

SPECIAL BULLETIN

FOR HIGHMARK HEALTH OPTIONS PROVIDERS

AUG. 16, 2016

ATTENTION, PHYSICIANS: PLEASE COMPLETE AND RETURN IMPORTANT RISK-GAP CLOSURE FORMS

Highmark Health Options is offering your practice a \$150 reimbursement to review and confirm any diagnosis codes not previously sent to the health plan for dates of service between July 1, 2015, and June 30, 2016. Letters were mailed recently to all practices and contained a list of patient-specific conditions previously reported on a claim for which we are requesting confirmation. Please note the following key instructions for completing this information.

- Upon your review of the patient's record, we are requesting reprocessing of all claims with the additional diagnosis codes found that weren't previously sent to the health plan in the reporting period. All new diagnosis codes require the submission of a **paper** corrected claim, along with the enclosed patient-specific Risk-Gap Closure form signed by the provider to be eligible for reimbursement. **Note:** The corrected claim must be submitted on **paper** to qualify.
- If no new conditions are found, submission of a corrected claim is not required or advised. Please make note of that on the form and return it to the address below. **Note:** This list does not replace any documentation in the patient's medical record, and you should not code from this list.
- All diagnosis codes submitted on a claim must follow the ICD-9/10 coding and documentation guidelines as applicable.
- Always submit diagnosis codes to the greatest level of specificity to precisely describe your patient's medical conditions. Accurate coding and documentation assist in validating and establishing the appropriate disease burden of the member with the state and federal entities.
- For easy identification, we ask that you stamp "CORRECTED CLAIM" on each **paper** claim form and submit it by **Aug. 31, 2016**, to our Pittsburgh location at the following address:

Attention: Susan Conley
444 Liberty Ave., Suite 2100
Pittsburgh, PA 15222

Payments are anticipated to be made to you in October 2016 for the administrative burden (one payment per member) of reprocessing any previously submitted claims. Please contact a Provider Engagement Consultant below with any questions or concerns.

Carol Wanck

412-255-4240

Stacy Werntz

717-687-8451

The commitment, effort and time that you contribute to the health of our members are greatly appreciated. We look forward to your continued partnership to improve clinical and quality outcomes for our membership in the future. Please review your mailbox to see if you have received this important letter. We thank you for your help.

Health Options



Highmark Blue Cross Blue Shield Delaware