Q2 2024

Quarterly Update

for Providers | DELAWARE

HIGHMARK HEALTH OPTIONS

FEATURED ARTICLES:

- Highmark D-SNP planned for Delaware in 2025.
- Preventive eye exams for patients with diabetes.
- TheraPay Healthy Rewards Program.
- Improve quality measures with perinatal screenings.
- ...And more

In this issue.

Contact us.

Highmark Health Options Provider Services is the first line of communication for providers' questions and inquiries. Provider Services is available Monday–Friday, 8 a.m.–5 p.m., and can be reached by calling **1-844-325-6251** or emailing **hho-depsresearch2@highmark.com**.

When you see this icon, click it to return to this contents list.

Important dose edits effective August 1, 2024.

Starting August 1, 2024, Highmark Health Options (HHO) will deny payment for prescriptions of select medications that have a clinically appropriate once-daily dose and can be adjusted to a single daily dose.

Dose optimization supports patient adherence to their prescriptions. Also, using the minimum number of tablets/capsules per dose can significantly reduce cost for these prescriptions.

This edit will give pharmacies the opportunity to optimize the dose using the smallest number of whole tablets or capsules per dose if clinically appropriate. For example, instead of dispensing "atorvastatin 10mg 2 tablets by mouth once daily", the pharmacy should dispense "atorvastatin 20mg, 1 tablet by mouth once daily."

If a prescription **denies and dose optimization is clinically appropriate**, the pharmacy should resubmit the claim using the smallest number of whole tablets/capsules per dose.

If a prescription **denies and dose optimization is not appropriate**, submit a prior authorization to HHO requesting an exception and indicating why dose optimization is not appropriate.

Reasons dose optimization may not be appropriate include:

- Your patient is actively titrating the medication up or down.
- Dose optimization would require a schedule change (ex. Patient is taking the medication twice daily instead of once daily).
- Your patient may be unable to comply or be confused by the change.
- The pharmacy cannot dose optimize because the appropriate strengths are unavailable.
- Your patient has difficulty swallowing a larger size dose and the dose cannot be crushed or opened.

Requests for exceptions can be submitted to HHO the following ways:

- Electronically through **CoverMyMeds** (preferred way).
- Via fax at **1-855-476-4158**.
- Via phone at **1-844-325-6251**.

You can view a drug's formulary status, prior authorization requirements, and quantity limit/ dose optimization requirements by visiting the **Medication Information** page on the HHO provider website.

Participating providers should not balance bill patients.

Highmark Health Options (HHO) continues to receive numerous complaints about participating providers who have inappropriately balance billed HHO patients for services.

As a reminder, reference the below language from page 19 of the HHO Provider Manual Billing Responsibilities section:

Billing patients for covered services

Under no circumstance may a provider bill; charge; collect a deposit from; seek compensation, remuneration, or reimbursement from; or have any recourse against a patient for nonpayment by HHO for covered services.

Contact Provider Services at **1-844-325-6251** to learn more about balance billing.

Be sure to register for the 21st Century Cures Act.

In compliance with 42 CFR 438.602 and 42 CFR Part 455, subparts B and E, and the 21st Century Cures Act, the Delaware Medical Assistance Program (DMAP) has developed processes to screen current and prospective managed care organization (MCO) providers according to the Centers for Medicare & Medicaid Services (CMS) guidelines.

Providers who wish to participate with a Delaware Medicaid Managed Care Organization are required to enroll with DMAP. These requirements align DMMA's provider screening and enrollment with fee-for-service requirements.

For providers who have not completed this process, complete the registration as soon as possible. Failure to comply with these requirements will result in the MCO's inability to contract with providers for Medicaid services.

Gainwell Technologies has sent providers a letter containing information about the steps they need to take to enroll in DMAP. It is vital that providers respond to this letter and follow the necessary steps to ensure they are enrolled as a provider.

Providers with questions regarding this process can contact Gainwell Technologies at:

Phone: 1-800-999-3371; Option 0, then Option 4.

Email: delawarepret@gainwelltechnologies.com

Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Highmark D-SNP planned for Delaware in 2025.

We're excited to announce that Highmark is planning to offer a Dual Eligible Special Needs Plan (D-SNP) in Delaware in 2025.

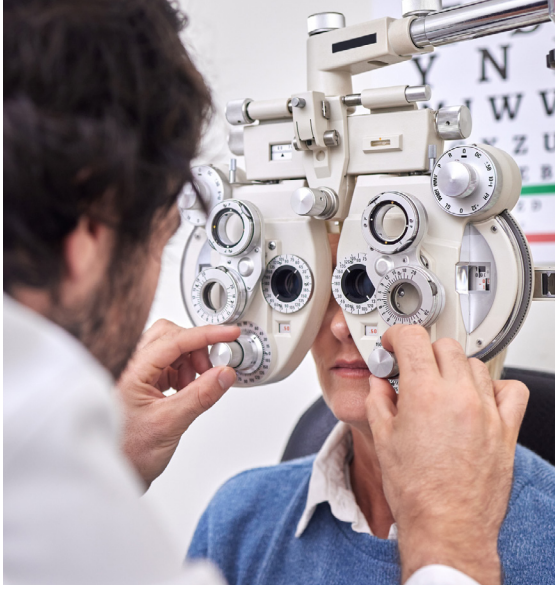
D-SNP plans cover all Medicare-approved services in addition to extra benefits not traditionally covered by Medicare. As an affiliate of our Medicaid Managed Care Organization (MCO), our D-SNP plan will enhance the whole person care model by allowing your patients to be managed by one care team for both Medicare and Medicaid, providing a more seamless experience for both our participating providers and members.

We'll continue to update you with important information about the D-SNP plans and benefits, and your role in the model of care, in upcoming provider forums and newsletters.

We look forward to working with you to serve Delaware D-SNP patients.

If you haven't yet responded to our invitation to join the D-SNP network, please reach out to **DEDSNPContracting@highmark.com** to take this important step.

Preventive eye exams for patients with diabetes.



The annual eye exam for diabetic eye diseases, such as diabetic retinopathy, not only monitors the overall health of patients with diabetes, but it can also improve quality measure compliance rates.

The comprehensive annual dilated eye exam is considered a standard of care for patients with diabetes; however, most patients do not get a retinal scan for diabetes annually. Providers can identify at-risk patients early and can reduce the risk of vision loss by performing a diabetic eye exam as a routine annual diagnostic at their primary care office.

Remind your Highmark Health Options patients that they may be eligible for a monetary Healthy Reward if they receive this screening.

If you have questions about detecting diabetic retinopathy, please contact our Quality team at **1-844-325-6251**.

Review ADHD and opioid medications for a gift card.

Understanding which medications require prior authorization for your Highmark Health Options (HHO) patients will help reduce administrative burden for your office.

To help with this, Highmark is offering a **20-minute instructional video** on how to submit prior authorization for opioids and ADHD medications for your HHO patients.

When you enter your information and complete the video, you will automatically be entered into a monthly drawing to win a $100 Panera gift card that can be used to purchase your office breakfast or lunch.

A complete list of prior authorization requirements and codes can be found on the **HHO Provider website**.

For questions about prior authorizations or this training, call Provider Service at **1-844-325-6251**, Monday–Friday, 8 a.m.–5 p.m. or reach out to your Provider Account Liaison.

Earn incentives by submitting the Obstetrical Need Assessment Form.

Providers who see pregnant Highmark Health Options (HHO) patients during their first trimesters can earn an incentive of $100 for completing and submitting an Obstetrical Need Assessment Form (ONAF).

To receive the incentive, Highmark must receive the ONAF to process the claim. Complete the ONAF with the patient's demographic and clinical information in its entirety including:

- Date of prenatal visit.
- Gestational age.
- Estimated date of delivery.
- Medical condition risks.

Providers can contact Maternity Care Coordination at **1-844-325-6250** for more information regarding the ONAF.

Completed ONAFs can be faxed to **1-855-501-3903**.

To receive the incentive for submitting an ONAF, providers must bill the following codes on the same claim form:

Incentive	Requirements
Outreach bonus: $100 for an intake visit with completed form during the first trimester.	• Procedures codes for first trimester outreach (99429-HD) and initial risk assessment (T1001-U9) must be reported together on the same claim form. • Include the appropriate evaluation and management codes (99202-99215) and HD pricing modifier on the claim form.
Intake visit: $50 for an intake visit with completed form.	• If the patient's first prenatal visit does not occur within the first trimester, code 99429-HD should not be billed. • At the intake visit, an ONAF must be completed and faxed to HHO, and a claim submitted with code T1001-HD for reimbursement. • The appropriate evaluation and management code and pricing modifier should also be included on the claim form.

TheraPay Healthy Rewards Program

As a reminder, your Highmark Health Options (HHO) patients can earn rewards (ranging from $10-25) when they complete eligible health care activities which can include:

- A1c test (only for patients with diabetes).
- Annual wellness visit (ages 20 and older).
- Annual well-child visit (ages 3-19).
- Asthma controller medicine fill (ages 18 and younger, up to six fills).
- Breast cancer screening.
- Cervical cancer screening.
- Colorectal cancer screening.
- Follow-up visit after hospital admission (if seen within 14 days post discharge).
- Lead screening ages 24 months and younger.
- Postpartum doctor visit (up to 84 days after delivery).
- Retina exam (only for patients with diabetes).
- Well-baby visit series (from birth to age 30 months, up to eight visits).

Upon completing any number of eligible activities, the amount members earn will be provided on a reloadable Rewards credit card mailed directly to them. Completing routine exams and screenings allows your patients and their covered dependents to experience improved health outcomes and care quality and can close gaps in their care. We encourage you to speak with your HHO patients about enrolling in the Healthy Rewards Program.

To view their eligibility and enroll, members can go online at **my.therapyrewards.com/hho** or call **Healthy Rewards at 1-866-469-7973**.

HHO members will be asked to complete eligible health care activities and provide proof of claim from your office.

Working together to lower A1c in patients with diabetes.

As a provider, you know the importance of keeping your patients' with diabetes A1c levels low. Even with regular blood tests, your patients may not fully understand the dangers of high A1c and blood sugar levels and how to lower them.

During routine and follow-up visits, remind your patients about the risks of prolonged high blood sugar levels, such as nerve damage and cardiovascular disease, and how lowering A1c levels can help slow the progression of diabetes.

Educate patients on the following lifestyle changes they can make and how it can impact their A1c levels:

- Adhering to their diabetes treatment plan.
- Regular exercise.
- Varied diet and food plan.

When it comes to an A1c target range, there is no one-size-fits-all solution. Providers should discuss a suitable target for their patients with diabetes. The American Diabetes Association notes that the goal for most adults living with diabetes is an A1c of less than 7%. Many factors, including the type of diabetes and general health, can affect an A1c goal.

Review medical record standards for 2024 audit.

Every year, we randomly select 72 providers for a medical record audit to ensure Highmark Health Options (HHO) contracted providers adhere to the standards for complete and accurate documentation.

These standards help verify that providers:

- Provide the expected level of care and associated documentation.
- Adhere to requirements for maintenance of confidential medical information.
- Evaluate medical records in a consistent manner.

As a reminder, you can review the complete list of medical record standards on our **provider HHO website**. Passing the audit requires that a minimum of 80% of standards must be met. In recent years, all providers have passed our medical record audit. We thank you for your continued efforts in supporting patient care.

Improve quality measures with perinatal screenings.

As a reminder, you can help impact quality measures by performing perinatal screenings for your Highmark Health Options (HHO) patients by asking about (and documenting) the following:

- Exposure to environmental smoke.
- Intimate partner violence.
- Medications they are taking (prescribed and over-the-counter).
- Prenatal and postpartum depression (document the referral, when applicable, with notation of the depression scale used).
- Tobacco, alcohol, and illicit drug use (document the counseling or referral, when applicable).

Perinatal screenings can help reduce:

- Poor birth outcomes.
- Low birth weights.
- Infant and maternal mortality rates.

Perinatal guidelines recommend:

- A minimum of one prenatal visit within the first trimester visit (or 42 days of enrollment).
- Regular prenatal care visit throughout the pregnancy.
- A postpartum visit seven to 84 days after delivery.

For more information about conducting and documenting perinatal screenings for your HHO patients, please contact our Care Coordination team at **1-844-325-6251.**

Help reduce hospital readmissions.

Readmission rates are one measure of hospital care quality. Highmark Health Options offers an incentive reward to the member if the member is seen within 14 days of a hospital discharge.

Providers can remind patients about this reward to help them follow through on the important follow-up visit that is an important component in addressing readmission rates.

Five readmission rate reduction strategies for providers.

1. **Identify high-risk patients.**
   Certain patient populations are at higher risk for hospital readmission. Socioeconomic factors, such as race, income, and payer status, are correlated with rehospitalization rates. In addition, patients with certain conditions, including heart failure, chronic obstructive pulmonary disease, and renal failure, have higher rates of readmission. Providers can take additional steps to minimize high-risk patients' chances of readmission. They can involve the patient's family in post-discharge care instructions or refer the patient to a specialist for further care.

2. **Ensure adequate nursing coverage.**
   There is a correlation between the number of nursing staff at a hospital and its 30-day readmission rates. When staff levels are higher, nurses have more time to spend with each patient, ensuring more comprehensive communication. This often increases the quality of discharge instructions provided. Another component of ensuring adequate nursing coverage should be offloading nonclinical activities from nursing staff to appropriate nonclinical personnel. This helps ensure that clinical staff are able to focus on patient care.

3. **Improve transitional care.**
   Transitional care may include rehabilitative, restorative, or skilled care, physical therapy, nutritional counseling, and dietary planning, fall prevention, and more. These services are especially useful to patients with complex or chronic conditions. You and your staff can help ensure a smooth transition of care by providing clear communication and documentation of the patient's condition, treatment and follow-up plan and medication(s) to their providers, care team, and/or caregiver.

4. **Ensure patients understand post discharge instructions.**
   When patients misunderstand or forget parts of their post-care directions, the misunderstood instructions can greatly increase their risk of being readmitted to the hospital in the near future. Providers can use the "teach-back" method, in which patients are asked to explain their own care instructions back to providers. This allows providers to assess whether patients fully understand the steps they need to take post-discharge.

5. **Schedule 7-day follow-up appointments.**
   Programs like the 7-Day Pledge can help ensure that patients are following up with their primary care providers, who can help patients with medication reconciliation, reviewing their discharge plan, and providing any additional information needed for a smooth care transition.

Providers can contact the Quality department at **1-844-325-6251** to learn more.