

## HIGHMARK 2018: IMPORTANT PRODUCT NEWS FOR THE COMING YEAR



A new benefit year is on the horizon, and soon, new and existing Highmark members will have plans taking effect Jan. 1, 2018. As we look ahead, we want to keep you updated on product changes, enhancements, and innovations for 2018, for both our commercial and Medicare Advantage products.

Keeping up with what's new and what's changing is important for you and your staff so that you can be prepared when Highmark members visit your office or facility in 2018 and present their new identification cards.

That's why we've posted an overview of our product changes on the [Highmark 2018](#)  web page, which you can access via the Provider Resource Center (PRC). The PRC is accessible through NaviNet® or through our website, under **Helpful Links**.



For 2018, we look forward to another successful year of working with you to connect our members to quality care to meet any health need.





## Health Wire: Health Care in the Palm of Your Hand



ALL PROVIDER TYPES

Highmark has launched Health Wire — a free, secure mobile messaging service for our members. Health Wire provides members who opt-in with wellness reminders and cost-focused tips via their smartphones. Members can gain a better understanding of their Highmark benefits, learn how to make more cost-effective health care choices, and may see improved health results.

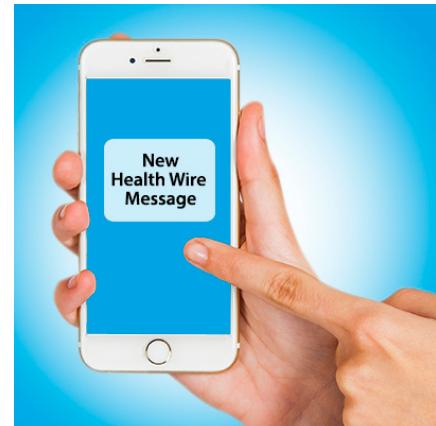
Health Wire allows members to engage with valuable content at critical moments. Members who are more engaged can better manage their health care.

### Health Wire Messages

After opting in to the service, Highmark members receive a text message with a direct link to their Health Wire. It will not contain any personal health information.

Members receive messages on three topics:

- Administrative — electronic Explanation of Benefits statements (eEOB), Digital ID card
- Preventive care — annual preventive exam or important screenings information and reminders
- Benefits education — health care terms, lower-cost options (urgent care, independent labs, generic drugs, mail order Rx)



Members may also receive information about available discounts, finding the right doctor, setting a goal with a health coach, suggestions on where to go for high-quality and cost-efficient care, and other messages to assist in living a healthy life.

As an important participant in your patients' health, we encourage you to talk with them about the many resources available to them through Health Wire.



## Why Health Care Innovation Is VITAL



In 2015, Highmark Health launched VITAL — a program that provides the missing link between FDA approval of a new medical technology and its reimbursement by commercial insurers. VITAL's overall goal is to make new technologies and services available sooner for patients.

Approved, market-ready innovations often languish while insurers study and test them to decide on coverage decisions. A new medical device can take three to seven years from concept to market. And, new FDA-approved medical technologies can take 15 months to five years before Medicare covers them.

Highmark Health is poised to help drive innovation, discover new interventions, and improve the experience, access, outcomes, and affordability of health care. Effective deployment of new solutions could drive better care at a lower cost.

VITAL serves as a streamlined, test-and-learn engine for bringing new medical technologies, innovations, and services to market more quickly. By coordinating efforts among researchers, data scientists, clinicians, and patients, VITAL collapses traditional barriers to market adoption in an effort to:

- Enhance the patient experience
- Test new technologies
- Influence medical policy changes
- Improve safety and quality outcomes

Acting as a bridge between innovators and clinicians, VITAL also champions changes in coverage and reimbursement decisions.

Recently, *Provider News* spoke with Eileen Rodgers, director of the program.

"VITAL brings all of the pieces together — the innovation or procedure, with the clinician, with the patients — so we can gather the data needed to move the idea from investigational to fully reimbursable," she explains.

When doctors or industry partners identify a potential new treatment, technology, or procedure, VITAL's support helps them gain insights and collect the needed data to demonstrate the effectiveness of the innovation. VITAL collects the clinical and financial data to make a case for care management and reimbursement policies. And that can give patients faster access to new promising treatments.\*

For example, based on data gained from VITAL's initiative with the LINX® Reflux Management System for gastro-esophageal reflux disease (GERD), Highmark started to cover it in June 2017.

LINX is a circular bracelet of titanium magnets fitted around the base of the esophagus that keeps digestive acids from climbing out of the stomach. Participants reported a positive change in quality of life satisfaction from 8 to 92 percent. And, the treatment resulted in more than 50 percent greater savings than standard invasive surgical procedures.

As of Jan. 1, 2018, Highmark will cover HeartFlow®, a non-invasive diagnostic technology that offers physicians insight into both the extent of a patient's coronary arterial blockage and the impact the blockage has on blood flow. This tool reduced the number of unnecessary invasive coronary angiograms by over 83 percent and saved an estimated \$2,844 per patient.

"We'd love to hear from physicians who have an interest in solving any unmet clinical needs. We want to work with innovators who are trying to improve care while making it sustainable," Rodgers adds. "There are plenty of opportunities to work together and prove that clinical transformation works."

For more information or to begin an application, visit [vitalinnovationprogram.org](http://vitalinnovationprogram.org)  or send an email to [VITAL@highmarkhealth.org](mailto:VITAL@highmarkhealth.org).



VITAL brings all of the pieces together — the innovation or procedure, with the clinician, with the patients — so we can gather the data needed to move the idea from investigational to fully reimbursable.

## Fast Facts About VITAL

- More than 40 new innovations now in research and development

- Successful projects already completed to better treat GERD, panic disorder, and asthma, and to more effectively diagnose heart conditions
- Partnerships with leading health care solution companies
- Access to over five million Highmark members with historical data (e.g., care management, electronic medical records, risk assessment)
- Advanced data and analytics capabilities to track and measure cost and outcomes data
- Predictive models to identify and match patients with interventions

\*The coverage of any medical service or treatment is subject to the terms of the member's benefit plan.



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## Medicare Advantage News:

# Highmark Helping Members Choose PCPs



For all patients, maintaining a relationship with a PCP is vital to ensure that their overall care is being managed properly. Having a PCP is especially important for older adult patients, who see multiple doctors frequently to receive care for specific, yet often interrelated conditions.

That is why in December, Highmark is reaching out to our Medicare Advantage members to stress the importance of choosing a PCP who can ensure they are receiving regular health screenings, the Medicare-approved Annual Wellness Visit, and other important services.

We're mailing letters to our Medicare Advantage members who have no PCP on file with us, or who didn't designate a PCP during the recent annual open enrollment period. We're also sending letters to our Medicare Advantage members who have a PCP of record, but who frequently see other physicians, asking these members to clarify which doctor is their PCP.



We'll continue to expand this outreach effort — which also invites members to call Highmark for help in finding and choosing a PCP — to include members in all of our Medicare Advantage products. So please be aware that Highmark Medicare Advantage members may be contacting your practice to schedule an appointment and establish a PCP-patient relationship in the coming weeks.

We thank you for the quality care you provide to all of our members, including those who are enrolled in a Highmark Medicare Advantage plan.





## Highmark Cancer Collaborative to Launch CanSurround in 2018



Living with cancer requires that patients have access to high-quality cancer care from leading doctors and hospitals. But to heal, patients also need emotional support — including encouragement from family, friends, and other caregivers.

That is why, beginning Jan. 1, 2018, Highmark's member program, the Highmark Cancer Collaborative, will pilot CanSurround, a new online support network for Highmark members who are fighting cancer. This unique service is intended to encourage and support cancer patients as they progress from diagnosis, through treatment, and beyond.

By nature of an exclusive arrangement between Highmark and CanSurround, Highmark and its affiliated health plans will be the only health plans in the Pennsylvania, Delaware, and West Virginia service areas to offer CanSurround.

### What is CanSurround?

CanSurround is a unique online network that envelops cancer patients with a wealth of emotional support and encouragement as they confront the disease.

Nurses who are knowledgeable in oncology and digital health developed CanSurround based on their experience and research. Patients and caregivers helped to co-design the site, which provides a missing link between medical treatment and recovery.



By joining CanSurround, participants gain access to a variety of helpful online tools and resources geared toward nurturing them through their uncertain and stressful journey. These resources include:

- Checklists and trackers to help navigate the health care system
- Interactive thought inquiry
- A personal journal and mood/distress tracker
- Relaxation exercises to reduce stress and promote positive thinking
- Timely and inspirational articles relevant to their condition

These support tools are tailored to each patient's specific cancer diagnosis. They provide a more personalized and engaging experience as patients cope, wait on test results, ask questions, and navigate the different stages of the care process.

CanSurround also enables patients to create an online Support Circle of family and friends so they can communicate, share news about their triumphs and challenges, and find encouragement.

An informational flier for members is being developed that will explain how CanSurround works and will include instructions for cancer patients on how to join this exclusive online community.

## What are the health benefits to patients?

According to research by Campos<sup>1</sup>, psychosocial care plays a significant role in the

patient care process. Their research claims that such care and support — like that provided by CanSurround — reduces emotional distress, anxiety, and depression, and improves health-related quality of life (Fuller, 2013); shows reduced disease recurrence and death (Andersen, 2008); and shows improved functional status and immunity (Andersen, 2007).

Research also shows that psychosocial attention leads to improved health outcomes and survival rates and improved medication adherence.

## Who manages the CanSurround site?

CanSurround is an independent company that has contracted with Highmark to provide this service to our members who are fighting cancer and to their family and friends. In addition, CanSurround participants who are Highmark members can call Blues On Call at 1-888-BLUE-428 (258-3428) for additional support.



Research also shows that psychosocial attention leads to improved health outcomes and survival rates and improved medication adherence.

## Is CanSurround secure and confidential?

CanSurround has committed to protecting the information that participants provide when using its services. Their privacy notice can be found at [cansurround.com](http://cansurround.com).

<sup>1</sup>Campos Research. "Highmark 2020: The Oncology Customer Journey." April 25, 2016.

**Important Notice:** CanSurround is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Patients should always seek the advice of their physician or other qualified health care provider with any questions or concerns regarding a medical condition.



# Highmark to Launch Diabetes Prevention Program for Commercial Members 1/1/18

## Program Helps High-Risk Members Make Lifestyle Changes to Prevent Type 2 Diabetes



ALL PROVIDER TYPES

Highmark will offer a new Diabetes Prevention Program in January 2018 for our Commercial product members who follow the standard Highmark Preventive Schedule. Self-funded employer groups may also choose to cover the program.

Highmark's Diabetes Prevention Program can help people with prediabetes prevent or delay the onset of type 2 diabetes. Members and their adult (18 or older) dependents who are at risk of developing type 2 diabetes may qualify for the program.

As a Highmark network provider, you can encourage your eligible patients to participate in this program. The program is covered at 100 percent for members who meet the criteria. Please use NaviNet® or the appropriate HIPAA electronic transactions to verify a member's eligibility for the Diabetes Prevention Program.

Highmark's 12-month Diabetes Prevention Program helps members who have prediabetes learn the skills to improve food choices, be more physically active, manage stress, and lose weight. Prediabetes can often be reversed through weight loss, healthy diet changes, stress reduction, and increased physical activity.



Highmark is working with the YMCA and Retrofit<sup>SM</sup> to offer members a choice of two convenient ways to participate in our Diabetes Prevention Program in the hopes that it will positively change their lives. Both program tracks are comprehensive, approved by the Centers for Disease Control and Prevention (CDC), and available at no cost to members, if they meet the criteria.

The benefit is limited to one program enrollment per calendar year. Two program options will be available:

- In-person program at participating YMCA locations
- Online and mobile program through Retrofit

The program includes:

- Choice of an in-person classroom setting at a YMCA or an online/mobile app program through Retrofit
- 16 core sessions
- Group support
- Monthly follow-up meetings

If a member is interested in learning more about the program, he or she can review the program's options and requirements by visiting their Highmark member website and selecting the **Diabetes Prevention** link. The member is then taken to the Diabetes Prevention Program page where he or she can learn more about prediabetes, risk factors, and the two available program options. Once the member selects a program link, they then complete a risk assessment — the [CDC Prediabetes Screening Test](#) — to determine whether they qualify for the program. If they qualify, they will be given further instructions on how to enroll.





## Important Reminders About Sepsis

Please Share Information with the Health Care Professionals in Your Practice or Facility



ALL PROVIDER TYPES

Sepsis is a medical emergency that can cause tissue damage, organ failure, and death. As published in JAMA in 2016, "Sepsis should be defined as life-threatening organ dysfunction caused by a dysregulated host response to infection.<sup>1</sup>"

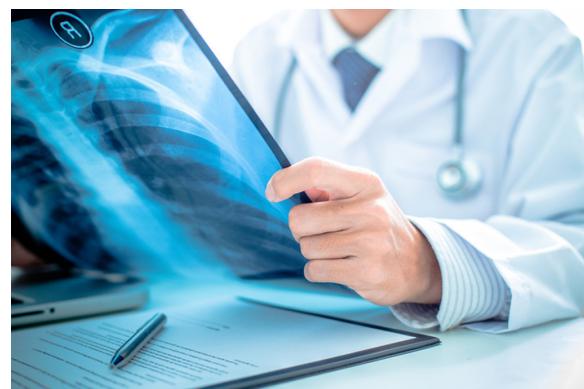
The most frequent locations for infections that are often linked to sepsis include the lungs, urinary tract, skin, and gut. *Staphylococcus aureus*, *Escherichia coli*, and some strains of *streptococcus* are the most commonly identified organisms that lead to sepsis.

Although anyone can get an infection that can lead to sepsis, those most at risk include adults age 65 or older, children younger than 1 year, people with weakened immune systems, and people with chronic medical conditions.

Diagnosis of sepsis occurs through a number of physical findings, such as fever, hypotension, tachycardia, and tachypnea. Lab tests are also ordered to check for signs of infection and organ damage. Sepsis symptoms can mimic those of other conditions, making diagnosis difficult in the early stages.

It is important to note there is no single symptom of sepsis, so it is important to know the symptoms and be aware that it can manifest through a combination of any of the following:

- Fever
- Shivering or feeling cold
- Tachycardia
- Tachypnea or shortness of breath
- Clammy or sweaty skin
- Confusion or disorientation
- Extreme pain or discomfort



Treatment includes antibiotics and maintaining blood pressure, oxygen, and IV fluids. Some patients may require mechanical ventilation, dialysis, or surgery to remove infected tissues.

Some people experience long-term effects after surviving sepsis. These include muscle and joint pains, organ dysfunction, decreased mental functioning, panic attacks, insomnia, and even amputations.

Prevention of sepsis includes keeping recommended vaccines up to date and practicing good hygiene, handwashing, and wound care. Other prevention activities include measures to prevent health-care-associated infections and encouraging smoking cessation.

For additional information, visit [cdc.gov/sepsis/get-ahead-of-sepsis](http://cdc.gov/sepsis/get-ahead-of-sepsis).

<sup>1</sup>Singer, M., Deutchman, C., Seymour, C., et al. (2016). The Third International Consensus Definitions for Sepsis and Septic Shock(Sepsis-3). JAMA. 2016;315(8):801-810. doi:10.1001/jama.2016.0287



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## Reminder: New Requirement for 837P Claim Correction Requests Coming 1/1/18

**Requests No Longer Accepted Via Telephone Inquiry or NaviNet® Investigation**



As noted Oct. 25, 2017, on the NaviNet® Plan Central page, Highmark will no longer accept requests for claim corrections via telephone or NaviNet investigations, effective Jan. 1, 2018. Providers instead must submit claim corrections electronically.

Following are the three valid Frequency Types for claim corrections:

- **Frequency Type 1** is an original claim.
- **Frequency Type 7** is a replacement of a prior claim.
  - Frequency Type 7 is used when a claim has been processed for payment but you identify an error on the original claim that requires correction. The information you enter on the replacement claim represents a complete or partial replacement of the previously submitted original claim.
- **Frequency Type 8** is a void or cancellation of a prior claim.
  - Frequency Type 8 is used only when elimination of a previously submitted claim is required. This code will cause the claim to be completely canceled from Highmark's claims processing systems.

**Please note: The original Highmark assigned claim number is required on all Frequency Type adjustment claims (Types 7 and 8).**

In the HIPAA 837P Claim Transaction, the Frequency Type Code is reported in the 2300 Loop, CLM05-3 element. The original claim number is reported in Loop 2300, ORIGINAL REFERENCE NUMBER (ICD/DCN) REF segment.

Adjusted claims can be submitted within the NaviNet® claim entry screen by selecting the appropriate frequency type code and providing the original claim number.

Additional details about electronic claims adjustment requests can be found on Page 21, Chapter 5, Unit 2, of the *Highmark Blue Shield Office Manual*, which is available on our Provider Resource Center under **Education/Manuals**.



Adjusted claims can be submitted within the NaviNet® claim entry screen by selecting the appropriate frequency type code and providing the original claim number.

## Paper Claims

All providers are encouraged to file electronic claims. However, effective Jan. 1, 2018, you must submit a paper replacement claim if your original claim was submitted on paper. In Box 22, enter the correct Frequency code under Resubmission code, and Original Claim Number under Original Ref. No. to indicate you're submitting a replacement claim.



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## Urgent Reminder: Make Sure Your Provider Directory Information Is Accurate and Up to Date



ALL PROVIDER TYPES

When you're shopping for an item online, you assume that what's displayed on the retailer's site is in stock and ready to ship. It can be both disappointing and frustrating to learn that the item you seek is no longer available.

When it comes to health care, consumers have even greater expectations. They assume that when they are looking for a primary care physician or specialist, the provider directory on their health plan's website has practice information that is accurate and up to date.

That's why it's essential that your practice information in our Provider Directory is current and correct.

Highmark is committed to ensuring that the information in our Provider Directory meets our standards for quality. **Therefore, please be aware that providers who do not validate their data will be immediately removed from the directory and their status within Highmark's networks may be impacted.**



The Centers for Medicare & Medicaid Services requires Highmark to conduct a quarterly outreach to validate provider information. We use this information to populate our Provider Directory and to ensure correct claims processing. Each review confirms:

- **The practitioner name is correct.** For example, we must ensure the practitioner's name in the directory matches the name on his/her medical license.
- **The practice name is correct.** For example, is there a difference between the

practice name that is being used when phones are answered versus the practice name listed in the directory?

- **The practitioner's practicing specialties are correctly listed.** Is there more than one specialty listed in the directory? Are both specialties being practiced?
- **Practitioners are not listed at practice locations where they don't actually schedule appointments and see patients.** Practitioners listed must be affiliated with the group. Practitioners who cover on an occasional basis are not required to be listed. Practitioners who do not see patients on a regular basis at a location should not be listed at that location.
- **The practitioner is accepting new patients — or not accepting new patients — at the location.**
- **The practitioner's address, suite number (if any), and phone number are correct.**

**Note:** Your up-to-date information must include your current address, phone number, fax number, and any and all required data elements set forth in the provider contract(s) with Highmark.

It's vital that all providers review and update their information in NaviNet®. Information should be updated as soon as a change occurs. All data should be reviewed at a minimum of once a quarter to ensure it's accurate. Detailed instructions are available in the **Provider File Management NaviNet Guide**, which is available on the Provider Resource Center under **Education/Manuals**.

Highmark and its designated agent, Atlas, are currently making outreach calls to providers to verify the accuracy of provider data. If you receive a call, please provide our agent with the requested information.

## Note About Lactation Services

Does your practice offer lactation counseling services? If so, you need to update your provider directory information in NaviNet to let our members and your potential new patients know about the services you deliver. To confirm or update your information:

- Select **Provider File Management**.
- Select **Practice Location** to edit.
- Expand **Office Accessibility and Services**.
- Click **Edit** on **Services Offered at this Location**.
- Select the box that reads **Lactation Counseling**, and then click **Submit**.





## Quarterly Formulary Updates Available Online



We regularly update our prescription drug formularies and related pharmaceutical management procedures. To keep our in-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 **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.





## 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

Laura Pieczynski, Manager, Copywriting

Joe Deemer, Copy Editor

Adam Burau, 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 [adam.bureau@highmarkhealth.org](mailto:adam.bureau@highmarkhealth.org).

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## Contact Us

Providers with internet access will find helpful information online at [highmarkblueshield.com](http://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 Blue<sup>SM</sup> 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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