



COVID-19 has forced everyone in health care to think differently about how we live our lives. Highmark continues to closely monitor the COVID-19 outbreak across the nation and in the communities we serve. As a result of these unprecedented circumstances, we have implemented a response plan to ensure that we are doing all we can to meet the health needs of our members while safeguarding our participating physicians, caregivers and employees. To do this we are:

- Covering certain member services
- Implementing Administrative services
- Implementing Telehealth and Virtual Visit changes.

Member Coverage

Inpatient Services

Highmark waived out-of-pocket costs for COVID-19 related inpatient hospitalization following a COVID-19 diagnosis. Members who require in-network, inpatient hospital care for COVID-19 will not incur any deductibles, co-insurance and co-pays, effective immediately. The decision applies to members with group employer coverage (self-funded groups may elect to opt into the program), as well as ACA and Medicare members.

“Our number one priority – especially during this crisis – is to make sure that our members receive the care that they need,” said Deborah Rice-Johnson, president of Highmark Inc. “With this decision, we are removing potential barriers our members may face in receiving care for COVID-19. It is the right thing to do for our members and for our community.”

The waiver will continue through May 31 as Highmark continues to monitor and evaluate the rapidly changing nature of this crisis.

Outpatient Services

Highmark has also waived the member cost share for office visits (including telehealth), urgent care visits, and Emergency Department visits when the visit results in a COVID-19 test being ordered or administered. In addition, Highmark will waive member cost share for any items or services provided during the visit in which the COVID-19 test is ordered or administered (items or services unrelated to the evaluation of whether a patient should be tested for COVID-19 will be paid based on the member’s benefit plan).

Virtual Visits and Telemedicine

To help ensure members can continue to safely receive care, Highmark has also expanded access to telehealth services for all members and has waived out-of-pocket costs such as deductibles, coinsurance, and copayments on all covered telehealth services from contracted vendors and providers through June 13, 2020.

“During this crisis, telehealth is an option for members to safely receive care without going to a doctor's office or hospital and risking exposure,” said Rice-Johnson. “Using telemedicine also frees up medical facilities to treat those who are most in need of care, which is vitally important as the virus continues to spread.”

Alongside this initiative, Highmark has expanded access to teleaddiction services for members in PA, WV, and DE who are in addiction treatment and need immediate help without any out-of-pocket costs through our provider partner, Bright Heart Health (see page X of the newsletter).

Administrative Changes

Highmark has strived to lessen the administrative burden on providers by temporarily adjusting various policies to ensure that providers can focus on delivering efficient and effective care to their patients/our members.

Examples include:

- Prior authorizations for certain procedures have been extended during this time to avoid the need for a second authorization
- An expedited credentialing process to ensure members have timely access to

- care during unprecedented burden on health systems and practices
- Extended timely filing to an entire year for in-network providers from February 1 through June 30, 2020 during regardless;
- And many others.

Please see the COVID-19 Clinical/Operational Update page on Highmark's Provider Resource Center for more information.

Telemedicine/Virtual Visit Changes

As part of the COVID-19 response, lawmakers have focused on lifting possible barriers to the use of telemedicine - like rules that limited coverage and regulations that banned the use of apps like FaceTime and Skype. In alignment, Highmark greatly expanded the types of services that are covered via telemedicine and relaxed the technology standards in our policies for providing telemedicine. By doing so, Highmark is attempting to make it easier to provide services, eliminate some administrative costs, and potentially avoid the need for investment in technology.



To locate the expanded code list, or for more information on what Highmark is doing during this crisis, review the COVID-19 pages on the Provider Resource center.

Thank you for your efforts to ensure that our members have continued access to quality health care despite the challenging circumstances brought on by COVID-19. You are **critical** to our shared success in meeting the health care needs of the community.





Aunt Bertha –



Assisting Members With Urgent Needs

The current COVID-19 pandemic has created a significant, urgent need to connect individuals to social service agencies/community benefit organizations (CBOs). As a result, we expedited the launch of our partnership with Aunt Bertha, an electronic social service resource directory. In addition to the many services searchable on the site, you can search for COVID-19 specific resources.

Aunt Bertha, developed by Highmark Delaware and Highmark Health Options, is an online social care network that serves as a referral tool for urgent needs such as food, house, and transportation. Aunt Bertha allows users to find nearby CBOs, making it easier for people to access social services in their neighborhoods, for nonprofits to coordinate their efforts, and for healthcare providers to integrate social care into their work. It is available to all Highmark members across Delaware, Pennsylvania, West Virginia and nationally.

In addition to public access, providers, social workers and care coordinators across the Highmark Health enterprise can access information and recommend services.

“Many Delawareans are facing challenging situations due to COVID-19 and Highmark Delaware and Highmark Health Options continue to seek ways in which to alleviate the

stress, fear and uncertainty that comes with that,” said Nick Moriello, president of Highmark Delaware.

The directory contains geographic-specific information on social service agencies and CBOs across the United States. Once a zip code is entered, online users can filter for specific needs. This is beneficial to **all** members as there are no income restraints or financial cost to use Aunt Bertha.

Highmark members and providers can access Aunt Bertha by visiting Highmark.AuntBertha.com .



Highmark's Additional Efforts in 2020 to Stop the Opioid Crisis

Highmark continues to make progress in addressing opioid use disorder through a three pronged approach of evidence-based non-opioid pain management, safe management with opioid when needed (“Start low and go slow”), and by providing members access to therapy and medication assisted treatment (MAT).

To do this we are launching:

- Blue Cross Blue Shield Association BlueDistinction® Centers for Substance Use Treatment and Recovery,
- Shatterproof, a nationally recognized anti-stigma and substance use educational program,
- Tele-addiction services in West Virginia 24x7 in order to supplement current services and fill in gaps in access to many counties that lack any access to MAT treatment.
- BCBSA Substance Use Recovery Center line.



BlueDistinction® Centers for Substance Use Treatment and Recovery

The Blue Distinction Centers for Substance Use Treatment and Recovery program is a national designation given by the Blue Cross and Blue Shield Association (BCBSA) to recognize provider facilities who demonstrate expertise in delivering quality patient outcomes and value by focusing on the treatment of substance use disorder.

The program addresses the full continuum of care delivery. Facilities delivering one or

more of the following levels of care will be considered for residential, inpatient, intensive outpatient, or partial hospitalization services.

Program Highlights:

- Medication-Assisted Therapy (MAT) is available.
- Designated facilities (awarded on an ongoing basis, for delivery of timely, coordinated, multidisciplinary, evidence-based care, with a focus on quality improvement and patient-centered care) deliver patient-centered, multidisciplinary care including the transition of care between sites and levels of care.

The program will continue to expand to other sites of care in the future.

For more information on the BlueDistinction[®] program, visit:

https://www.bcbs.com/sites/default/files/file_attachments/page/BDSC_SubstanceUseTreatmentRecovery_Program_Overview.pdf



Shatterproof

Stigma can be a “mark of shame” imposed on those struggling with substance use disorders and their families either through self-stigma (fear of judgement or consequence) or institutional and societal stigma arising from prejudices and misinformation. It creates a significant barrier to diagnosis and life-saving treatment.

In order to address and remove this barrier, and make progress in efforts to address addiction, Highmark is making resources available for opioid users to seek treatment and maintain sustained recovery. We are also giving families resources to cope and see success stories.

These resources are given through employers as a series of online, monthly, educational modules that educate victims and families on the disorder, its biochemical nature, and its genetic risks.

For more information on the Shatterproof Initiative and educational materials, review www.Shatterproof.org .

Bright Heart Health

Bright Heart Health joined Highmark in West Virginia, Pennsylvania, and Delaware to provide comprehensive therapy and MAT services for opioid use disorder via telemedicine.

They are available 24/7 for ER Warm Handoffs, Primary Care Physician (PCP) referrals, or self-referrals. If you have a

patient that you want to refer to Bright Heart Health, you can access their website (<https://www.brighthearthealth.com/>) or call (800) 892-2695 for immediate enrollment.



For more information on Bright Heart Health, please see the following:

- [Bright Heart Health eBulletin](#)
- [Bright Heart Health FAQs](#)

BCBSA Substance Use Resource Center

On January 1, 2020, the BCBSA, with support from Highmark Blue Cross Blue Shield West Virginia, launched the BCBSA Substance Use Resource Center. It is a 24/7 toll free number for any person, regardless of insurance status.

For more information, see the following resources:

- [Treatment is Your Call Brochure](#)
- [Treatment is Your Call Other Resources](#)



Attention CHIP Providers: CHIP Resources Available On the Provider Resource Center

We've added the following resources to the Provider Resource Center for providers who participate in the Pennsylvania Children's Health Insurance Program (CHIP).

- CHIP Well Child Visit/Lead Blood Test/Development Screening Requirements and Tips
- "Get the Lead Out" Postcard
- Filter Paper Lead Blood Testing Information
- American Academy of Pediatrics (AAP) Policy Document on Developmental Screenings
- Highmark CHIP Gap Report: a monthly report Highmark will produce beginning **March 2020**. The report
 - Can be found under the Quality Blue Section of NaviNet®
 - Is for practices who (according to Highmark claims records) are attributed to a Highmark CHIP member
 - Will assist in addressing potential gaps in care for your Highmark CHIP patients
- CHIP PROMISe ID FAQs
- Childhood Obesity Toolkit



You can access these resources at **PROVIDER TRAINING > Provider Training > CHIP Training and Documentation**







Helping Children With Childhood and Adolescent Obesity



Approximately 17% of children and adolescents aged 2 to 19 years in the United States have obesity and almost 32% are considered overweight or obese.

In children and adolescents, this can lead to morbidity such as mental health and psychological issues, asthma, obstructive sleep apnea, orthopedic problems, and adverse cardiovascular and

metabolic outcomes (e.g., high blood pressure, abnormal lipid levels, and insulin resistance). They may also experience teasing and bullying behaviors based on their weight. If not appropriately addressed, obesity in children and adolescence may continue into adulthood and lead to adverse cardiovascular outcomes or other obesity-related morbidity, such as type 2 diabetes.

Well child visits help to assess physical, emotional, and social development, as well as identify any critical screening and counseling needs. It is important you detect childhood obesity early so that you may help the child reach a healthier weight to negate the risks listed above. The United States Preventive Services Task Force (USPSTF) recommends that children and adolescents are screened for obesity at 6 years of age and older. If they are considered obese, you should refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.

It is a state requirement of the Children's Health Insurance Program (CHIP) to screen for childhood and adolescent obesity. To help, the Highmark Preventive Schedule offers, with no cost sharing, the following services for CHIP members aged 2-18 years with a BMI in the 85th percentile or greater:

- Four preventive health office visits: three follow up visits per year to the annual preventive exam specifically for obesity and a blood pressure check
- Unlimited nutritional counseling visits per year specifically for obesity

- One set of recommended lab work annually that includes:
 - Cholesterol screening
 - Hemoglobin A1c OR fasting glucose
 - AST
 - ALT

Other Highmark members with the Preventive Schedule may receive the same benefits with little or no cost sharing. Please check the individual member benefits through NaviNet[®] or by calling the Member Services number on the back of the member ID card.

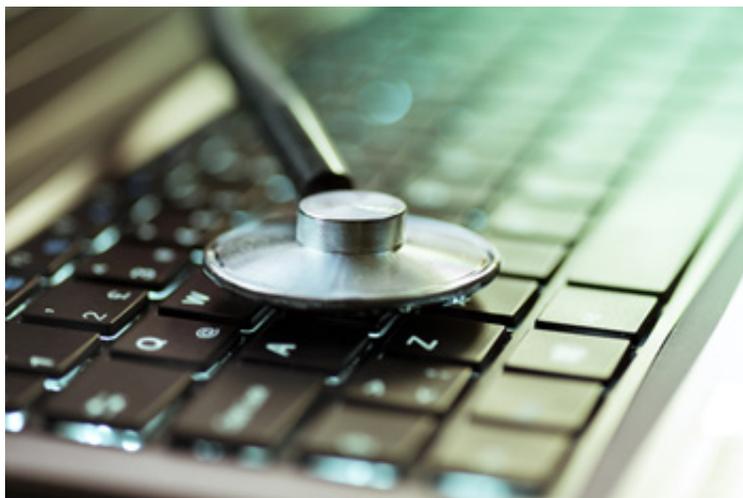
To refer a CHIP member to a Clinical Care and Wellness Case Management program, please read the [Case Management Referral Feature Now Available in NaviNet[®]](#) eBulletin published on December 2, 2019.

Looking for More Information?

To help guide you and your patients in navigating childhood obesity, Highmark has published a [Childhood Obesity Tool Kit](#)  that can be found on the Provider Resource Center.



Watch for Updates to Highmark's List of Procedures Requiring Authorization



During the year, Highmark adjusts the List of Procedures/DME Requiring Authorization, which includes outpatient procedures, services, durable medical equipment (DME), and drugs that require authorization for our members.

These changes are announced in the form of Special eBulletins that are posted on our online Provider

Resource Center (PRC). These Special eBulletins are communicated as Hot Topics on the PRC and are archived under **Newsletters/Notices > Special Bulletins & Mailings**.

To view the List of Procedures/DME Requiring Authorization, click **Requiring Authorization** in the gray bar near the top of the PRC homepage. To search for a specific procedure code within the list, press the "Control" and "F" keys on your computer keyboard, enter the procedure code, and press "Enter." For up-to-date information on procedures that require authorization or to view the current list of procedure codes, visit the PRC, accessible via NaviNet[®] or under **Helpful Links** on our website.

Please note that the Highmark member must be eligible on the date of service and the service must be a covered benefit in order for Highmark to pay your claim.

You may use NaviNet or the applicable HIPAA electronic transactions to:

- Check member benefits and eligibility.
- Verify if an authorization is needed.
- Obtain authorization for services.

If you don't have NaviNet or access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services.





Are You Referring To Providers In Your Patients' Networks?



If you need to refer patients to other providers, such as specialist physicians, or for physical therapy, imaging services, or laboratory tests, keep in mind that referring them to providers who participate in their health plans' networks means a lower likelihood of denied claims and higher out-of-pocket expenses for your patients.

We'd also like to remind you that Highmark's Network Use Policy requires you to utilize in-network providers to perform any services on behalf of members whenever in-network providers are available.

If you have previously sent members to out-of-network providers when in-network providers are available, **immediately stop sending members to those providers.**

Confirm Patients' Networks Before Making Referrals

Before you refer your patients for care, confirm your members' networks and benefits in NaviNet[®]. A self-service guide with instructions for confirming networks in NaviNet is available on the Provider Resource Center under **PROVIDER TRAINING > Provider Training > NAVINET SELF SERVICE GUIDES.**

Remind Your Patients about Finding Network Providers

If your patients need help finding network providers, remind them that they can do so in

one of the following ways:

- Using **Find a Doctor or Rx** on their member websites. Your patients can use Find a Doctor or Rx without logging in, but if they log in, their results will be more specific to their health plans' networks.
- Calling the toll-free number on the back of their member ID cards

Review the Network Use Policy

You can review the Network Use Policy in the Highmark Provider Manual's Chapter 3, Unit 1, section "Directing Care to Network Providers." Visit the Provider Resource Center and click **MANUALS** in the top navigation bar, and click the **Highmark Provider Manual** link.



Notifications for Providers

Several times annually, Highmark notifies providers of important policies and guidelines. The following notification is for your information and reference.

Quality Program Information Available Online

The Quality Program has been designed to improve the quality, safety, and equity of the clinical care and services provided by providers to our members. To do this, we continually review the aspects that affect the quality of the member care experience and satisfaction and look for ways to improve them.

We work closely with the physician community in our efforts to address both

the quality of the clinical care and service our members receive, as well as plan management to address the services provided by Highmark (i.e., authorizations, claims handling, appeals, etc.). We also use member satisfaction surveys and other tools to get feedback on how we're doing. These results are used to guide our future quality improvement activities and programs supporting such focuses as the clinical care and service received by our members, the provider network, member safety and health equity.

For more information about the Quality Program, including information about program goals and a report on progress toward meeting those goals, please visit our online Provider Resource Center via NaviNet[®] or through our main website. Once on the Provider Resource Center, from the black navigation bar at the top, select **Highmark Provider Manual**. See "Chapter 5: Care & Quality Management, Unit 6: Quality Management."





Quarterly Formulary Updates Available Online



We regularly update our prescription drug formularies and related pharmaceutical management procedures. To keep our network physicians apprised of these changes, we provide quarterly formulary updates in the form of Special eBulletins.

These Special eBulletins are available [online](#) . Additionally, notices are placed on the Provider Resource Center's (PRC) **Hot Topics** page to alert physicians when new quarterly formulary update Special eBulletins are available.

Providers who don't have internet access or don't yet have NaviNet® may request paper copies of the formulary updates by calling our Pharmacy area toll-free at 1-800-600-2227.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures — including providing information for exception requests; the process for generic substitutions; and explanations of limits/quotas, therapeutic interchange, and step-therapy protocols — please refer to the **Pharmacy Program/Formularies** page, which is accessible from the main menu on the Provider Resource Center (PRC).



Starting the Conversation: Talking to Your Patients About Their Preventive Care

Preventive care is critical to your patients' health. By receiving their preventive exams on a regular basis, you can locate any health problems early on so that you and your patient can take steps to prevent it from becoming a chronic illness. It may even save your patient's life!



What the Patient Needs to Know

When discussing preventive care with your patients, it's important that they are aware of the following:

- Why it is important to schedule preventive care visits
- How to locate their preventive care schedule
 - For Highmark members, the schedule is located on Highmark's Member website.
 - Once accessing the site they need to select the **Coverage Tab**, click **Medical Benefits**, and scroll down to the **Preventive Care** section.
- To bring their preventive schedule with them to their office appointments

Starting the Conversation

It can be hard to start a conversation about preventive health with a patient, especially if you are not their Primary Care Physician (PCP) or don't know what information they already know. Here are some questions you can ask to help start

and guide the conversation.

- Do you know the importance of preventive exams and visits?
- Do you know what exams someone your age and gender should be receiving?
- Do you know how often these exams should be received?
- Do you know how to locate your preventive schedule?
- When was your last exam?
- Did you know it is free to receive this exam with your insurance?
- Would you like to schedule a preventive exam with me today?

If you are an urgent care doctor or work in a hospital and need to start this conversation with your patient, here are some additional questions you can ask:

- Do you have a current PCP?
- Would you like a referral to a PCP in your area that accepts your insurance?

Staying Up to Date

Remember to regularly check for updates to the Preventive Health Guidelines on the Provider Resource Center. You need to be aware of these changes to assist your patients in making better health decisions.

To access these changes:

- Access your Provider Resource Center
- Click **Education/Manuals**
- Select any of the **Preventive Health Guidelines**

Children and adults alike also need to be up-to-date on their immunizations. To access the latest immunization schedules:

- Access your Provider Resource Center
- Click **Education/Manuals**
- Select any of the **Immunization Schedules**

Thank you for your continued care for your patients, our members.





Working to Meet Patients’ Language Needs

Our quality improvement efforts are designed to ensure quality care and member satisfaction. To achieve these goals, we continually review the aspects of our plan that affect member care and satisfaction and look for ways to improve them. One way to do that is to share details with network practitioners about the languages patients in their area may speak and to provide information on available interpreting services.

Highmark annually assesses languages spoken by population in our service area and compares them to the data that practitioners report on their network applications. Our 2020 analysis concluded that the following counties had greater than 1,000 residents speaking the following primary languages:

Language:	Counties in which language is spoken, <i>and</i> PCPs are available who speak the language:	Counties in which language is spoken, <i>and there are no</i> PCPs available who speak the language:
Arabic	Cumberland, Dauphin, Lancaster, Lehigh	—
Chinese (including Mandarin and	Dauphin, Lancaster, Lehigh, Northampton,	—

Cantonese)		
French, Haitian, and Cajun	Berks, Lancaster, Lehigh, Northampton, York	—
German or Other West Germanic	Berks, Cumberland, Dauphin, Franklin, Jefferson, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Northampton, Northumberland, Perry, Schuylkill, Snyder, York	Union
Other Asian Languages	Cumberland, Dauphin, Lancaster, Lehigh	—
Other Indo-European	Berks, Cumberland, Dauphin, Lancaster, Lehigh, Luzerne, Monroe, Northampton, York	Lackawanna
Russian, Polish, or Other Slavic	Berks, Cumberland, Dauphin, Lackawanna, Lancaster, Lehigh, Luzerne, Monroe, Northampton, Pike, York	—
Spanish	Adams, Berks,	—

	Carbon, Cumberland, Dauphin, Franklin, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Northampton, Northumberland, Pike, Schuylkill, Union, Wayne, York	
Vietnamese	Berks, Dauphin, Lancaster, Lehigh	—

- The above data are from the 2013-2017 U.S. Census -American Community Survey Five-Year Estimates.
- This information is based on county population and not Highmark membership population.



In addition, our telephone translation vendor provided a breakdown of all calls Highmark customer service representatives received during the year that required interpreter services. In 2019, Member Service received 26,045 calls (a 5.9 percent increase from 2018) from members speaking 58 different languages. The largest percentage of calls (90.2 percent) was from members speaking Spanish. The total number of calls serviced for Spanish was 23,482.





About This Newsletter

Provider News is a newsletter for health care providers who participate in our networks. It contains valuable news, information, tips and reminders about our products and services.

- *Classic Blue*
- *Direct Blue*
- *EPO Blue*
- *Freedom Blue PPO*
- *PPO Blue*
- *PPO Plus*
- *Advance Blue*
- *Simply Blue*
- *Community Blue*

Do you need help navigating the *Provider News* layout? View a [tutorial](#)  that will show you how to access the stories, information and other links in the newsletter layout.

Important note: For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the monthly publication [Medical Policy Update](#) .

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Comments/Suggestions Welcome

Arielle Reinert, Editor

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments or ideas for articles in future issues, please write to the editor at Arielle.Reinert@highmark.com.







Contact Us

Providers with internet access will find helpful information online at highmarkblueshield.com. NaviNet[®] users should use NaviNet for all routine inquiries. But if you need to contact us, below are the telephone numbers exclusively for providers.

HIGHMARK

1-866-731-8080

Convenient self-service prompts available.

1-866-588-6967 – Freedom BlueSM PPO Provider Service Center

1-866-675-8635 – Freedom Blue PFFS Provider Service Center

1-866-634-6468 – Requests for Medical Management and Policy peer-to-peer conversations

1-800-992-0246 – EDI Operations (electronic billing)

1-800-600-2227 – Option 2 – Pharmacy (prescription authorizations)





Legal Information

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