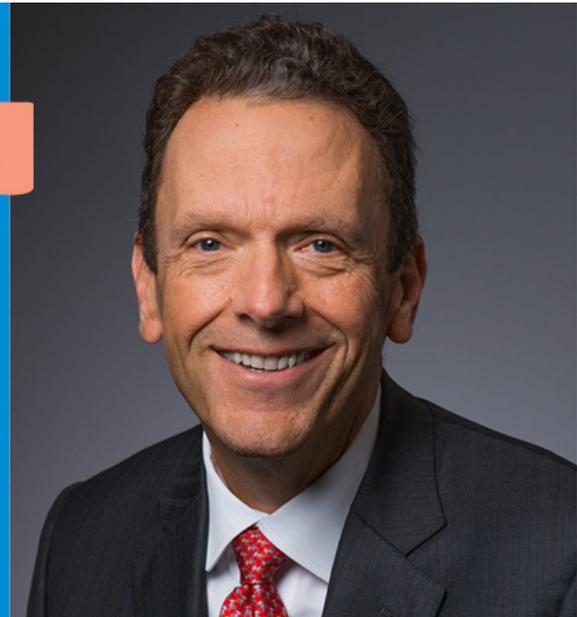


Straight from the CEO:

CLINICIANS ARE VITAL TO “THE INEVITABLE REVOLUTION”



By David Holmberg, President and CEO of Highmark Health, first published in the [Highmark Health Digital Magazine: June 30, 2021](#)



In a webinar titled [“The Inevitable Revolution: From Health Care to an Ecosystem of Health,”](#)  I traded thoughts on industry change with [Annie Lamont, co-founder and managing partner at Oak HC/FT](#) , and [Seth Cohen, co-founder and co-CEO at OODA Health](#)  at the time and now [president of Cedar](#) .

I want to take just a moment to expand one point I touched on in the webinar: Clinicians and clinical quality are vital in shaping the “inevitable revolution.”

After all, this revolution can’t just be companies making disruptive changes, rolling out some innovative technology, and then declaring victory. The measure that matters will be whether the changes we make truly improve health outcomes, lower costs, and, as we say in our mission, “create a remarkable health experience, freeing people to be their best.”

So, yes, our [Living Health model](#)  will be disruptive. And we have started long-term, strategic collaborations with [Google Cloud](#)  and [Verily Life Sciences](#)  to ensure that the platform we build will leverage the very best technology and analytics to give individuals a simpler, more personalized, more proactive path to everyday health.

But that effort would fall short without exceptional clinical quality. In the webinar, I noted that people like my 30-year-old son will look for a digital solution in almost every area of life. Still, they’re not going to use a digital solution if it doesn’t deliver the performance and results they want, and it isn’t a satisfying experience. That’s even more true for people who

have mixed feelings about “going digital,” and especially with something as important as health.

The measure that matters will be whether the changes we make truly improve health outcomes, lower costs, and, as we say in our mission, “create a remarkable health experience, freeing people to be their best.”

The Living Health Dynamic Platform we’re building has to give people superior quality, the right balance of high-tech and high-touch, and a remarkable health experience – or they won’t be opting in to join the “revolution.” That’s why we’ve had a relentless focus on the individual and their primary clinician as the center of the system. It’s also why, like so much transformational work across our organization, the new platform draws on the expertise and insight of clinician leaders like [Dr. Tony Farah](#) at every step.

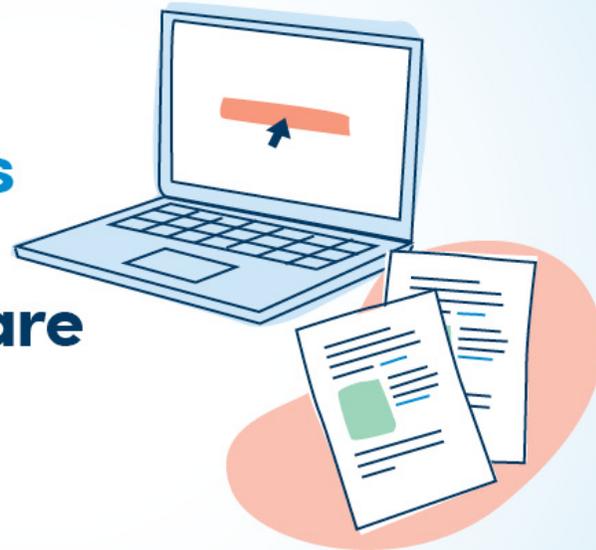
To be purposeful and successful, health industry disruption must advance evidence-based clinical pathways and practices. Disruptors must understand what individuals and clinicians need, and need removed, to make the surrounding support system more supportive. New platforms can’t just provide more information, they have to curate and provide the right information, at the right time, to drive smarter, more proactive choices and interactions that will lead to better overall health.

For all of that and more, clinical expertise and excellence are essential – and that’s part of what differentiates Highmark Health and Allegheny Health Network, as well strategic partners like [Penn State Health](#) and [ChristianaCare](#).

In the months ahead, we’ll have more details on [Living Health in \[Highmark Health’s Digital Magazine\]](#) and at [Living.Health](#). Meanwhile, I invite you to watch Annie, Seth and I discuss the many trends and forces driving the “inevitable revolution” in the health industry.



Claim Payments and Remittances to be provided by PNC Healthcare beginning November 2021



Highmark is now offering more ways for providers to receive payments as part of our ongoing commitment to help you simplify and improve payment transactions for your business. Highmark has engaged PNC Healthcare to provide new electronic payment methods via their Claim Payments & Remittances (CPR) service, powered by ECHO Health.

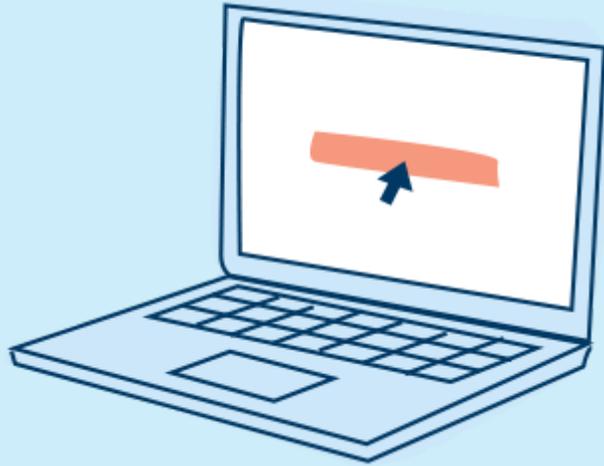
Beginning November 8, 2021, claim payments will be generated from PNC-ECHO Health Trust rather than Highmark Inc. Electronic Remittance Advices (ERAs) will be distributed using the ECHO Payer ID 58379.

These changes do not apply to Highmark Health Options, Highmark Blue Cross Blue Shield Western New York, or Highmark Blue Shield Northeastern New York.

Providers Receiving Electronic Payments and Remittance Advices:

- If you wish to continue receiving EFT payments and ERAs, no action is required, and your payment preference will transition to the ECHO Health platform automatically beginning November 8, 2021. (You will receive a letter from ECHO Health in October with your unique registration code if you would like to change your payment election prior to November.)
- Your ERAs will be available on [ECHO Health's platform](#) . You may register there to search, view, and print your Explanation of Payments (EOPs) and download 835 files.

- If you are currently registered and receiving payments from other payers on the ECHO platform, your **Highmark Inc. payments will begin displaying in this portal after November 8, 2021.**



- For your convenience, you will still be able to view your claims status and a copy of your EOP through Highmark's portal, NaviNet®. However, you will still need to visit ECHO's provider platform to manage/change payment information.

- **Suggested Actions:**

- Update your vendor and/or your practice management system wherever necessary to ensure continued seamless processing of EFT payments.
- Confirm with your ERA Clearinghouse that they are prepared to receive ERAs from ECHO Health, Inc.

Providers Receiving Paper Check Payments And Paper Remittance Advices (RAS):

- **Before October 8, 2021**, you may elect EFT payments now through Highmark's provider portal, NaviNet, and your EFT payment preference will transition to the ECHO Health platform automatically.
- **Between October 8 – November 7, 2021**, changes to your bank account or payment preference must be made in both NaviNet and on the ECHO Health platform. (You will receive a letter from ECHO Health in October with your unique registration code if you would like to change your payment election prior to November.)
- **Beginning November 8, 2021**, you may elect to receive EFT only or 835/EFT through the ECHO Health platform. To sign-up to receive EFT on the ECHO



Health platform, visit their [EFT/ERA enrollment page](#) .

- If you have not registered to accept payments electronically before November 8, 2021 (using the options outlined in the two bullets immediately above), you will receive virtual credit card payments with your EOPs effective November 8, 2021. Your office will receive notification for each payment via mail or fax. The notification will include a unique virtual credit card number, along with instructions for processing.
- You may opt out of VCC by calling ECHO Health at 800-890-4124 or by visiting www.ECHOvcards.com .
- **Additional payment options:** ECHO also offers payments via Medical Payment Exchange (delivers payments and EOPs electronically and gives you the option to print a check at no cost, receive a virtual card payment or enroll for EFT) or paper check. Explore more details about these options on ECHO Health's platform.

Questions

Highmark Provider Service Center Contact Information

If you have questions regarding these changes or your current payment selections, contact your Highmark Provider Account Liaison or the Highmark Provider Service Center (information below).

REGION	PROFESSIONAL PROVIDERS	FACILITIES
Delaware	800-346-6262	800-346-6262
Pennsylvania – Western Region	800-547-3627	800-242-0514
Pennsylvania – Central/ Northeastern Regions	866-731-8080	866-803-3708
West Virginia	800-543-7822	800-543-7822

ECHO Health Contact Information

If you have questions regarding your payment options effective November 8, 2021, or need to make any changes to your elections, please contact ECHO Health.

Provider Portal	providerpayments.com*
Customer Service	888-834-3511
EFT/ERA Support 888-834-3511	edi@echohealthinc.com
Virtual Credit Card Opt-Out	800-890-4124

*As noted above, you will receive a letter from ECHO Health in October with your unique registration code if you would like to change your payment election prior to November.



Highmark Commercial Standard Professional Fee Schedule & Pricing Methodology Update



Per Highmark's most recent Fee Schedule and Pricing Methodology Update¹, a new commercial standard professional fee schedule² will be effective on October 1, 2021.

This update allows Highmark to:

- Update our fee allowances based on industry research by leveraging different sources and data points, including changes the Centers of Medicare and Medicaid Services (CMS) made to the 2021 Medicare Physician Fee Schedule.
- Continue to bring closer alignment with Highmark's value-based reimbursement strategies through uniform standard fees.

Highmark will update our fee allowances based on industry research

You may review the updated standard professional fee schedule within [NaviNet](#)[®] beginning **September 1, 2021**³. Follow this path: [NaviNet](#) > Workflows for This Plan > Resource Center > Fee Schedule Information. (This is the same page where you can access Highmark's

current fee schedule.)

If you have any questions, please contact your Provider Account Liaison or Highmark's Provider Service Center at **888-391-7426**.

¹ Any changes to the commercial standard professional fee schedule and pricing methodology will comply with 18 Del. Code §§ 3342B and 3556A.

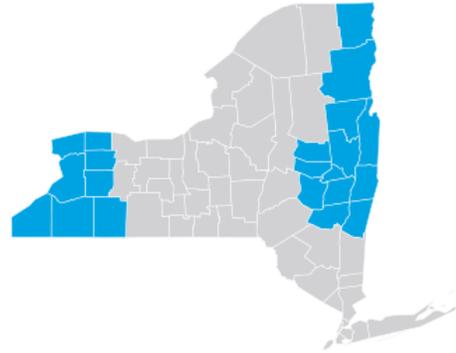
² The new fee schedule will be applicable in all of Highmark's service areas (Pennsylvania, Delaware, and West Virginia) for the commercial lines of business. **This change does not affect Highmark's Medicare, Medicaid, or any value-based fee schedule adjustments.**

³Choose the Fee Schedule Information navigation tab on the Provider Resource Center accessible from NaviNet (as you would access the current fee schedule).





A NEW YORK State of Mind



As **Highmark Blue Cross Blue Shield Western New York** and **Highmark Blue Shield Northeastern New York** integrate into some of Highmark's existing systems and policies, you may notice the addition of each New York plan to some of our documents and communications.

Unless communicated otherwise, there is nothing different for providers in Delaware, Pennsylvania and West Virginia to do when they see these additions.



Notifications for Providers

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

Midyear Preventive Schedule Changes 2021

The preventive schedule is updated twice a year for updated federal mandates: once in January and once in July. The following changes were made effective on July 1, 2021:



- **Screening Sexually Transmitted Infections (STIs):** The United States Preventive Services Task Force (USPSTF) recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for STIs. This is a reaffirmation of the previous recommendation and already a preventive benefit.
- **Screening Illicit Drug Use In Adults:** The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.

 - This may be billed once a year with a routine exam diagnosis code **with** either the 99408 or 96160 procedure code
- **Adult Nutritional Counseling:** The USPSTF recommends patients with cardiovascular disease risk be offered/referred to behavioral counseling interventions to promote a healthy diet and physical activity regardless of the member’s Body Mass Index (BMI).

 - This includes hypertension, high blood pressure, metabolic syndrome, and hyperlipidemia diagnosis codes I10 R03.0, E88. 81, E78.5, E78.1, E78.2, E78.3, E78.49, E78.6, E78.9 when billed with procedure codes 97802, 97803, 97804, 99401, 99402, 99403, 99404

- **Adult Nutritional Counseling BMI Expansion:** The current overweight obesity nutritional counseling benefit has been expanded to include Morbid Obesity Body Mass Index (BMI) codes:
 - Morbid Obesity BMI Diagnosis Codes E66.01, E66.09, E66.1, E66.2, E66.8, Z68.42, Z68.43, Z68.44, Z68.45 with procedure codes 97802, 97803, 97804, 99401, 99402, 99403, 99404

Reimbursement, Claims & Billing

NEW AND UPDATED REIMBURSEMENT POLICIES

Highmark regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center Home Page for eBulletins announcing new policies and the Reimbursement Policy page for policy updates.

To access Highmark reimbursement policy bulletins, select **CLAIMS, PAYMENT & REIMBURSEMENT** from the Provider Resource Center main menu, and then click on **REIMBURSEMENT POLICY**.

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

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

These changes are announced in the form of Special eBulletins that are posted on Highmark's Provider Resource Centers (PRC).

To view the List of Procedures/DME Requiring Authorization, click **Requiring Authorization** in the gray bar near the top of the PRC homepage.



Please note that the Highmark member must be eligible on the date of service and the service must be a covered benefit for Highmark to pay the 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 are not signed up for [NaviNet](#) or do not have access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services:

- [Delaware Contact Information for Providers](#) 
- [Contact Information for Pennsylvania Providers](#) 
- [West Virginia Contact Information for Providers](#) 



Quarterly Formulary Updates Available Online



Highmark regularly updates 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 that can be found on the home page of Highmark's Provider Resource Center.

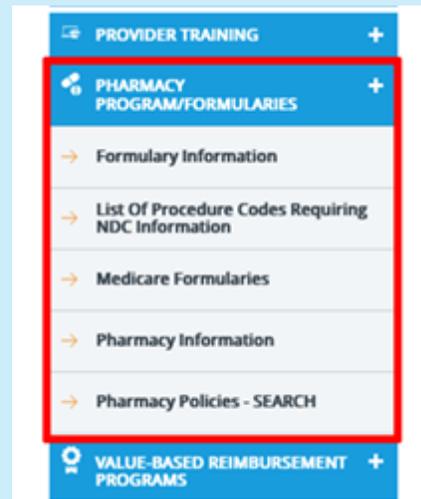
Providers who do not have internet access or do not use [NaviNet®](#)  may request paper copies of the formulary updates by calling our Pharmacy area toll-free at **1-800-600-2227**.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures refer to the **Pharmacy Program/Formularies** pages, accessible from the main menu on the Provider Resource Center (PRC).

This page includes information on:

- Providing information for exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange, and step-therapy protocols



Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

The FEP specific drug formularies are available [online](#). Providers who don't have internet access may obtain formulary information via phone by using the below toll-free numbers and following the prompts for *Pharmacy*:

- **Delaware:** 1-800-721-8005
- **Pennsylvania:** 1-866-763-3608
- **West Virginia:** 1-800-535-5266

To learn more about the FEP exception request processes for non-formulary drugs, click [here](#).



Staying **Up to Date** with the Highmark Provider Manual



Ensure you are regularly reviewing the [Highmark Provider Manual](#) for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage



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.

Highmark Senior Health Company and Highmark Benefits Group are service marks of Highmark Inc. NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance plans. Highmark Health is the parent company of Highmark Inc.

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.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. Healthcare Effectiveness Data and Information Set (HEDIS)[®] and Quality Compass[®] are registered trademarks of the National Committee for Quality Assurance (NCQA). Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] is a registered trademark of the Agency for Healthcare Research and Quality. CORE is a registered trademark of CAQH.

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