
Welcome To Highmark Health Options



Agenda

- Introductions
- Risk Adjustment
- Assess Demonstration
- Quality
- Reminders - Provider Relations
- Pharmacy Services

Introduction of Presenters

- Suzanne Lufadeju, Director Provider Experience
- Bryan Boyd, Senior Project Manager – Risk Adjustment
- Iyana Johnson, Clinical Transformation Consultant - Risk Adjustment
- Su-Linn Zywiol, Strategy Program Manager – Quality
- Samantha Jenkins-Witt, Provider Account Liaison – Provider Relations
- Meghana Desai, Pharmacy Product Director - Pharmacy

Welcome



Risk Adjustment



What is HHO's Risk Adjustment Strategy

Our overall risk adjustment strategy is to address and document persistent and suspected conditions which will feed into our risk stratification and care management programs as well as align reimbursement to the morbidity of the population we serve.

- Point of Care chronic gap closure (PGC), is the most effective way to achieve our strategy because it aligns program activities with care delivery
- We have deployed an online platform, Assess, to administer our strategy, improve the effectiveness of our Prospective Gap Closure (PGC), and Retrospective Gap Closure (RGC) programs.

PGC

PGC assists the provider to address previously reported and/or suspected conditions at the point of care.

PGC program general process:

- Address conditions presented in the Assess tool and select either “Confirm” or “Deny” then submit
- When conditions are confirmed, the corresponding condition code **must** be on the member’s **subsequent claim submission**.
 - This is required to receive the full incentive of \$25.



RGC

RGC assists providers with complete and accurate diagnoses coding opportunities reflected in the clinical documentation but were not previously included on prior claims submissions.

RGC program general process:

- Review conditions presented in Assess against the medical record for a member encounter during the valuation period.
 - Visits are for prior year or the previous 12 months from program begin date
- Select either “Confirm” or “Deny” then submit.
 - Member’s visit was completed during valuation period
- When a condition is confirmed, a **corrected** claim **must** be submitted via the standard corrected claims process.
 - This is required to receive the full incentive of \$125



Sample Program Statistics

| | |
|---|----------|
| PGC | |
| Sample number of members | 100 |
| Average gap per member | 2.4 |
| Total Number of gaps | 240 |
| Incentive per confirmed condition* | \$25 |
| Incentive per denied condition | \$5 |
| Incentive per 120 confirmed conditions** | \$3,000 |
| Incentive per 120 denied conditions** | \$600 |
| <i>*Includes submission of claim with condition</i> | |
| RGC | |
| Sample number of members | 100 |
| Average gap per member | 2.4 |
| Total Number of gaps | 240 |
| Incentive per confirmed condition* | \$125 |
| Incentive per denied condition | \$5 |
| Incentive per 120 confirmed conditions** | \$15,000 |
| Incentive per 120 denied conditions** | \$600 |
| <i>*Includes submission of the corrected/reconciled claim</i> | |

***Example assumes 50% confirmed and 50% denied*



Risk Adjustment Team Contact Information

Michael Dean

Director, Risk Revenue Program
Management

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Iyana Johnson

Clinical Transformation Consultant

Iyana.Johnson@Highmark.com

Bryan Boyd

Sr. Project Manager, Risk Adjustment

Bryan.Boyd@highmark.com

Felicia Herron

Program Manager, Risk Adjustment

Felicia.Herron@highmark.com

Appendix A:

Documentation and M.E.A.T

If during the visit, any one of the four M.E.A.T criteria is documented within the encounter, then it is considered addressed and can be billed.

Industry Standard M-E-A-T

M – MONITOR

Signs, symptoms, disease progression, disease regression

E – EVALUATE

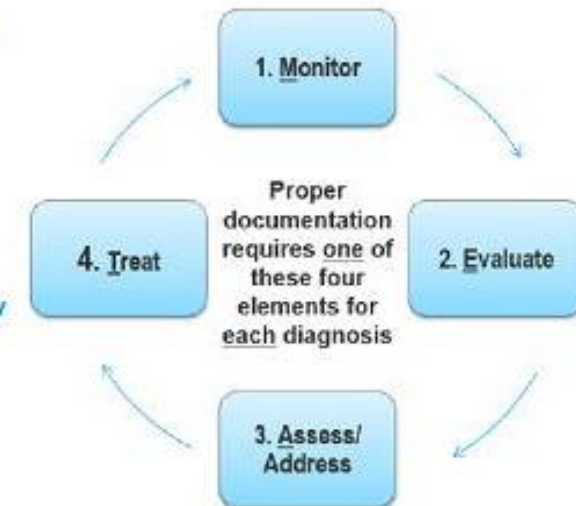
Test results, medication effectiveness, response to treatment

A – ASSESS/ADDRESS

Ordering tests, discussion, review records, counseling

T – TREAT WITH A PLAN OF CARE

Medications, therapies, other modalities



Assess Demonstration



Quality Improvement



Clinical Practice Guidelines

Where Can You Find Our Clinical Practice Guidelines?

Highmark Health Options website – Provider tab on site;
'Guidelines and Resources'

<https://www.highmarkhealthoptions.com/providers/guidelines-resources.html>



Highmark Health Options maintains Clinical Practice Guidelines (CPGs) in an effort to optimize patient care through evidenced-based care options. Some of our CPGs include:

- Preventive Care (Child and Adult)
- Diabetes
- Routine & High Risk Prenatal Care
- Major Depression
- HIV/AIDS
- Asthma

HEDIS

HEDIS = Healthcare Effectiveness Data Information Set

- Measurement of healthcare performance and a way to provide information on healthcare quality.
- Helps identify gaps in key preventive care.
- Highmark Health Options can gauge itself and understand where we can put more resources and efforts.



HEDIS Helps Us to Strive to Deliver Highest Quality Health Care

HEDIS

HEDIS Rates are derived from:

Claims Data **-PLUS-** **Medical Record Reviews**

Data Capture is a Key Component to HEDIS success.

A Big THANK YOU to All Providers!

We Just Finished a Successful HEDIS Season thanks to **your** cooperation in fulfilling our Medical Record Requests and/or providing us remote access to your EMR. Your Data was Key!

Remote EMR Access Inquiries: su-linn.zywiol@Highmark.com

Preliminary HEDIS Rates



Despite 2020 Obstacles, You Provided Important Preventive Care to Your Patients, Our Members

- Nearly two-thirds of women are up-to-date with their Cervical Cancer Screening (CCS)
- Over half of diabetic members have HbA1c controlled (<8%) in 2020
- Over 90% of women who delivered a baby had timely prenatal care
- Over three-quarters of children had a lead screening by age 2



Preliminary HEDIS Rates

HEDIS Rates – Opportunities for Improvement

- **Breast Cancer Screening** – **Half** of women age 50 to age 74 received a screening in required timeframe. We need to do better.
 - What are we doing? DE Breast Cancer Coalition Partnership
 - What can you do? COVID-related catch-up outreach?



- **Postpartum Care** – **Nearly a third** of moms did not have a postpartum visit. We are working to have more of our members receive this important care.

HEDIS – Tips for Improvement

You Can Improve Your HEDIS Score!

- Provide appropriate care within the designated timeframes.
- Know gaps in care prior to patient visit.
- Document clearly and completely ALL of the care provided.
- Code accurately.
- Understand HEDIS® measures including documentation requirements and parameters.



Preparing Your Patients for Telehealth Visits

COVID-19 = Telehealth Visits



Make the most of Telehealth Visits!

Visit Reminder Communication to Patients:

- Take vitals prior to visit (temperature, weight, **blood pressure**, pulse)
- Write down all symptoms and questions prior to visit
- Have medications/list handy for discussion

65% of our Providers began offering telehealth services for the first time during pandemic!

Provider Medical Record Audit

Medical Record Standards Ensure High Quality Records

- We are required to ensure quality and completeness of medical records for our members.
- To do this, we maintain medical record standards which are used to conduct reviews each year on a sample of our providers. Just to name a few, every visit should address:

- Medical history
- Medication list & allergies
- Tobacco/alcohol/drug assessment
- Plan of action/treatment
- Follow-up visit
- Confidentiality statements
- Signature (electronic) and date

- **For 2020, we were able to eliminate outreach to PCPs/SPCs by using medical records from HEDIS audit and using remote EMR access (BH providers still need outreaching).**
- **Provider success for 2020's audit was 100%.**

Member Rights & Responsibilities

- Why are they important?
 - Encourages a mutually respectful relationship with members
 - Part of the commitment to service excellence by the Plan and its Network
 - Required reading for all staff, providers, and sub-contractors serving members
 - Annual notification complies with:
 - United States Code of Federal Regulations (CFR)
 - Delaware Division of Medicaid and Medical Assistance (DMMA)
 - National Committee for Quality Assurance (NCQA)
- What can you do?
 - Ask your staff to read the Member Rights & Responsibilities Statement found at:
<https://www.highmarkhealthoptions.com/members/member-rights-and-responsibilities.html>

Quality-of-Care Concerns

- A quality-of-care concern is an unsubstantiated deviation from expected provider performance, clinical care, or outcome of care which has been determined by a clinical review of medical records.
- A Quality-of-Care Issue includes an issue impacting the quality of care a member receives including but limited to issues affecting safety; access to services; member healthcare outcomes; or member experience.

Who Can Report A Quality-of-Care Concern?



• Anyone

- External Reporting – members, family members, providers, practitioners, office staff, State or Federal Agencies, Fraud, Waste, & Abuse
- Internal Reporting – Care Management, Member Services, Quality Improvement

Critical Incidents

- Critical Incidents (CIs) are defined by the Division of Medicaid and Medical Assistance (DMMA). They include but are not limited to:
 - Unexpected death of a member.
 - Suspected physical, mental, or sexual mistreatment; abuse; and neglect of a member.
 - Suspected theft or financial exploitation of a member.
 - Severe injury sustained by a member.
 - Inappropriate or unprofessional conduct by a provider involving a member.
-

Critical Incidents

Highmark Health Options will report to the state:

If any staff or the staff of a subcontractor has reason to believe that a member has been abused, mistreated, neglected, or financially exploited, or has knowledge of the occurrence of other critical incidents

Critical Incidents

| | Q2 2020 | Q3 2020 | Q4 2020 | Q1 2021 | Totals |
|--|-----------|-----------|----------|----------|-------------------|
| Suspected physical, mental, sexual abuse, neglect/ exploitation | 41 | 44 | 43 | 38 | 166 |
| Suspected physical abuse | 13 | 17 | 15 | 12 | 57 |
| Suspected mental abuse | 1 | 1 | 1 | 1 | 4 |
| Suspected sexual abuse | 3 | 2 | 4 | 3 | 12 |
| Suspected neglect | 11 | 14 | 14 | 14 | 53 |
| Suspected exploitation | 0 | 0 | 0 | 8 | 8 |
| Not meeting Critical Incident criteria | 13 | 10 | 9 | 8 | 40 (24.1%) |
| Inappropriate/unprofessional conduct by a provider involving a member | 2 | 2 | 4 | 2 | 11 |
| Not meeting Critical Incident criteria | 0 | 0 | 1 | 0 | 1 (9.1%) |
| Serious Injury sustained by a member | 5 | 7 | 8 | 4 | 24 |
| Falls with injury | 3 | 2 | 1 | 0 | 6 |
| Overdose | 0 | 2 | 1 | 1 | 4 |
| Burn | 0 | 0 | 3 | 0 | 3 |
| Other serious injury | 2 | 1 | 0 | 1 | 4 |
| Not meeting Critical Incident criteria | 0 | 2 | 3 | 2 | 7 (29.2%) |

Critical Incidents

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| Serious Injury sustained by a member | 5 | 7 | 8 | 4 | 24 |
| Falls with injury | 3 | 2 | 1 | 0 | 6 |
| Overdose | 0 | 2 | 1 | 1 | 4 |
| Burn | 0 | 0 | 3 | 0 | 3 |
| Other serious injury | 2 | 1 | 0 | 1 | 4 |
| Not meeting Critical Incident criteria | 0 | 2 | 3 | 2 | 7 (29.2%) |

Eliza: Member Engagement Program

Highmark Health Options is your partner to engage our mutual members towards a healthier life. Members can check for eligibility by calling the Healthy Rewards Support Line at 1-844-678-1456. Hours are Monday through Friday, 8 AM to 10 pm EST and Saturday 10 AM to 3 pm EST.

- ✓ Improves Member Experience
- ✓ Increases Participation
- ✓ Improves Redemption Characteristics
- ✓ Improves Outcomes

Quality Improvement

Questions?

Provider Relations



Provider Reminders

- Balance Billing
 - Cultural Competency
 - Atlas
 - Medical Records
 - Provider Services
 - HHO Website
 - Taxonomy
 - NaviNet
 - Virtual Visits
-

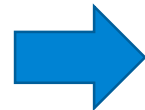
Balance Billing

Payment by Highmark Health Options is considered payment in full. Under no circumstance, including, but not limited to, non-payment by Highmark Health Options for approved services, may a provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from or have any recourse against a Highmark Health Options member.

Cultural Competency

Highmark Health Options understands that in order to best improve the quality of life of our members, we must be cognizant of their cultural and linguistic differences. A collaborative and trusting patient-provider relationship is the key to reducing the gaps in health care access and outcomes. Highmark Health Options has assembled a list of resources and web-based tools that are intended to help build sensitivity to the cultural and linguistic differences and foster improved understanding and communication.

Start here:
[Visit our Cultural Competency Toolkit](#)



Educational Resources

- Training
- Assessments
- Communication tools



Attestation
Complete CC training?
Let us know
[Attestation: Cultural Competency Training Complete](#)

Atlas

Highmark Health Options will conduct quarterly outreaches to verify your provider data. Our Vendor, Atlas Systems, Inc. will perform the quarterly outreach on our behalf.

Atlas will fax a letter to your practice locations within the first two weeks of a quarter. This letter will provide instructions on how to register on PrimeHub, the Atlas portal. Please complete your data verifications through this portal. If the data validations are not completed through the portal, Atlas will begin making calls to your practice locations to verify the data.

The list of provider data elements that will be verified are:

- Practitioner Name
- Practice Name
- Practitioner Specialty
- Locations where the practitioner schedules appointments and sees patients
- Phone Number
- Address
- Whether the practitioner does or does not accept new Medicaid patients
- Languages spoken by the practitioner
- Age ranges seen by practitioner
- Wheelchair accessibility
- Group Website

Medical Record Requests

- The member, or a member's representative, including head of household, legal guardian, or durable power of attorney, shall have access to view and/or receive copies of the medical record or request medical records be transferred to a new PCP upon written request. Each member is entitled to one free copy of his/her medical records. The fee for additional copies should not exceed the costs of time and materials used to compile, copy, and furnish such records. Requests should be available or transferred within 10 calendar days of the written request and follow the specific procedures of the practitioner or provider.
- Highmark Health Options may also request copies of medical records from the provider. If Highmark Health Options requests medical records, the provider must provide copies of those records at no cost within thirty (30) calendar days of Highmark Health Option's request or sooner.

Provider Services

First Line of Communication

Provider Services Team is trained to help assist our valuable providers in a wide range of routine inquiries, including:

- Benefits coverage information
- Member eligibility and demographic information
- Claims status
- Medical and Payment Policies
- Payment Rates

Provider Services reached through multiple methods:

- By telephone at 844-325-6251
- Directly through NaviNet
- Email: hho-depsresearch2@Highmark.com
- Representatives are available Monday through Friday 8am-5pm

Provider Service Team is on hand to support by receiving and providing:

- Investigative Research and Triage
- Claims and Authorization Issue Resolution
- Follow Up and Communication on all systemic issues

Additional Reminders

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

NaviNet - File Claims Disputes, Check Member Eligibility, Update Demographics, Request/Check Authorizations, Obtain EOB/Remittances, Check Claim Status Inquiry

Website – Visit the website for HHO resources and announcements.

Virtual Visits – Your Provider Account Liaison will be reaching out to you to conduct your visits virtually this year. Virtual visits will continue until it is safe to start visiting face-to-face again.

Provider Network Contact Information

Provider Relations

| Provider Account Liaisons | |
|--|---|
| Desiree Charest - Sussex County/City of Milford Desiree.Charest@highmark.com 302-217-7991 | Christina Hales – New Castle County Christina.Hales@highmark.com 302-421-2542 |
| Michael Stewart – All Counties Ancillary Strategy Michael.S.Stewart@highmark.com 302-416-7677 | Chandra Freeman – Kent County and City of Newark Chandra.Freeman@highmark.com 302-502-4067 |
| Samantha Jenkins-Witt - All Counties Hospitals and Ambulatory Surgery Centers Samantha.jenkinswitt@highmark.com 302-421-3057 | Paula Victoria - Manager, Provider Relations Paula.Victoria@highmark.com 302-502-4083 |

Provider Network Contact Information

Provider Contracting

| Provider Contracting | |
|---|--|
| Kia Knox Provider Contracting Consultant Kia.Knox@highmark.com 302-502-4041 | Kim Hammond Senior Provider Contract Analyst, LTSS Kim.Hammond@highmark.com 302-421-2098 |
| Paula Brimmage Senior Provider Contract Analyst/Ancillary Paula.Brimmage@highmark.com 302-433-7709 | Melanie Anderson Director, Provider Networks Melanie.Anderson@highmark.com 302-502-4072 |
| Terri Krysiak Provider Contract Analyst, Behavioral Health Terri.Krysiak@highmark.com 302-502-4054 | |

Pharmacy Services



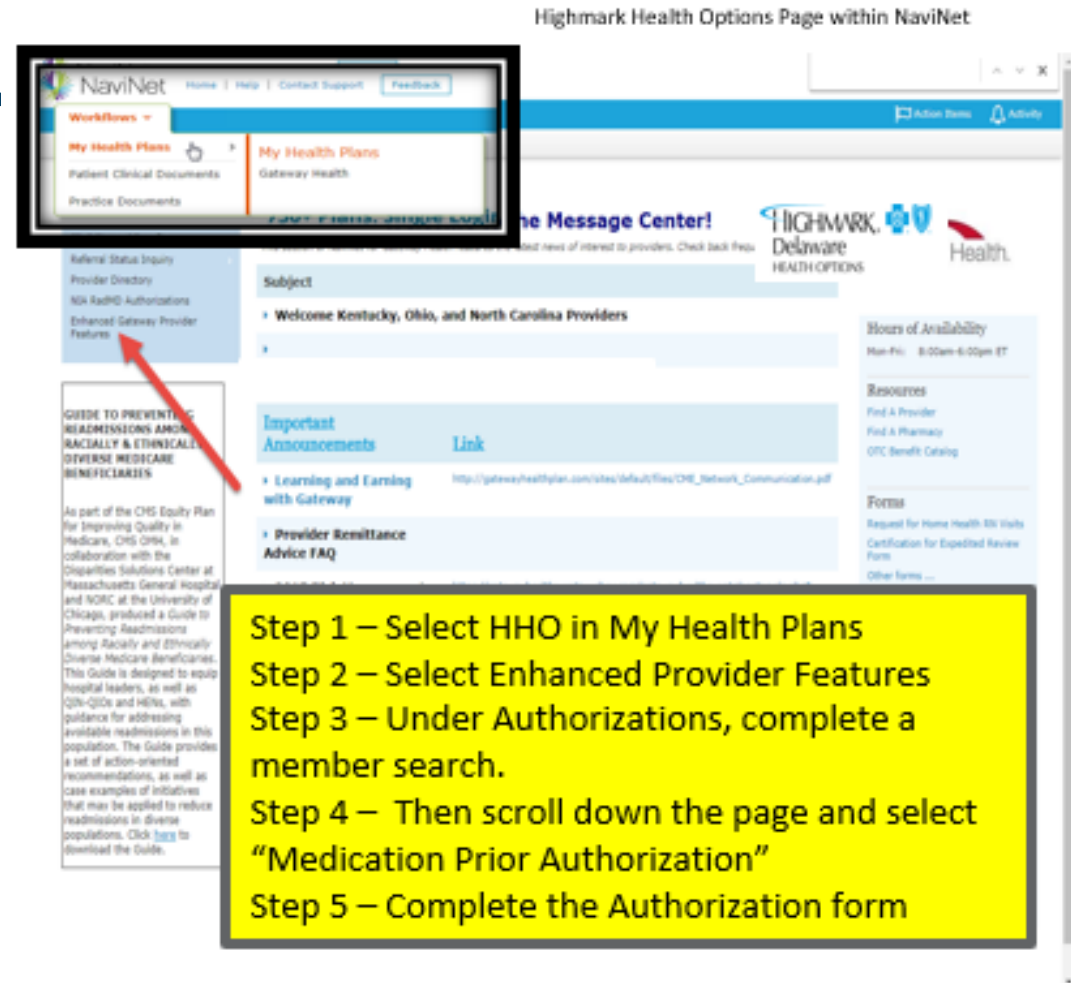
Pharmacy Services

- Our retail pharmacy network includes most local, independent pharmacies and the national chains to provide medication access when your patients are occasionally out of the state.
- In 2017, we launched our specialty pharmacy network for medications requiring special monitoring, adherence, handling, or storage requirements.
- Highmark Health Options formulary follows the Delaware Health and Social Services (DHHS) Preferred Drug List (PDL). PDL is located at:
 - <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>
 - Some medications covered in the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy, or require step therapy.
 - These medications are listed and marked with a symbol under the “Notes & Restrictions” column in the online drug formulary.
 - Prior authorization criteria approved by DMMA is posted to the Provider tab on our website.
- Pharmacy Department: **1-844-325-6251**

Medications Requiring Medical Benefit Prior Authorization

- The prior authorization* process applies to all Highmark Health Options members.
- NaviNet is the most efficient means to request prior authorization and for using autofill functionality.
- If you have trouble completing an authorization or have an issue with accessing NaviNet, contact your provider account liaison.
- Prior authorization criteria for J-code medications covered under the medical benefit can be found on the Highmark Health Options website:
<https://www.highmarkhealthoptions.com/providers/medication-information/> We send J-code medication prior authorization updates and effective dates in provider newsletters. Copies of these updates can be found on the Highmark Health Options website:
<https://www.highmarkhealthoptions.com/providers/provider-news.html>
- Please continue to review the list of J-code medications that require prior authorization for additions.

Highmark Health Options Page within NaviNet



The screenshot shows the NaviNet interface. The 'My Health Plans' tab is selected, and the 'Enhanced Gateway Provider Features' link is highlighted with a red arrow. The interface includes a navigation bar, a main content area with various links and announcements, and a sidebar with additional resources.

Step 1 – Select HHO in My Health Plans
Step 2 – Select Enhanced Provider Features
Step 3 – Under Authorizations, complete a member search.
Step 4 – Then scroll down the page and select “Medication Prior Authorization”
Step 5 – Complete the Authorization form

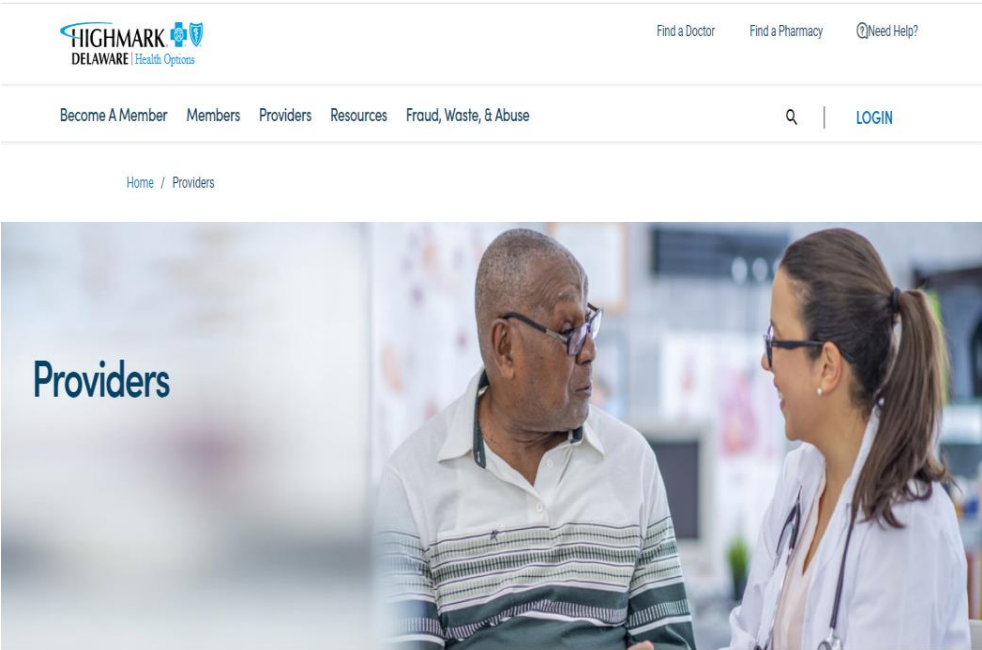
**Applies to outpatient drugs only*

Highmark Health Options

<https://www.highmarkhealthoptions.com>

Accessing the Prescription Prior Authorization Forms

Once on the website click on Provider.



Accessing the Prescription Prior Authorization Forms

Toggle down and click Medication Information on the Provider page.

- This will lead you to the Medication Prior Authorization Criteria page.
- Here you will be able to access all the Prescription Prior Authorization Forms

The image shows a screenshot of the Highmark Delaware Health Options Provider page. On the left, there are three cards: 'Provider Announcements', 'Medication Information' (highlighted with a blue arrow), and 'Guidelines'. The 'Medication Information' card has a blue arrow pointing to it. On the right, the 'Medication Information' page is displayed, featuring a search bar and a list of links under the heading 'Prescription Drug Coverage'.

Provider Announcements
Get the latest announcements for Highmark Health Options providers.
[ANNOUNCEMENTS](#)

Medication Information
Find the most current medication information for providers here.
[SEE MEDICATION INFORMATION](#)

Guidelines
Locate all of the federally and state mandated guidelines for providers.
[VIEW GUIDELINES](#)

HIGHMARK DELAWARE Health Options
Find a Doctor Find a Pharmacy Need Help?

[Become A Member](#) [Members](#) [Providers](#) [Resources](#) [Fraud, Waste, & Abuse](#) [LOGIN](#)

Home / Providers / Medication Information

Medication Information

What are you looking for today?

Prescription Drug Coverage












- [Formulary Updates](#)
- [Specialty Drug List](#)
- [Specialty Pharmacy List](#)
- [MAC Price List](#)












Accessing the Prescription Prior Authorization Forms

Medication Prior Authorization Criteria Page

- On this page you will also find the Prior Authorization Criteria by Type (Medical and Pharmacy and just Pharmacy)

Prior Authorization Criteria by Type (Medical & Pharmacy, Pharmacy)

| Medical & Pharmacy |
|--|
|  Adcetris |
|  Alimta |
|  Aloxi |
|  Alpha1-Proteinase Inhibitors |
|  Avastin & Bevacizumab Biosimilars |
|  Benlysta |
|  Botulinum Toxin (Botox) |
|  Brineura |
|  Chimeric Antigen Receptor T cell (CAR-T) Immunotherapy |
|  Cidofovir |
|  Crysvita |

| Pharmacy |
|---|
|  Acthar |
|  Actimmune |
|  Adakveo |
|  Ampyra |
|  Antidepressants Pediatric |
|  Antiobesity drug |
|  Antipsychotics For Children Younger than 18 years old |
|  Atovaquone |
|  Austedo and Ingrezza |
|  Bone Resorption Suppression and Related Agents |
|  C5b Complement Inhibitors (Soliris & Ultomiris) |
|  Calcitonin Gene Related Peptide Receptor Inhibitors and Serotonin (5-HT)1F Receptor |

Accessing the Prescription Prior Authorization Forms

Medication Prior Authorization Criteria Page

- Prior Authorization Forms:
 - Are listed in alphabetical order by drug name or drug class
 - General Drug Exception Form is for drugs that do not have a specific prior authorization form.

Example of a PA form by drug name:

 [Carisoprodol](#)


Example of a PA form by drug class:

 [Chronic GI Motility Agents](#)

Accessing the Prescription Prior Authorization Forms

Medication Prior Authorization Form

Example of Prior Authorization Form: (Carisoprodol)



Updated: 10/2020
DMMA Approved: 10/2020

Request for Prior Authorization for Carisoprodol
Website Form – www.highmarkhealthoptions.com
Submit request via: Fax - 1-855-476-4158

All requests for Carisoprodol require a Prior Authorization and will be screened for medical necessity and appropriateness using the criteria listed below.


Carisoprodol Prior Authorization Criteria:

Coverage may be provided with a diagnosis of acute musculoskeletal pain and the following criteria is met:

- Member is 16 years of age or older
- Must have tried and failed two preferred skeletal muscle relaxant medications
- The requested dose and frequency is in accordance with FDA-approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines and will not exceed a max daily dosing of four times per day
- Carisoprodol should only be used for a maximum of 2 to 3 weeks due to lack of evidence of effectiveness with prolonged use
- The member will not use carisoprodol in combination with a benzodiazepine
- The member has no contraindications to the medication including acute intermittent porphyria.

- Initial Duration of Approval:** up to 3 weeks.

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.



Updated: 10/2020
DMMA Approved: 10/2020

| CARISOPRODOL PRIOR AUTHORIZATION FORM | | | |
|---|---------------------|----------------------------|---------------------------------------|
| Please complete and fax all requested information below including any progress notes, laboratory test results, or chart documentation as applicable to Health Options Pharmacy Services. FAX: 1-855-476-4158 If needed, you may call to speak to a Pharmacy Services Representative. PHONE: 1-844-325-6251 | | | |
| PROVIDER INFORMATION | | | |
| Requesting Physician: | | NPI: | |
| Physician Specialty: | | Office Contact: | |
| Office Address: | | Office Phone: | |
| | | Office Fax: | |
| MEMBER INFORMATION | | | |
| Patient Name: | | DOB: | |
| Health Options ID: | | | |
| REQUESTED DRUG INFORMATION | | | |
| Medication: | | Strength: | |
| Frequency: | | Duration: | |
| Is the member currently receiving requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date Medication Initiated: | |
| Is this medication being used for a chronic or long-term condition for which the medication may be necessary for the life of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| MEDICAL HISTORY | | | |
| Diagnosis: | | ICD-10: | |
| Has the member tried and failed two preferred skeletal muscle relaxants? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Will the member be using carisoprodol in combination with a benzodiazepine? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does the member have any contraindications to carisoprodol including acute intermittent porphyria? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| CURRENT or PREVIOUS THERAPY | | | |
| Drug Name | Strength/ Frequency | Dates of Therapy | Status (Discontinued & Why / Current) |
| | | | |
| | | | |
| | | | |

Accessing the Prescription Prior Authorization Forms

Medication Prior Authorization Criteria

- It is important to review the Prior Authorization Criteria for the medication you want approved.
 - Member must meet criteria or physician must provide evidence that non-preferred product would be beneficial over the preferred product.



HIGHMARK Delaware
HEALTH OPTIONS
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Accessing the Prescription Prior Authorization Forms

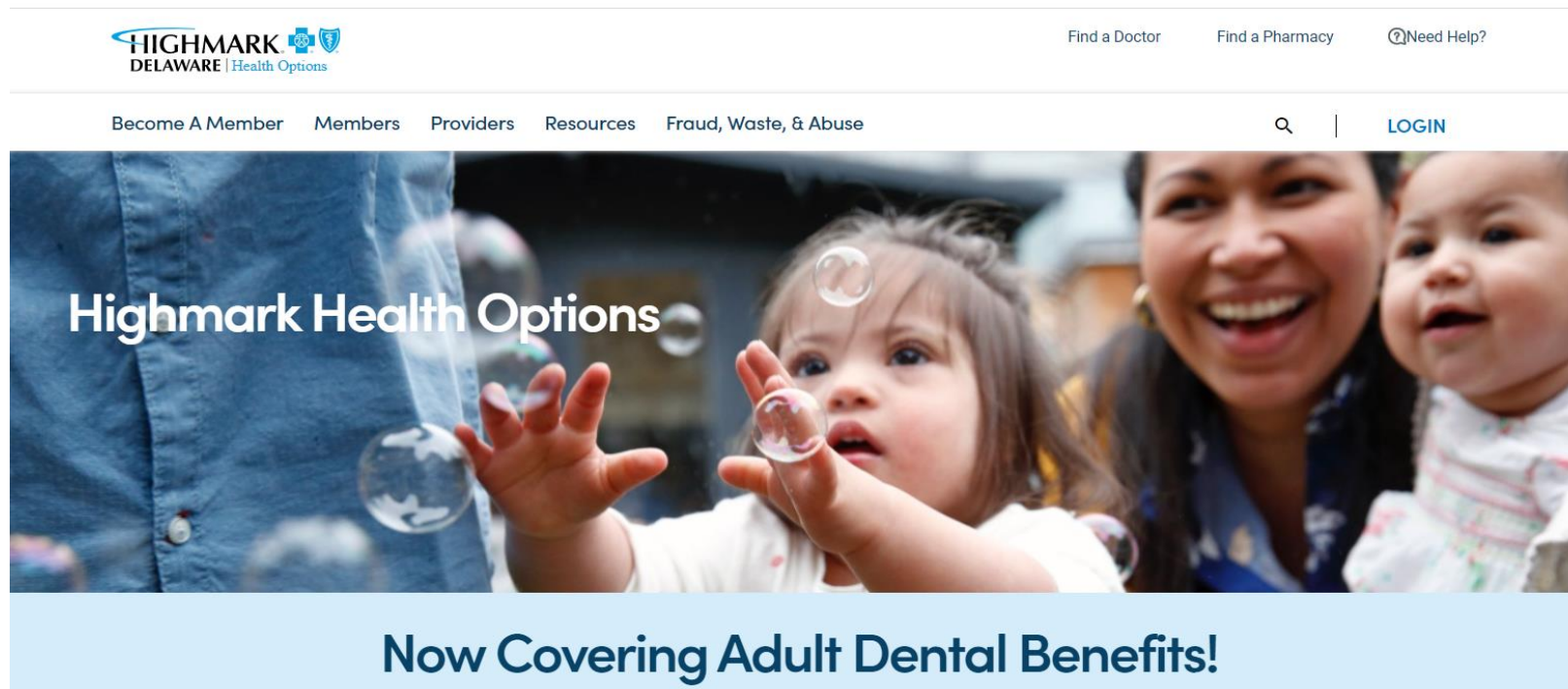
Where to fax the forms?

- Prescription Prior Authorization Forms can be faxed into Pharmacy Services:
 - Fax # 1-855-476-4158
 - Fax number is located on each of the PA forms
 - Length of Prior Authorization process turnaround time is 24 hours.
- If needed, you may call to speak to a Pharmacy Services Representative at:
 - Phone # 1-844-325-6251
 - Phone Number is located on each of the PA forms

HHO Drug Formulary: Where do I find HHO formulary?

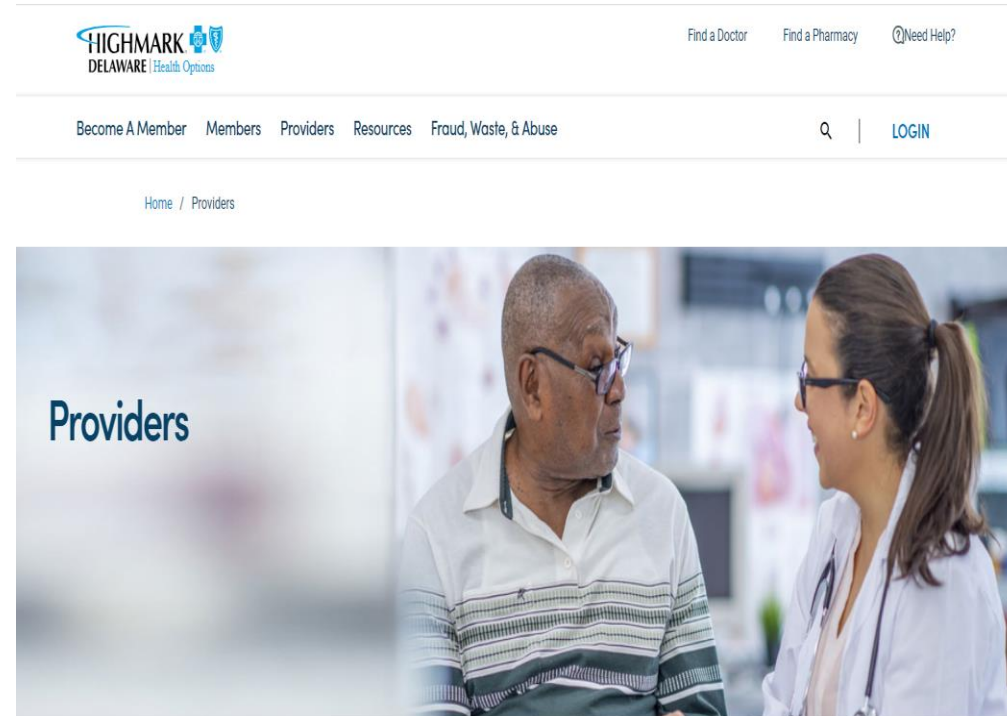
HHO formulary is located on Highmark Health Options website:

<https://www.highmarkhealthoptions.com>



HHO Drug Formulary: Where do I find HHO formulary?

Once on the website click on Provider:

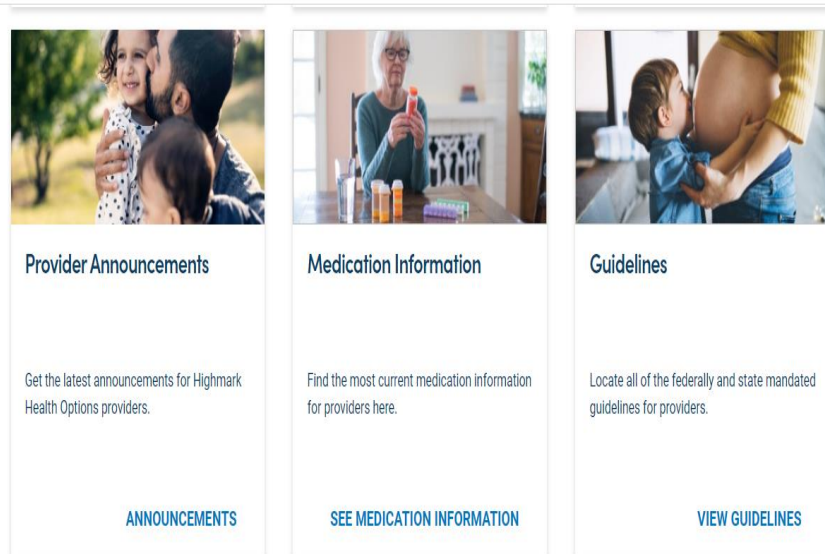


HHO Drug Formulary:

Where do I find HHO formulary?

Toggle down and click Medication Information on the Provider page:

- Click on Drug Formulary
- Once you click on Drug Formulary, you will leave Highmark Health Options website for another website. Please click OK.
 - You will be directed to the Highmark Health Options Medicaid Formulary



Medication Information

What are you looking for today ?

Prescription Drug Coverage

[Formulary Updates](#)

[Specialty Drug List](#)

[Specialty Pharmacy List](#)

[MAC Price List](#)

[Drug Formulary](#)

[Drug Safety and Recall Information](#)

HHO Medicaid Formulary

HHO Medicaid Formulary includes medications:

- In the Delaware medical Assistance Program (DMAP)
- Preferred Drug List (PDL)
- Medications which are not otherwise covered in the PDL

Drug Search



Welcome to the **Highmark Health Options** Medicaid Formulary.

This formulary includes medications in the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL) and medications which are not otherwise covered in the PDL.

You can search the formulary in several ways.

You can search the formulary alphabetically by selecting the first letter of the drug you are looking for, OR by either the Brand or Generic name of a drug by entering the name of the drug or the first few letters if the full name or correct spelling is not known.

You can also search the formulary by Therapeutic Class of the drug if the exact drug name is not known.

Some of the medications on the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy or require step therapy. These medications are marked with a symbol under the Notes & Restrictions column.

If your drug is not included in this formulary, you should first call member services at 1-844-325-6251 and ask if your drug is covered.

A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the [Health Options Medicaid Drug Exception Form](#).

Alphabetical Search

[A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)

Brand & Generic Name Search

Therapeutic Class Search

[*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*](#)
[*Alternative Medicines*](#)
[*Aminoglycosides*](#)

HHO Medicaid Formulary

You can search the formulary many ways:

- You can search the formulary alphabetically by selecting the first letter of the drug you are looking for, OR by either the Brand or Generic name of a drug by entering the name of the drug or the first few letters if the full name or correct spelling is not known.
- You can also search the formulary by Therapeutic Class of the drug if the exact drug name is not known.
- Some of the medications on the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy or require step therapy. These medications are marked with a symbol under the Notes & Restrictions column.
- If your drug is not included in this formulary, you should first call member services at 1-844-325-6251 and ask if your drug is covered.
- A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the [Health Options Medicaid Drug Exception Form](#).

HHO Medicaid Formulary

Searching for a medication

Type in drug name or class (e.g. Abilify Maintena) and click Search.

Drug Search



Welcome to the **Highmark Health Options** Medicaid Formulary.

This formulary includes medications in the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL) and medications which are not otherwise covered in the PDL.

You can search the formulary in several ways.

You can search the formulary alphabetically by selecting the first letter of the drug you are looking for, OR by either the Brand or Generic name of a drug by entering the name of the drug or the first few letters if the full name or correct spelling is not known.

You can also search the formulary by Therapeutic Class of the drug if the exact drug name is not known.

Some of the medications on the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy or require step therapy. These medications are marked with a symbol under the Notes & Restrictions column.

If your drug is not included in this formulary, you should first call member services at 1-844-325-6251 and ask if your drug is covered.

A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the [Health Options Medicaid Drug Exception Form](#).

Alphabetical Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

Abilify maintena

HHO Medicaid Formulary

Searching for a medication

Click on the product your are searching for:

Drug Search



Welcome to the **Highmark Health Options** Medicaid Formulary.

This formulary includes medications in the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL) and medications which are not otherwise covered in the PDL.

You can search the formulary in several ways.

You can search the formulary alphabetically by selecting the first letter of the drug you are looking for, OR by either the Brand or Generic name of a drug by entering the name of the drug or the first few letters if the full name or correct spelling is not known.

You can also search the formulary by Therapeutic Class of the drug if the exact drug name is not known.

Some of the medications on the formulary require prior authorization, have a quantity limit, must be dispensed by a specialty pharmacy or require step therapy. These medications are marked with a symbol under the Notes & Restrictions column.

If your drug is not included in this formulary, you should first call member services at 1-844-325-6251 and ask if your drug is covered.

A physician may request a non-formulary medication only if medical necessity or failure of formulary alternatives are documented by the physician on the [Health Options Medicaid Drug Exception Form](#).

[Start Over](#)

Please select a drug from the list below to continue.

- ☐ [Abilify Maintena Prefilled Syringe 300 MG Intramuscular](#)
- ☐ [Abilify Maintena Prefilled Syringe 400 MG Intramuscular](#)
- ☐ [Abilify Maintena SUSPENSION RECONSTITUTED 300 MG Intramuscular](#)
- ☐ [Abilify Maintena SUSPENSION RECONSTITUTED 300 MG Intramuscular \(1.5ML SYRINGE\)](#)
- ☐ [Abilify Maintena SUSPENSION RECONSTITUTED 400 MG Intramuscular](#)
- ☐ [Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular](#)
- ☐ [Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular](#)








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
HHO Medicaid Formulary

Searching for a medication










Example of Abilify Maintena 300mg IM PFS:

| Brand Name Generic Name | Therapeutic Class Sub-class | Dose/Strength | Status | Notes & Restrictions |
|---|---|--------------------------|---|--|
| Abilify Maintena Prefilled Syringe 300 Mg Intramuscular aripiprazole er | *Antipsychotics/Antimanic Agents* *Quinolinone Derivatives** - *Quinolinone Derivatives*** | PREFILLED SYRINGE 300 MG |  |     |

Definition of Status

| Icon | Status | Definition |
|---|------------------------|-----------------------------|
|  | PDL Preferred | PDL Preferred |
|  | PDL Non-Preferred | PDL Non-Preferred |
|  | Supplemental Formulary | Supplemental Formulary Drug |
|  | Non-Formulary | Non-Formulary Drug |






Definition of Restrictions

| Icon | Restriction | Definition |
|---|---------------------|---|
|  | Age Restriction | Age Restriction |
|  | Generic Indicator | Generic Indicator |
|  | ICD-10 Code | ICD-10 Code Required |
|  | Over The Counter | Over The Counter |
|  | Prescriber Note | Prescriber Note |
|  | Prior Authorization | Prior Authorization. Please go to PA Criteria for more details. |
|  | Quantity Limit | Quantity Limit |
|  | Specialty Pharmacy | Specialty Pharmacy |
|  | Step Therapy | Step Therapy |

HHO Medicaid Formulary

Searching for a medication

Example of Abilify Maintena 300mg IM PFS:






| Brand Name Generic Name | Therapeutic Class Sub-class | Dose/Strength | Status | Notes & Restrictions |
|--|---|-----------------------------|---|--|
| Abilify Maintena Prefilled Syringe 300 Mg Intramuscular <i>aripiprazole er</i> | *Antipsychotics/Antimanic Agents* *Quinolinone Derivatives** - *Quinolinone Derivatives*** | PREFILLED SYRINGE 300 MG |  |     |

- Brand Name/Generic Name: lists both names of the drug.
- Therapeutic Class/Sub-class: lists other medication in the class.
 - Click on the class and it will provide a list of alternatives meds in the class.
- Dose Strength: provides formulation and strength of drug

HHO Medicaid Formulary

Searching for a medication

Example of Abilify Maintena 300mg IM PFS:

| Brand Name Generic Name | Therapeutic Class Sub-class | Dose/Strength | Status | Notes & Restrictions |
|---|---|--------------------------|---|--|
| Abilify Maintena Prefilled Syringe 300 Mg Intramuscular aripiprazole er | *Antipsychotics/Antimanic Agents* *Quinolinone Derivatives** - *Quinolinone Derivatives*** | PREFILLED SYRINGE 300 MG |  |     |

- Status:


 Preferred product on the drug list

- Notes & Restrictions:

 Prior Authorization. Please go to [PA Criteria](#) for more details

 Age Restriction

 Specialty Pharmacy





 ICD-10 Code Required












HHO Medicaid Formulary

Definition Dictionary

Definition of Status

| Icon | Status | Definition |
|---|------------------------|-----------------------------|
|  | PDL Preferred | PDL Preferred |
|  | PDL Non-Preferred | PDL Non-Preferred |
|  | Supplemental Formulary | Supplemental Formulary Drug |
|  | Non-Formulary | Non-Formulary Drug |

Definition of Restrictions

| Icon | Restriction | Definition |
|---|---------------------|---|
|  | Age Restriction | Age Restriction |
|  | Generic Indicator | Generic Indicator |
|  | ICD-10 Code | ICD-10 Code Required |
|  | Over The Counter | Over The Counter |
|  | Prescriber Note | Prescriber Note |
|  | Prior Authorization | Prior Authorization. Please go to PA Criteria for more details. |
|  | Quantity Limit | Quantity Limit |
|  | Specialty Pharmacy | Specialty Pharmacy |
|  | Step Therapy | Step Therapy |