PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

Highmark Products:
Learn What's New for 2019

A new benefit year is about to begin for your patients with Highmark coverage. So now is a great time to learn what will be changing with Highmark's commercial and Medicare Advantage products in 2019.

To help you prepare, we have published an overview of product changes on our online Provider Resource Center (PRC), which is accessible via NaviNet or through our website under **Helpful Links**. Please share this important information with your staff**,** so they can be ready for the Highmark product changes, enhancements, and innovations coming in 2019.

Since members' drug formularies often change with the new benefit year, please see the related story in this issue of *Provider News*.

Thank you for caring for our members, and we wish you great success in the new year.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
HIGHMARK.
Issue 6, 2018

A Helping Hand for Rosella: Members with Complex Conditions Get Support, Empowerment through Highmark's ECCM Program

Highmark member Rosella has some complicated health issues.

She needs a kidney transplant and is borderline diabetic. Plus, Rosella has chronic back pain and struggles to keep track of her medication.

Fortunately, Rosella, 74, was connected with a nurse care manager through Highmark's Enhanced Community Care Management (ECCM) program for help with better understanding and managing her complex health needs.

Launched in late 2016 with network provider Allegheny Health Network (AHN), the program is changing how patients with many interconnected health issues get support inside and outside the doctor's office.

Although the program is available only in western and central Pennsylvania now, it will be expanding in the future. Since its inception, the ECCM program has succeeded in helping eligible members like Rosella stay as healthy as possible and avoid hospital visits (see "ECCM Program Milestones").

A foundation of support and coordination

Based in more than 100 AHN and independent primary care practices, the nurse care managers develop direct relationships with at-risk Highmark members and build care teams around them. The focus is continuous care coordination, ensuring members can access services in the appropriate place and at the right time.

Rosella's nurse care manager, Gina, is embedded right in her primary care physician's (PCP) office. So each time Rosella sees her doctor, she visits Gina too.

Rosella's PCP worked with Gina to develop a customized care plan. They saw that Rosella needed extra coaching to understand how kidney failure affected her body and how dialysis would help.

"The doctor and I talked to Rosella, explained each step and process, and related it back to her health," Gina said.

Rosella eventually agreed to dialysis. So Gina coordinated Rosella's kidney dialysis treatments. And to address Rosella's back pain, Gina set up appointments with a neurosurgeon and a pain specialist.

A connection for better health management

Along with closer care coordination, nurse care managers help ECCM-enrolled members learn to better self-manage their health conditions.

That's important because these members use nearly 50% of health care resources, although they represent about 5% of Highmark's total membership. They also have a 70% chance of being in the hospital within six months.

But ECCM results show that when Highmark members get connected with a nurse care manager, their likelihood of ending up in the hospital decreases. Participating members have seen up to a 30% reduction in inpatient admissions and a 10% to 20% reduction in emergency department visits since the program started.

And participating members are pleased with the results: To date, 93% of members

rated their nurse care managers as “very good.”

A whole-health approach

The support Gina provides to Rosella isn’t only available at the doctor’s office.

They talk on the phone every day. Gina also visits Rosella in her home regularly, providing ongoing guidance to ensure she’s following her doctor’s treatment plan.

For example, Gina helps sort through Rosella’s medications to ensure she’s taking them correctly and on time. Without such assistance, Rosella had often missed doses of her medication and struggled with pain.

Gina also ensures Rosella keeps track of her upcoming doctor visits. And Gina is there if Rosella needs a ride to her appointments.

“We discuss where she needs to go, what she needs to eat, and what concerns she might have,” Gina said.

If Gina sees that Rosella is due for a flu shot, Gina will call her to get it scheduled. And Gina watches for any changes in Rosella’s condition.

“It’s about preventing the problems before they happen,” Gina said.

Enjoying life again

With Gina around to answer questions and schedule appointments, Rosella feels more confident about managing her own health.

She’s found it easier to follow her doctor’s advice. She feels better and can stay independent. And Rosella has avoided trips to the emergency room.

Plus, she is able to do things she couldn’t do before — like prepare meals for her family and be more involved in her grandkids’ lives.

Gina feels good knowing she’s helped Rosella get on track with her health. And the two have become friends in the process.

“I want Highmark’s members to know that I’m more than a care manager,” Gina said. “I’m someone who actually cares about you.”

ECCM Program Milestones

- 2,000+ Highmark members enrolled

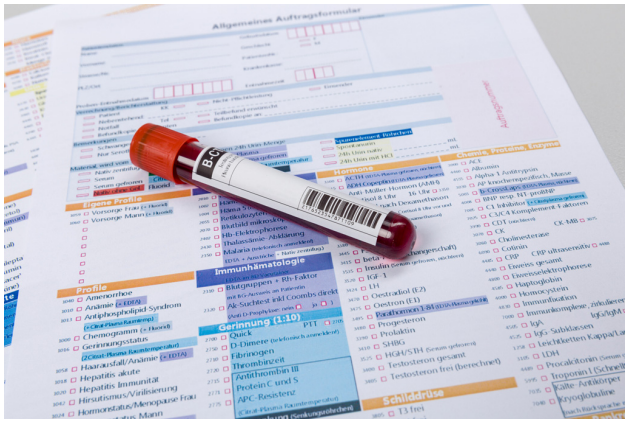
- 100+ AHN and independent provider sites participating
- 30+ nurse care managers assigned
- 20-30 percent reduction in inpatient admissions for enrolled members
- 10-20 percent reduction in emergency department visits for enrolled members
- 15 percent lower total medical costs for enrolled members
- $5 million plus in care cost savings in western PA

Note: Highmark and its employees don't give medical advice, treatment, or diagnosis. The member's physician or health care professional will provide all advice, treatment or diagnosis. The nurse care manager helps the member through support and coordination so that the member can effectively manage his or her health conditions. Health plan coverage is subject to the terms of the member's health plan benefit agreement.


 |

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

Lead Blood Tests, Developmental Screenings Required for CHIP Patients



Detecting lead poisoning and developmental issues early in children is essential so kids get timely care.

That's why the Pennsylvania Children's Health Insurance Program (CHIP) requires network physicians to perform lead blood tests and developmental screenings for CHIP patients of certain ages.

If you care for Highmark members with CHIP coverage, please note the following:

- CHIP members ages 9 months to 2 years must receive at least one lead blood test.
- CHIP members 3 years old and younger must receive annual developmental screenings to detect autism, learning disabilities, and developmental delays.

Lead testing and developmental screenings are covered benefits with no out-of-pocket costs to CHIP members and their families. And you can be reimbursed for providing both services and submitting claims to Highmark with the following procedure codes:

- Lead blood testing – 83655
- Developmental screening – 96110

For more information on these important services for CHIP members, see the Special *e*Bulletin dated Nov. 9, 2018.

 |

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

Tips for Helping Patients with Special Health Needs Move from Pediatric to Adult Care

For most young people, moving from the familiar care of their pediatrician to an adult care provider can be bittersweet. But for children with special health needs and their families, this change can create concern or anxiety.

For these young people, it's important for both pediatric and adult care providers to work with the patients, parents, and other caregivers to plan the transition of care.

The importance of a formal transition plan

Having a formal transition plan helps address parental concerns before the child "ages up" to adult care. Planning also ensures any needed support services are set up in advance, and it creates the opportunity for the young person to develop the skills needed to manage his or her own health care.

Preparing for adulthood means patients must take responsibility for understanding their personal health histories. They must feel confident enough to advocate for themselves, follow treatment plans on their own, and make — and keep — their own appointments.

Usually, a patient's transition from pediatrician to adult care provider happens between ages 18 and 21. But, for children with special health needs, planning should begin as early as age 12.

What to include in the plan

This important information should be part of any transition plan:

- Resources for community services (rehabilitation, vocational, and educational services)
- Baseline functional, neurologic, and cognitive status
- Emergency treatment plans and contacts
- Assessment of the child's understanding of his/her condition and prognosis
- Annual readiness assessments

Benefits and advantages

Benefits of a transition plan include:

- Reduced medical complications
- Greater adherence to care plans
- Positive patient experience and greater self-reliance
- Lower cost of health care
- Positive health, educational, rehabilitation, and vocational planning

Also, a transition plan helps adult care providers:

- Prepare for the young adult's health needs
- Identify the legal health decision maker
- Discuss care policies with the young adult or family, including HIPAA regulations and insurance
- Prevent omissions or redundancies in care

Lack of timely health care and follow-up can result in long-term complications for young special needs patients. So preparing well in advance for this care transition is essential.

Allow time, have patience

It's important to remember that the transition from pediatric to adult care is a process. It will take time. It requires coordination and planning to ensure the maturing child's best health and participation.

For children with highly complex medical issues, the transition to adult care may come at a later age. Some young adults may stay longer under the care of pediatricians who are most familiar with their individual needs. That's because patients may have limited access to adult physicians who have the required knowledge of complex conditions originating in childhood.

For more information and support

For more information about transitioning young special needs patients to adult care, visit gottransition.org.

Sources:

- American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians; American Society of Internal Medicine. A Consensus Statement on Health Care Transitions for Young Adults with Special Health Care Needs. Pediatrics. 2002;110(6 pt 2):1304–1306.
- DiAnni, Brooke; Eng, Laurence. Oct. 26, 2016. NEJM Catalyst. An Operational Standard for Transitioning Pediatric Patients to Adult Medicine. **catalyst.nejm.org/operational-standard-pediatric-transition-adult Accessed: Sept. 5, 2018**
- Sawicki, Gregory; Garvey, Katharine. June 21, 2017. AAP News & Journals Gateway. Preparation for Transition to Adult Care Among Medicaid-Insured Adolescents.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

Prepare for Highmark Members' Pharmacy Requests

Starting Jan. 1, 2019, some of our members may be switching to another Highmark health plan. As a result, their prescription drug formulary might be changing as well.

That means these members may be making pharmacy-related requests when they call or visit your office. Such requests may include writing prescriptions for a 90-day supply of medication or for mail-order delivery so members can save money.

Please alert your patient care staff that they may receive an increased number of such requests once the new year arrives. Thank you for your support and patience.

Reminder: Use online tools for easy reference

We offer these online tools to make your interactions with Highmark and our members as easy and fast as possible:

- **Highmark drug formularies:** Visit our online Provider Resource Center and click on Pharmacy Program/Formularies to look up drugs, pharmacy policies, and more.
- **Member benefits and eligibility:** Visit Highmark's NaviNet® system to check members' specific benefits and eligibility.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

New Advanced Imaging and Cardiology Services Program Begins Jan. 1

Highmark is partnering with eviCore healthcare to launch a new Advanced Imaging and Cardiology Services Program on Jan. 1, 2019.

The eviCore program will replace the National Imaging Associates program. eviCore will oversee the same Highmark members and authorize largely the same set of advanced diagnostic imaging and cardiology services, along with additional services.

To ensure our members receive high-quality care, Highmark has contracted with eviCore for the certification of qualified imaging providers and facilities, and confirmation that advanced imaging and cardiology services are provided with tested and relevant technology. eviCore also will introduce an enhanced radiation safety program that will provide insights on radiation exposure levels to further ensure the safety of our members.

See Issue 5, 2018, of *Provider News* for more details about the new Advanced Imaging and Cardiology Services Program. Also, visit the program's page on the Provider Resource Center under **Care Management Programs**.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

Important Preventive Schedule Updates for 2019

Whether our members need a regular physical or an important health screening, Highmark wants to help them get the most out of their preventive care benefits.

That's why we maintain a Preventive Schedule* of services to help members stay as healthy as possible.

By publishing the schedule on the Provider Resource Center (PRC), we make it easy for you and your patient care staff to keep up with these recommendations as we work to keep our members healthy.

We revise and update our Preventive Schedule and Preventive Health Guidelines periodically to ensure that they reflect the latest evidence-based, nationally recommended clinical guidelines for care. Some of these changes simply clarify certain guidelines, so they are clear and understandable.

Please note the following important updates, which will take effect Jan. 1, 2019:

Women's health services

- Coverage will be added for postpartum diabetes screening for women who have experienced gestational diabetes.

- Urinary incontinence screening remains integral to the office-visit exam.

Adolescent health services

The age-range limit for adolescent hearing screenings will be increased from age 18 to age 21.

Services for members age 65 and older

Coverage will be removed for vitamin D supplements to prevent falls for members age 65 and older. The United States Preventive Services Task Force recommends against such supplementation for adults 65 and older who aren't known to have osteoporosis or vitamin D deficiency.

For the current guidelines

To access the guidelines, visit the PRC via NaviNet® or under **Helpful Links** on our main website. On the PRC, choose **Education/Manuals** and then **Clinical Practice and Preventive Health Guidelines**.

We encourage you to consult our Preventive Health Guidelines when planning care for your patients with Highmark coverage, and we thank you for your commitment to addressing their health needs.

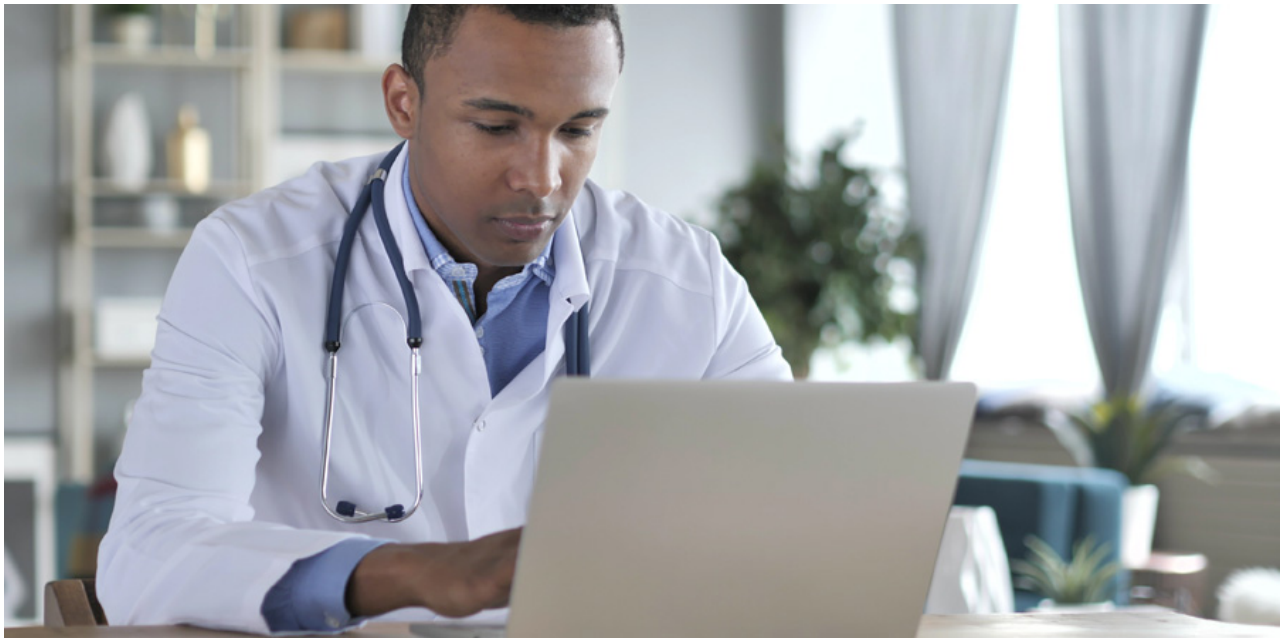
**Please note that most, but not all, of our customer groups follow the Highmark Preventive Schedule, meaning not all members may have coverage for services on the schedule. Therefore, when providing services for our members, please remember to check members' benefits via NaviNet or by using the appropriate HIPAA electronic transactions to determine if services are covered and if any associated member cost sharing applies. (If you do not have access to NaviNet, please call Provider Service to obtain benefits and eligibility information.)*

NOTE: These guidelines are for information only. The physician or other health professional will advise the member of the applicable guidelines and any related advice, testing, diagnosis, or treatment. Health plan coverage is subject to the terms of the member's health plan benefit agreement.

PROVIDER NEWS

A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania

Issue 6, 2018



Protect Your Network Status: Ensure Your Directory Information Stays Current

When Highmark members are looking for a PCP or specialist, they expect that our online provider directory presents information that is accurate and current.

That's why it is essential to ensure that your practice information on file with Highmark remains up to date.

Please be aware that providers who don't validate their data will be immediately removed from the directory and their status within Highmark's networks may be impacted.

Reviewing data is vital for you

The Centers for Medicare & Medicaid Services (CMS) requires Highmark to reach out to you every quarter and ask you to validate your provider information. We use this information to populate our provider directory and to help ensure correct claims processing.

Your thorough review of your directory information confirms:

- Each practitioner's name is correct and matches the name on his/her medical license.
- The practice name is correct and matches the name used when you answer the phone.
- All specialties are correctly listed and are, in fact, currently being practiced.
- Practitioners listed at a location actually see patients and schedule appointments at that office on a regular basis. All practitioners listed must be affiliated with the group. (Practitioners who cover on an occasional basis are not required to be listed.)
- 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.

Change happens

It's vital that you review and update your information as soon as a change occurs. Go to **Provider File Management** within NaviNet® to check these fields:

- Current address
- Phone number
- Fax number

Remember to review your data at least 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 help our agent to gather the right information.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

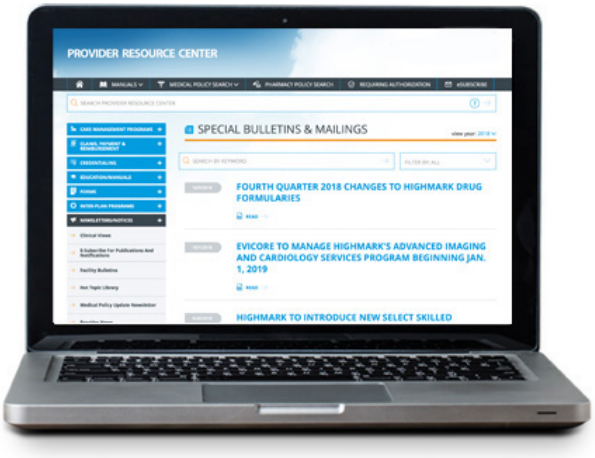
Watch for Updates to Highmark's List of Procedures Requiring Authorization

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**.

The list includes services such as:

- Potentially experimental, investigational, or cosmetic services
- Select injectable drugs
- Oxygen
- Not Otherwise Classified (NOC) procedure codes
- Certain outpatient procedures, services, and supplies



To search for a specific procedure code within the List of Procedures/DME Requiring Authorization, 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.

Remember, 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.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

New Policy Established for Certain Infused Drugs

Highmark's ongoing commitment is to deliver safety, value, and convenience while reducing the high cost of medications for our members.

For those reasons, we've established a new medical policy, I-151, regarding certain infused medications. Taking effect Jan. 1, 2019, infusion medication may be considered medically necessary when certain clinical criteria for individual medication policies are met and when the infused drugs are administered in:

- A physician's office not affiliated with a hospital.
- A specialized infusion center not affiliated with a hospital.
- The patient's home.

Additional medical necessity criteria have been established for infusions that are administered in an outpatient facility or hospital. Members will still be able to receive their infusion in a hospital-based setting if medically necessary, based on the policy criteria.

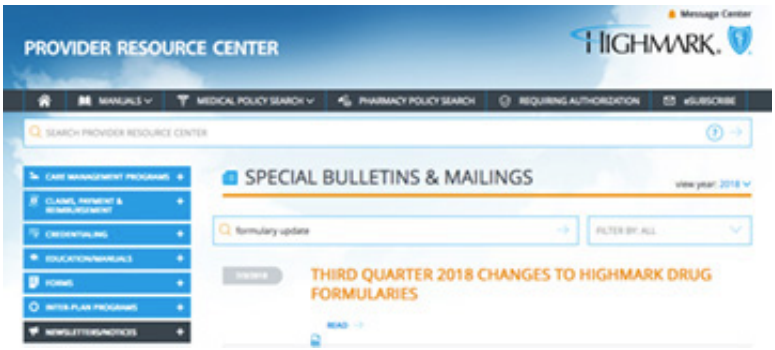
For more information on this important policy, see the Special Bulletin dated Nov. 1, 2018.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

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 *e*Bulletins.

These Special *e*Bulletins 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 *e*Bulletins 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 PRC.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

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

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.burau@highmarkhealth.org**.

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

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 Blue℠ 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)

PROVIDER NEWS
A newsletter for Highmark Blue Shield providers in central Pennsylvania, Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania
Issue 6, 2018

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.

Freespira is a separate and independent company that provides a service to eligible Highmark members. eviCore is an independent company that supports Highmark's Musculoskeletal Surgery and Interventional Pain Management program. Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark. Sharecare is a separate and independent company that provides wellness programs to eligible Highmark members. National Imaging Associates, Inc., is a subsidiary of Magellan Healthcare, Inc., and is a separate and independent company.

VITAL, in conjunction with Allegheny Health Network, provides its technology partners with access to an integrated clinician network in a real patient care environment that includes clinicians, independent physicians, and other strategic partners, as well as access to claims and other longitudinal data of eligible members that participate in the program from Highmark Inc. (Highmark), the largest commercial health plan in Pennsylvania.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. 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.

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.