
Provider Training CMDM Referrals

2024



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Highmark Clinical Care & Wellness

Clinical Programs & Services for Highmark Members Reference Guide available on the Provider Resource Center

- Click **EDUCATION/MATERIALS**
- Click **Reference Guide of Highmark Member Programs**
- Click the link for the **2024 Reference Guide of Highmark Member Programs**

The image shows a screenshot of the Provider Resource Center website. A blue arrow points to the 'EDUCATION/MATERIALS' link in the left-hand navigation menu. A callout box on the right side of the screenshot displays the cover of the 'REFERENCE GUIDE OF HIGHMARK MEMBER PROGRAMS 2024'. The cover features a blue background with white text and icons of people and gears. The Highmark logo is visible in the bottom right corner of the callout.

PROVIDER RESOURCE CENTER

Message Center

MANUALS | MEDICAL POLICY SEARCH | PHARMACY POLICY SEARCH | REQUIRING AUTHORIZATION | eSUBSCRIBE

SEARCH PROVIDER RESOURCE CENTER

COVID-19 | NO SURPRISES ACT | CARE MANAGEMENT PROGRAMS | CLAIMS, PAYMENT & REIMBURSEMENT | CREDENTIALING | EDUCATION/MATERIALS

SPECIAL BULLETINS

PROVIDER NEWS

3/18/2022 NEW KIDNEY CARE MANAGEMENT PROGRAM

3/11/2022 TRANSITION TO PNC HEALTHCARE/ECHO HEALTH HAPPENING THIS WEEK

3/11/2022 TRANSITION TO PNC HEALTHCARE FOR CLAIMS

REFERENCE GUIDE OF HIGHMARK MEMBER PROGRAMS

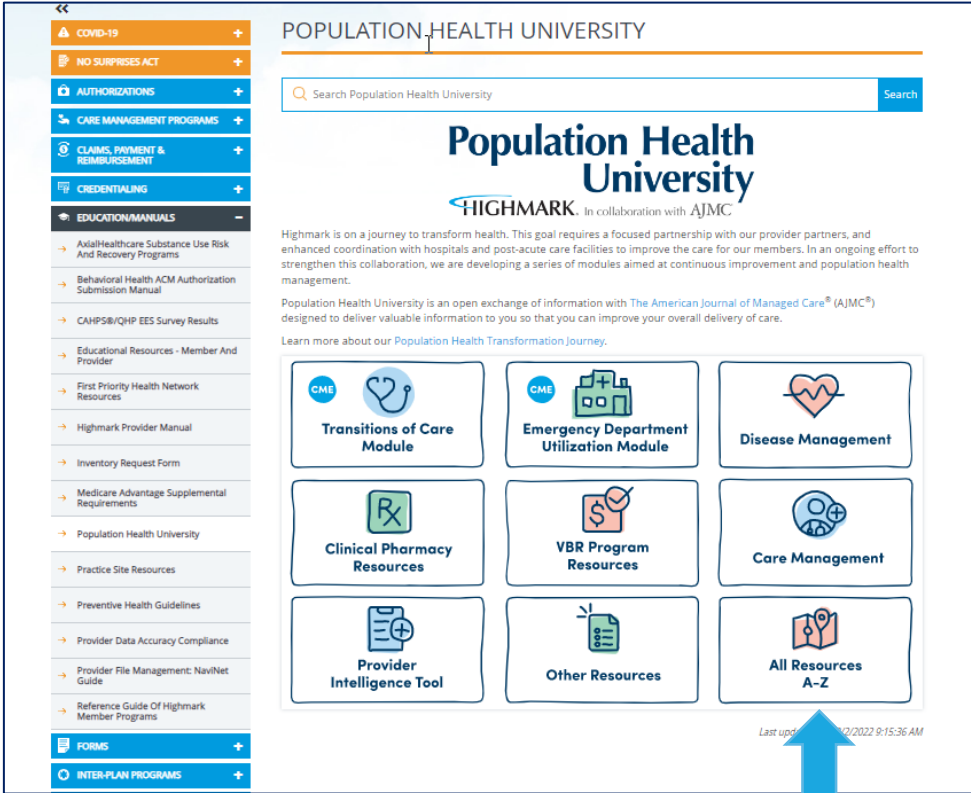
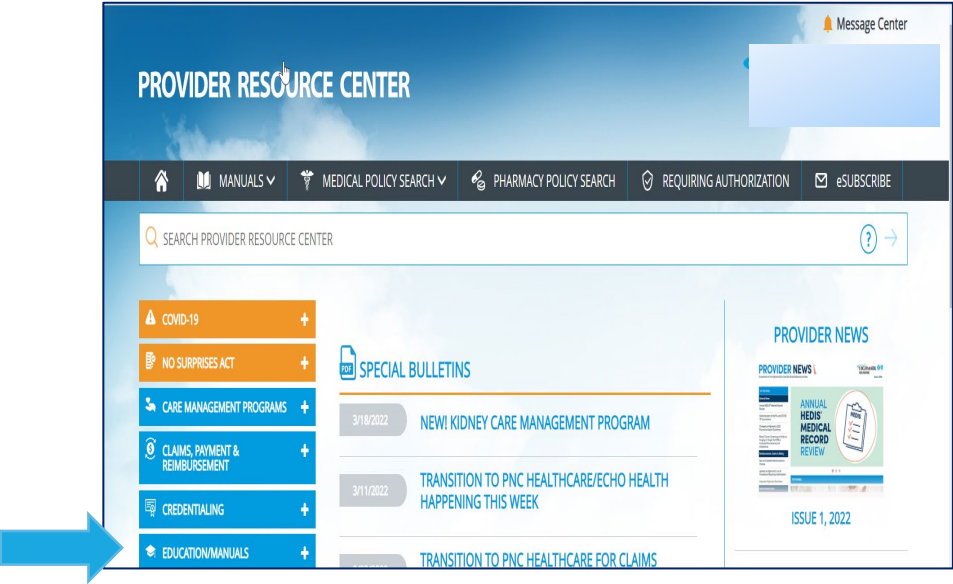
2024

HIGHMARK | HIGHMARK

Highmark Clinical Care & Wellness

Clinical Programs & Services for Highmark Members Reference Guide is also available on Population Health University

- Click **EDUCATION/MATERIALS**
- Click **Population Health University**
- Click on **All Resources A-Z**
- Click the link for the **Reference Guide of Highmark Member Programs**



Highmark Clinical Care & Wellness



Clinical Care & Wellness Services	Line of Business			Region*			
	Commercial	Medicare Advantage	ACA	PA	WV	DE	NY
WELLNESS & PREVENTION							
BLUE 365 Member Discount Program							
This program is an online national discount directory that gives members exclusive access to discounts and savings from leading national companies. Discount categories include fitness, nutrition, hearing, vision, massage, acupuncture, chiropractic, etc. Members can access information regarding these type of programs on the Highmark member website by selecting Member Discounts and clicking on Blue365 Discounts.	✓	✓	✓	✓	✓	✓	✓
Fitness Your Way							
One of the Blue365 member discounts is Fitness Your Way by Tivity Health. The offering allows eligible members to join a network of fitness facilities nationwide at a discounted rate so they can work out anywhere when it's convenient for them (Tivity membership fees apply). Fitness Your Way also offers On-demand videos 24/7 and live virtual classes led by wellness professionals.	✓	✓	✓	✓	✓	✓	✓

Clinical Care & Wellness Services	Behavioral Health Disorders				Eligibility				Region			
	Depression/Anxiety	OCD	PTSD/ Panic Disorder	Eating Disorder	Age	Comm	Med Adv	ACA	PA	WV	DE	NY
Provides virtual therapy and medication services for adults and therapy services for children ages 10-17. Primary focus of treatment is depression and anxiety. Average time to appointment is generally within one week. This visit requires an applicable copay/coinsurance as noted by your coverage. Therapy Ages 10+ Medication Management 18+ Self-Referral: Well360 Virtual Health App, https://well360virtualhealth.com/landing.html Highmarkbcbs.com "Schedule a Telemedicine Appointment" Self-Referral AHN: 412-DOCTORS (appointment line) AHNVirtualHealth.org *Nationwide	✓	✓	✓	✓	10+	✓*		✓	✓	✓		
NOCD NOCD is a telehealth provider that specializes in obsessive-compulsive disorder (OCD). NOCD provides Highmark members with live one-on-one video therapy with Exposure and Response Prevention (ERP)-trained therapists, access to a peer community and a personalized self-management tool. Self-Referral : 312-766-6780 or www.treatmyocd.com Provider Referral: 312-766-6780 or www.treatmyocd.com or email care@nocdhelp.com		✓			5+	✓		✓	✓	✓		

How It Works

To access the feature:

- Log into Availity
- Select the Predictal tab
- Providers will see two options:
 - Case Management Referrals
 - Case Management Inquiry
- Follow the steps to submit a CM/DM referral or complete an inquiry

The Predictal card is highlighted with a red border. It contains a heart icon, the title 'Predictal', and the text: 'Utilization mgmt. tool to submit, update, and inquire on authorization requests.'

The Provider Data Maintenance card contains a heart icon, the title 'Provider Data Maintenance', and the text: 'Providers can view and make updates to their provider file records'

The Provider Facing Analytics card contains a heart icon, the title 'Provider Facing Analytics', and the text: 'Access specialist efficiency reports'

The screenshot shows the Availity Predictal interface. The top navigation bar is dark blue with a bell icon and an 'Exit AAH' button. The sidebar menu on the left includes: '+ New Auth Submission', 'Auth Inquiry', 'Unsubmitted Auths', 'Status Updates', 'Case Management Referral', and 'Case Management Inquiry'. The 'Case Management Referral' and 'Case Management Inquiry' items are highlighted in light blue, with red arrows pointing to them from the right. The main content area has a 'New Auth Submission' button in the top right. Below the header, there are links for reference: 'Procedures/DME Requiring Authorization', 'Standard and Basic Procedures/DME Requiring Prior Approval', and 'Blue Focus Procedures/DME Requiring Prior Approval'. A table with columns for 'DOB', 'Start of Care Date', 'Authorization Type', 'Service Type', 'Last updated by', and 'Actions' is visible at the bottom. A mouse cursor is at the bottom left, and a printer icon is at the bottom center.

+ **Clinical Services**

Q **Submit New Referral**

⚠ Create a new referral submission for a member to a Clinical Care & Wellness Program



✉ **Acknowledgement**

Q Highmark encourages providers to identify members who can benefit from Highmark programs and services. Please use this form to make referrals and submit them to Highmark. Also, coverage for each program might vary based on member benefits and providers should encourage members to consult their benefit documentation for coverage details.

Information you will need to submit this form:

- Member Information
- Caregiver/POA Information (if applicable)
- Program and Subcategory for Referral
- Provider Information

Alert - Please note that if you choose to exit this referral form prior to final submission without saving, all information entered will be lost and you will not be able to retrieve it.

Exit

I Acknowledge, Continue



Program Referral Submission

Actions ▾

Member Name — Member ID — Date of Birth —

- 1. Member info
- 2. Program details
- 3. Provider info
- 4. Review
- 5. Confirmation

Member Information

Search For

Member

Search for member *

Select...
Select...
Member ID
Name
FEP ID

Exit

Save Submit

Program Referral Submission

Actions

Member Name Member ID Date of Birth

- 1. Member info
- 2. Program details
- 3. Provider info
- 4. Review
- 5. Confirmation

Member Information

Search For

Member

Search for member +

Member ID

Member UMI +

Search

Restricted Member

Search Result: 2 matches found...

Member ID	First Name	Last Name	Date of Birth	Gender

Member Selected

First Name

UMI

Last Name

Date of Birth

Program Referral Submission

Actions

Member Name Member ID Date of Birth

First Name UMI Last Name
Date of Birth

Member Contact Details

Phone type * Home Number *
Home (412) 555-6666

Preferred Day(s) and Time(s) for Call

Monday Tuesday Wednesday Thursday Friday
Morning Afternoon Evening

Do you know the primary diagnosis code? *

Yes No

Code Set Type *	Code *	Description *
ICD 10	E08.22	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE

Member Caregiver/POA Information

Does the member currently have a Caregiver or Power of Attorney (PoA)? *
 Yes No Unknown

Relationship to member
Caregiver

Contact Name * Contact number * Extension

Exit

Save Submit

Program Referral Submission

Actions

Member Name

- 1. Member info
- 2. Program details
- 3. Provider info
- 4. Review
- 5. Confirmation

Provider CM Program Referrals

Did Provider discuss the referral with the member? *

Yes No

Please Select.. (At least one selection must be made in any of the sections):

- > Case and Disease Management
- > Behavioral Health
- > Social Work Support
- > Wellness

Provider comments *

Please add any additional comments here

Case and Disease Management

Clinical Conditions

Alzheimer's/Dementia

Asthma/COPD

CAD

Cancer

CHF

Diabetes Mellitus

High Risk Pregnancy

Musculoskeletal Pain

Transplant

Other

Other Health Concerns

Cognitive Function

Frequent ER Use

Gaps in Care

Medication Needs/Assistance/Adherence

Readmission Risks

Other

Behavioral Health

Behavioral Health

Assistance with Access to Therapist

Behavioral Health Disorders

Substance Use Disorder

Other

Social Work Support

Social Support Concerns

- Caregiver Support Resources
- Community Resources
- Other

- Health Literacy
- Social Connections

Social Determinants of Health

- SDOH Access to Childcare
- SDOH Access to Clothing
- SDOH Access to Healthcare
- SDOH Transportation

- SDOH Financial Strain
- SDOH Food Insecurity
- SDOH Home Safety

Wellness

- Low Risk Maternity/Baby Blueprints
- Nutrition
- Physical Activity

- Sleep
- Stress Management
- Tobacco Cessation

- Weight Loss
- Other

Program Referral Submission

Actions

Member Name [redacted] Member ID [redacted] Date of Birth [redacted]

- 1. Member info
- 2. Program details
- 3. Provider info
- 4. Review
- 5. Confirmation

Provider Information

Provider Details

Select provider *

Select...
Select...
ONCOLOGY -
ONCOLOGY -
ONCOLOGY -

Back

Save Submit

Provider Details

Select provider *

ONCOLOGY -

Search

23 matches found

1 2 3

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
<u>Addresses</u>						
Address type	Practice Group Address	Practice Group City	State	Zip code	Contact Details	
					Phone	[redacted]
					Fax	[redacted]
					Fax	[redacted]
					Fax	[redacted]
					Phone	[redacted]
					Fax	[redacted]
					Fax	[redacted]

Program Referral Submission

Actions ▾

Member Name

Phone
Fax

▶
▶
▶
▶
▶
▶
▶
▶
▶

Submitter Contact Information

Contact Name * Contact number * Extension

[Back](#)

[Save](#)

[Submit](#)

Program Referral Submission

Action

Member Name Member ID Date of Birth

1. Member info 2. Program details 3. Provider info 4. Review 5. Confirmation

Review and submit

Alert - This form has not been submitted yet. Please make sure that all information entered is accurate then select "Submit Referral". Once submitted, you will receive a receipt of submission.



Member Information

First Name

Member ID

Last Name

Member Contact Details

Phone type

Home

Home Number

(412) 555-6666

Preferred Day(s) and Time(s) for Call

Monday

Tuesday

Wednesday

Thursday

Friday

Morning

Afternoon

Evening

Do you know the primary diagnosis code?

Yes

Code Set Type	Code	Description
ICD 10	E08.22	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE

Member Caregiver/POA Information

Does the member currently have a Caregiver or Power of Attorney (PoA)?

Yes

Case and Disease Management

Clinical Conditions

- Alzheimer's/Dementia | New Diagnosis
- Asthma/COPD
- CAD
- Cancer
- CHF
- Diabetes Mellitus
- High Risk Pregnancy
- Musculoskeletal Pain
- Transplant
- Other

Other Health Concerns

- Cognitive Function
- Frequent ER Use
- Gaps in Care
- Medication Needs/Assistance/Adherence
- Readmission Risks
- Other

Provider comments
Referral details here

Provider Information

Provider ID: [redacted] Provider Name: [redacted]

Submitter Contact Information

Contact Name: [redacted] Contact number: (412) 888-9999 Extension: [redacted]

Yes, I verify that all information displayed above is accurate



[Back](#)

[Save](#) [Submit](#)

Program Referral Submission

Member Name [REDACTED] Member ID [REDACTED] Date of Birth [REDACTED]

Referral Submitted!

Thank you for your referral submission.

Program ID: **PRG-34257** has been created for [REDACTED]
Please allow five business days after submissions of referral for member outreach.

[Submit Another New Referral](#) [Go Back to Home](#)

IMPORTANT

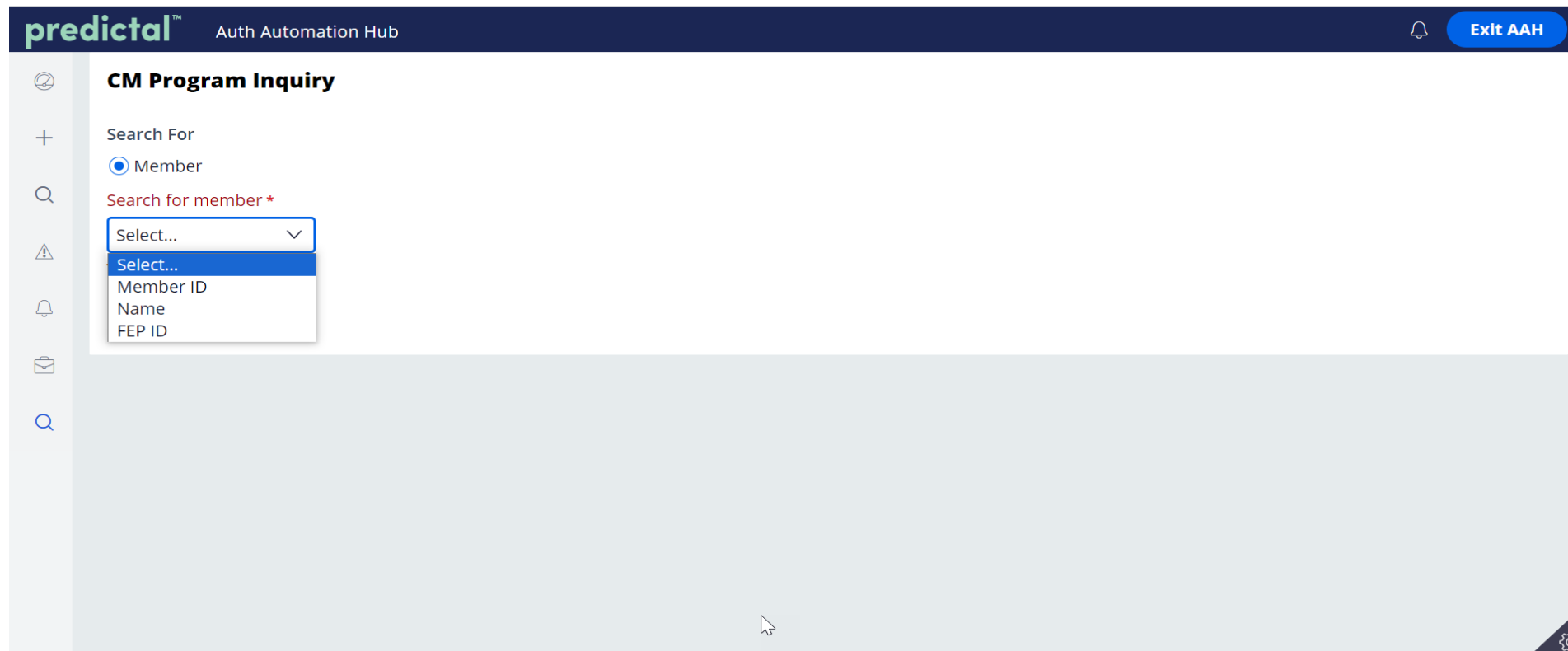
Please ensure the individual you are referring is aware a referral is being made and that a Highmark nurse may be reaching out to them.

Inquiry of Member Involvement in CC&W

- Ability to search for information on a member's involvement in CC&W programs.
- This will display all open and closed programs for a member. Programs with sensitive diagnoses will display as "Other Program".

Providers can perform a CM Program Inquiry by using one of the following member identifiers:

- Member ID (UMI)
- Name
- FEP ID (R#)





CM Program Inquiry



Search For

Member



Search for member *

Member ID



Member UMI



Search



Search Result: 1 matches found...



Member ID	First Name	Last Name	Date of Birth	Gender	Action
				FEMALE	Select



Providers can view Open and Closed Clinical Programs

- Open Programs (Program ID, Program Name, Referral Reason, Start Date)
- Closed Programs (Program ID, Program Name, Referral Reason, Start Date, Closure Date, Closure Reason)
**Note: Two years of history are displayed for closed programs.*

The screenshot displays the Predictal Auth Automation Hub interface. At the top, there is a search bar for Member UMI and a 'Search' button. Below this, the 'Member Information' section shows fields for First Name and Last Name, both of which are redacted with grey boxes. A magnifying glass icon is positioned to the right of the last name field. The main content area is divided into two sections: 'View Open clinical programs for selected member' and 'View Closed clinical programs for selected member'. Each section contains a table with columns for Program ID, Program, Referral reason, Start Date, Closure Date, and Closure Reason. The 'Open Programs' table lists three entries, and the 'Closed Programs' table lists two entries.

Program ID	Program	Referral reason	Start Date
[Redacted]	Specialty Case Management	Solid Organ Transplant	05/15/2023
[Redacted]	Specialty Case Management	Stem Cell Transplant	05/16/2023
[Redacted]	Specialty Case Management	Hereditary Angioedema	05/18/2023

Program ID	Program	Referral reason	Start Date	Closure Date	Closure Reason
[Redacted]	Complex Case Management	Comorbidity	05/04/2023	05/18/2023	Cancelled-UnableToReach
[Redacted]	Complex Case Management	Proactive	05/18/2023	05/24/2023	Cancelled-OA-UTR

Questions?