic. As compared to 2019 data, Delaware data for childhood blood lead testing shows a decrease in rates by an average of 54% in the first six months of 2020, and by an average of 63% in the first six months of 2021.

The decrease in pediatric lead screenings is significant because the pandemic has added to the risk of lead exposure. Families are spending more time in their homes because school and other activities are limited. In addition, many families and property owners in older homes are using this time to initiate DIY home projects or renovations. These two factors have increased children's risk of lead exposure from paint and dust, the primary source of lead poisoning.

Failure to detect lead poisoning has significant implications for children, such as damage to the brain and nervous system, slowed growth and development, and learning and behavior problems. Children with elevated blood lead levels:

- Have a lower chance of being on track for kindergarten.
- Are more likely to enter the juvenile justice system and be incarcerated as adults (ages 18–23).



# EPSDT providers can use Labcorp for capillary analysis.

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EPSDT providers that offer point of care lead testing have likely been affected by the lead test strip recall for the Lead Care analyzers. Providers that perform a capillary stick in their office can send the sample to Labcorp. Providers are not charged for supplies if they use Labcorp for capillary analysis. The minimum volume for the lead pediatric capillary test is 0.5 ml. The test code for the capillary tube lead test is 717016.

Providers can order from Labcorp using the [supply order form](#).



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# Provider network contacts.

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## Provider Services

**Desiree Charest**  
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\*includes servicing of LTSS Providers

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## Provider Contracting

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1-302-421-2098

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## Provider Complaints (not claims related)

**[HHO-ProviderComplaints@highmark.com](mailto:HHO-ProviderComplaints@highmark.com)**  
Phone: 1-844-228-1364  
Fax: 1-844-221-1569



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# Statement of Members' Rights and Responsibilities.

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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 in order 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.



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## Check out this **useful information.**

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**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.

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## Check out **these tools.**

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**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.

Visit our [website](#) for more resources and the latest updates.

