



Highmark seeking new members for the Network Quality and Credentials Committee



Highmark is seeking new members to serve on its Network Quality & Credentials Committee (NQCC) for the 2021-2022 term. Each term is two years but members may be asked to serve additional terms at the discretion of the committee chairperson.

The Highmark NQCC consists of network practitioners from Delaware, Pennsylvania, and West Virginia who make decisions such as:

- Determining network participation for practitioner and organizational providers and
- Reviewing credentialing and recredentialing applications that do not meet credentialing requirements.

Meetings are held monthly (either Tuesdays or Thursdays) via conference call from 7:30 to 9:30 am. Members who attend these meetings will receive an honorarium from Highmark.

Committee Member Requirements and How to Apply

Potential candidates must be a Highmark network participating practitioner with a current, active license, without any sanctions, exclusions or debarments.

If you are interested in being considered for membership by the Network Quality & Credentials Committee, please fax or email your interest to Crystal Burton at crystal.burton@highmark.com or fax: (888) 445-4817.

Requests for consideration are due by January 15, 2021.





Annual Wellness Visits Best Practice Series:

Interview with Preferred Primary Care Physicians

COVID-19 has led to an unprecedented year for everyone, especially providers as they evolved with the challenges brought about by the pandemic while still ensuring their patients received the care they needed.

One such challenge has been how to continue performing Annual Wellness Visits (AWVs) safely in order to leverage its extremely beneficial opportunities to focus attention on implementing and tracking health maintenance services for the patient.

In this series, we are highlighting the best practices of some of our providers that have optimized the AWVs even during the pandemic that your practice may want to implement as healthcare faces similar challenges going into 2021.

Preferred Primary Care Physicians (PPCP) is a provider office located in the Pittsburgh area that has done an exceptional job performing Annual Wellness Visits. They have reached an 89.3% completion rate in 2020 for the Highmark Medicare Advantage members attributed to their practice.

To understand how they achieved such an optimal rate despite the challenges, we interviewed Gregory Erhard, Chief Executive Officer, PPCP.

Q1: How do you utilize Annual Wellness Visits in your office?

A1: We have always emphasized to our patients and providers that we consider Annual Wellness Visits to be of very high value. From a population health standpoint, we use the information gathered during the Annual Wellness Visits to build out clinical programming, including our chronic care management, ambulatory pharmacy, and nutrition counseling programs.

Q2: Do you ever struggle to get patients to want to do an Annual Wellness Visit?

A2: Yes, we sometimes find it hard to bring patients in for an Annual Wellness Visit. Most of our patients expect a physical exam when they see one of our providers and the Annual Wellness Visit can be confusing for them. When this happens, we take the opportunity to educate our patients on what an Annual Wellness Visit is and why it is so important.

Q3: How do you encourage your providers to book Annual Wellness Visits?

A3: We have established AWV completion targets for each of our providers/offices to meet to help encourage them to complete more of these high value visits. We offer education and additional resources to if necessary, and we circulate monthly dashboards for providers to track progress.

We also factor Annual Wellness Visit completion rates into our value based incentives to encourage providers to meet their targets.

Our current goal for providers is a 90% completion rate for Annual Wellness Visits for our Medicare Advantage patients.

Q4: How do you encourage your patients to book Annual Wellness Visits (outside of ongoing education)?

A4: We encourage our staff to proactively seek out opportunities for Annual Wellness Visits. We review our schedules 2 weeks ahead of time and contact patients who have follow-up appointments coming up but have not had an Annual Wellness Visit. We outreach and encourage them to change the appointment over to an Annual Wellness Visit instead.

Additionally, we use Enli[®] care management software to produce worklists of patients who haven't had an Annual Wellness Visit within the last year and then proactively reach out to the identified patients to schedule an Annual Wellness Visit.

One of our offices will even take two days out of the office at the beginning of the year to contact patients and schedule Annual Wellness Visits for the entire year.

Q5: How has COVID-19 impacted your ability to complete Annual Wellness Visits?

A5: Like most providers, we had to shift our focus over to more telehealth opportunities than we had previously used. We knew it was important to continue our visits, so we shifted over to 100% telehealth (audio and video appointments) within two days of the stay-at-home mandate. We quickly began seeing 700 plus telehealth visits a day.

Q6: Did moving to telehealth cause any complications?

A6: While we definitely have an audience for telehealth, some of our elderly patients don't have wifi or know how to use technology for this. To circumvent this issue, we did a few parking lot telehealth appointments to help them get the technology they needed. I was also pleasantly surprised to find that a lot of them had children who were willing to help them set up the appointments so that it could be done via telehealth.

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There were a few cases where we performed house calls to help complete the Annual Wellness Visit, but it is not something we do on a routine basis.

Q7: Do you plan to continue with the services you offered during the pandemic after it is over?

A7: Yes. We will continue to perform telehealth visits for as long as they are supported by insurance. We also want to expand our house call services at some point in the future. We appreciate PPCP for sharing their excellent efforts to manage patient care during this time and hope it helps other practices as they roll out their Annual Wellness Visit strategies in 2021.

In February, we will share an interview with another practice that also overcame challenges to meet their AWV metrics in 2020.





Increased Fee Schedule for Annual Wellness Visits Extended Through December 31, 2020

The Annual Wellness Visit (AWV) is an important part of a primary care provider's management for a Medicare Advantage patient's health. The AWV addresses gaps in care and enhances the quality of care you deliver.

In a [bulletin on June 25, 2020](#),

Highmark communicated a fee schedule increase of \$50 for completed AWVs through September 30, 2020. On

September 23, 2020, we announced that this \$50 increase will be extended for completed AWVs that occur through December 31, 2020.



For More information about this change, please review the Plan Central message **Increased Fee Schedule for Annual Wellness Visits Extended** posted on September 23, 2020.

To access this message:

- Log on to **NaviNet**
- Select your **Highmark Health Plan**
- Click **Resource Center** from the left column
- Select **Newsletters/Notices**
- Click **Plan Central Messages**
- Locate **Increased Fee Schedule for Annual Wellness Visits Extended**





Highmark Product News: Important Updates Coming for 2021

When Highmark members visit your office or facility in 2021, they will be presenting new identification cards.



They may be new Highmark members. Or, they might be existing members with only a few benefit changes or may be enrolled in a completely different Highmark plan.

That is why, as a new benefit year approaches, we want to give you advance notice of Highmark commercial and Medicare Advantage product changes, enhancements, and innovations coming in 2021.

To help you and your staff prepare, we will publish an overview of product changes later this year on our online Provider Resource Center (PRC), which is accessible through NaviNet® or through our website, under Helpful Links. Please watch the PRC and NaviNet for news about this web page and share it with your staff so they can keep up with what's new and what's changing with Highmark products in 2021.

We look forward to another successful year of working with you to connect our members to quality care.





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.





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).





Staying Up to Date with the Highmark Provider Manual



Ensure you are regularly reviewing the provider manual for our most recent guidance on:

- Participation Rules
- Cred/Recred Criteria & Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage



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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](#).

Note: This publication may contain certain administrative requirements, policies, procedures or other similar requirements of Highmark (or changes thereto) which are binding upon Highmark and its contracted providers. Pursuant to their contract, Highmark and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.

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

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Shield serves the 21 counties of central Pennsylvania and the Lehigh Valley as a full-service health plan. BlueCard, Blue Distinction, Blue Distinction Center, and the Federal Employee Program are registered marks and Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

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The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark.

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