

Provider Newsletter

for Highmark Health Options | Highmark Health Options Duals (HMO SNP) | DELAWARE



FEATURED ARTICLES:

Reminder: Highmark Health Options Duals planned for Delaware in 2025.

New vision vendor for Highmark Health Options.

Upcoming Provider Webinar: Breaking Down Behavioral Health – Coding Concepts

2024 HEDIS Audit Results

...And More

In this issue.

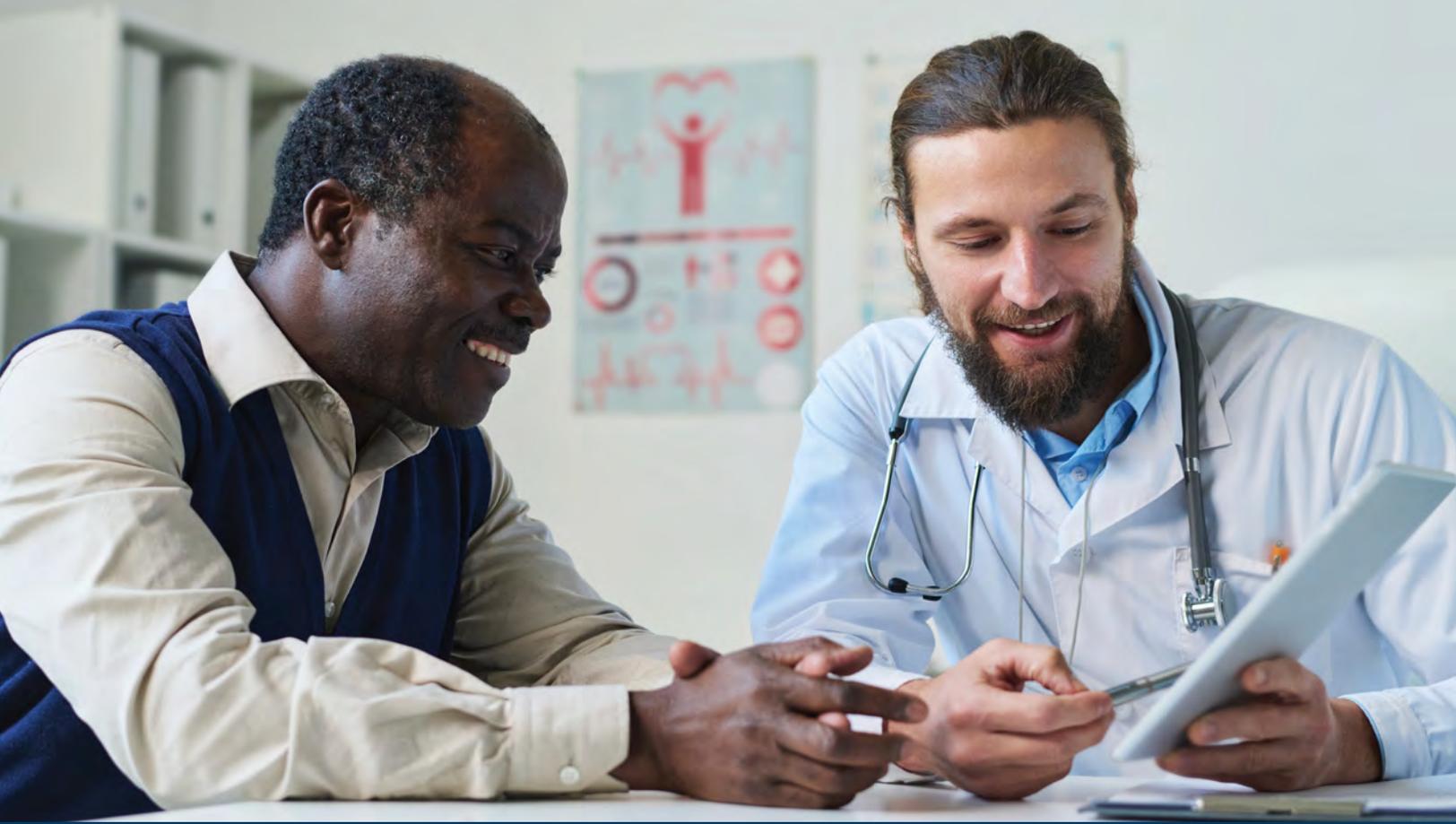
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Contact us.

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



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Reminder: Highmark Health Options Duals planned for Delaware in 2025.

As a reminder, Highmark will be offering a Dual Eligible Special Needs Plan (D-SNP) for your patients in 2025.

The Highmark Health Options Duals plan is affiliated with our Medicaid Managed Care Organization (MCO), providing a seamless experience for both our participating providers and members.

Highmark Health Options Duals will cover all Medicare-approved services in addition to extra benefits not traditionally covered by Medicare. As an affiliate of our Medicaid MCO, Highmark Health Options Duals will enhance the patient experience by allowing your patients to be managed by one care team for both Medicare and Medicaid, providing a whole-person care approach.

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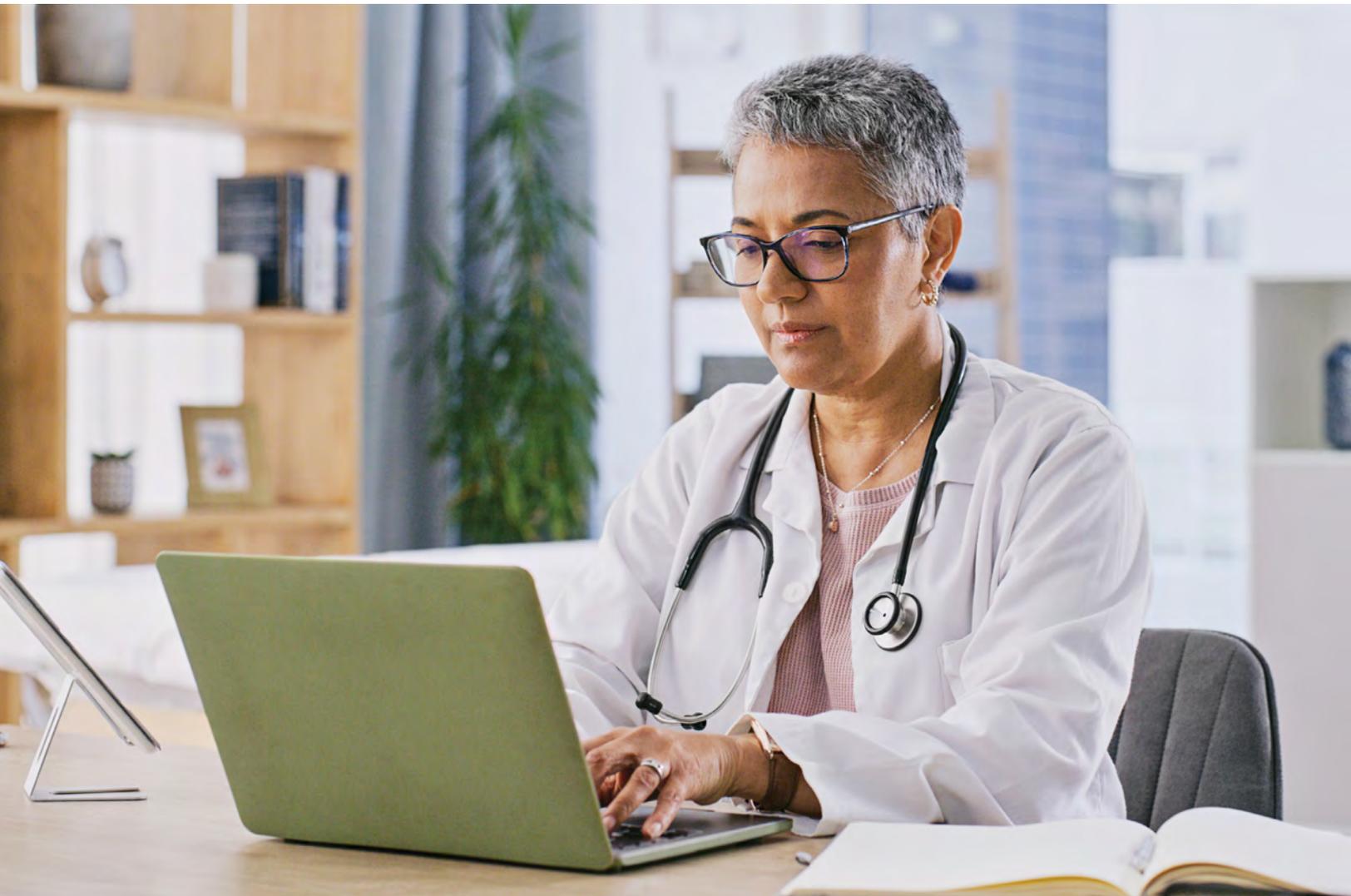
Preparing for January 1

To familiarize yourself with the Highmark Health Options Duals plan prior to January 1, you can visit HighmarkHealthOptions.com/Duals to review the following:

- Provider Manual
- Medical Policies
- Model of Care

Additional information about the benefits that will be available to your patients can be found [here](#).

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 DEDSNPCContracting@highmark.com to take this important step.



New vision vendor for Highmark Health Options.



We're excited to announce that, effective January 1, 2025, Vision Service Plan, Inc. (VSP) will be joining the Delaware Highmark Health Options (HHO) network. VSP will be taking over from our current vision vendor, Davis Vision/Versant Health.

What This Means for You

If you are an existing vision provider with Davis Vision/Versant Health and wish to continue participating in the HHO Medicaid network, please visit VSP's Provider Hub and follow the steps to join their network: **VSP Provider Hub**.

Why the change?

This transition to VSP is part of our ongoing commitment to providing our members with high-quality, accessible vision care. VSP brings a wide range of services and an extensive network of providers, ensuring that our members have access to excellent vision care options.

Davis Vision is a separate company that administers the vision benefit(s) for Highmark Health Options.

VSP Vision is a separate company that administers the vision benefit(s) for Highmark Health Options.

Next Steps

To make this transition as smooth as possible, please take the following steps:

1. Visit the VSP Provider Hub using the link above.
2. Complete the necessary registration and credentialing forms.
3. Review and familiarize yourself with VSP's policies and procedures.

If you have any questions or need further assistance, please contact VSP directly through their Provider Hub.

Thank you for your continued partnership and dedication to providing exceptional care to our members. We look forward to a successful transition and continued collaboration with VSP.



Upcoming Provider Webinar: Breaking Down Behavioral Health - Coding Concepts

November 5, 2024, 12–1 p.m. EST

CME/CEU credits available

Mark your calendar for this upcoming Lunch and Learn Webinar, which will explore behavioral health care and billing requirements for these services.

Speakers from Financial Investigations and Provider Review (FIPR)

Jayne Patterson, CPC; Investigator

Anne Lacienski, CPMA; Manager

Cynthia Scott, CPC; Senior Investigator

Sherry Roedersheimer, COC, CPC, CPMA; Lead Investigator

Objectives

- Identify what constitutes Behavioral Health.
- Outline the importance of medical record documentation, medical necessity, and HIPAA requirements.
- Demonstrate proper Incident to billing.
- Identify common areas of potential Fraud, Waste, and Abuse within Behavioral Health.

Registration

Register now. After registering, you will receive a confirmation email containing information about joining the webinar. If you have any questions, please contact your designated Provider Account Liaison.

Who Qualifies for CME?

Webinars are free and open to all interested. CME/CEU credits are available for physicians, midlevel practitioners, and nurses.

This webinar is eligible for one CME/CEU credit. To receive credit, create a free account at **CME.AHN.org**. You only need to enroll once to be eligible to receive CME credit for attendance at live webinar activities.

Instructions for claiming CME/CEU credit will be provided during the live webinar.

You must also create a free account at **CME.AHN.org** to access your transcript.

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Accreditation Statement

Allegheny General Hospital is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Allegheny General Hospital designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™].

Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the policy of Allegheny General Hospital, presenters must disclose all relevant financial relationships, which in the context of their presentation(s), could be perceived as a real or apparent conflict of interest, (e.g., ownership of stock, honoraria or consulting fees). Any identifiable conflicts will be resolved prior to the activity. Any such relationships will be disclosed to the learner prior to the presentation(s). Highmark Presenters have no relevant financial relationships with commercial interests to disclose.





Encourage your patients to get the flu vaccine.

Help us protect our members, your patients, for the upcoming flu season by educating them on the benefits of receiving a flu shot.

Highmark Health Options encourages our members to get the flu vaccine to protect them from contracting the virus and prevent more serious health problems arising as a result. Our Medical Director, Dr. Rebekah Hughey, MD, notes that many of our Highmark Health Options members may have underlying health conditions, such as asthma, cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD), or high blood pressure. “These chronic conditions put members with the flu at an even greater risk of complications, including hospitalization, further highlighting the importance of receiving the flu vaccine,” says Dr. Hughey. The vaccine is available at no cost to Medicaid members, making it accessible and affordable for our membership.

The CDC recommends that everyone ages 6 months and older (with rare exceptions) receive an updated 2024-2025 flu vaccine.

This will reduce the risk of influenza and potentially serious complications this fall and winter. Additionally, it is safe to receive COVID-19 and flu vaccines during the same visit. Please refer to the **CDC Recommendations Update**.

The ongoing COVID-19 pandemic adds another layer of urgency to our call for flu vaccinations. As you know, COVID-19 and the flu share many symptoms, and having both illnesses at the same time can lead to severe complications for patients and additional strains to the health care system. This is particularly important for those who are more vulnerable, including young children, pregnant women, the elderly, and individuals with chronic health conditions or a compromised immune system.

Thank you for your partnership in protecting against the flu and other illnesses this season. Together, we can create a healthier, safer Delaware for all.



Ensuring Proper Billing of ICD-10 Codes

The International Classification of Diseases (ICD) is the standard diagnostic tool for health management and clinical purposes and is used to report medical diagnoses and inpatient procedures.

Effective October 1, 2015, the ICD-9 code sets were replaced by ICD-10 codes. The transition to ICD-10 was coordinated by the Centers for Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (HHS) and is mandatory throughout the country.

Providers must ensure they are billing with the appropriate ICD-10 code to the highest specificity when submitting medical claims or noting an ICD-10 diagnosis on a prescription.

The use of ICD-9 codes are not valid effective October 1, 2015.

Highmark Health Options will **deny claims** for not utilizing a diagnosis code to the highest level of specificity or they may consider the diagnosis truncated.

What is the highest level of specificity?

If a service line is denied for this reason, the **diagnosis code needs to be more specific**. Some diagnosis codes are only three or four digits, but many are five digits.

The diagnosis must be coded to the absolute highest level for that code, meaning the maximum number of digits for the code being used. You may have a four-digit diagnosis code that needs to be five digits to be accepted.

Examples of Coding Specificity

The diagnosis for systolic congestive heart failure begins with ICD-10 code I50.2; however, if you submit a claim with the diagnosis I50.2, it will be denied due to lack of specificity. The diagnosis code I50 requires a fifth digit, like I50.21, which is acute systolic congestive heart failure, unspecified.

Chronic systolic heart failure is I50.22. Unspecified combined systolic and diastolic congestive heart failure is I50.40.

Another example of a diagnosis needing to be billed to a higher level of specificity would be diabetes. To indicate diabetes, use the ICD-10 code E10 for Type 1 Diabetes Mellitus or E11 for Type 2 Diabetes Mellitus; however, you need a fifth digit to specify what type of diabetes.

Diabetes Mellitus type two is E11, type 2 Diabetes Mellitus with hyperglycemia is E11.65.

Type 1 Diabetes Mellitus with hyperglycemia is E10.65.

Without the fifth digit, a claim of E10 or E11 will be denied for a lack of specificity.

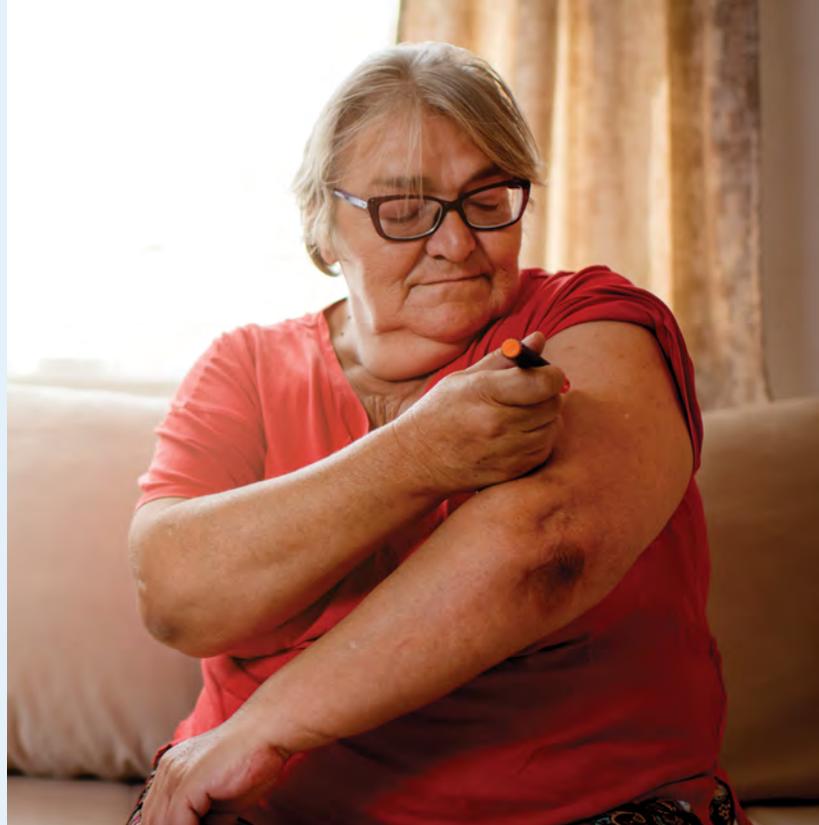
How to spot under coding?

If you are unsure if the diagnosis is coded to the highest level of specificity, you can visit the **ICD10 Data site** for free coding references.



Discontinuation of Levemir Insulin Vials and Flexpens

On January 1, 2024, Highmark Health Options (HHO) was notified by Novo Nordisk that they are discontinuing Levemir insulin products.



HHO has sent letters to notify both members and their providers who may be impacted by this change. The letter sent to providers included a list of current formulary alternatives to assist in selecting a preferred formulary drug alternative; the list is also included below.

This is a reminder to discuss this with your impacted patients during their next visit to determine a clinically appropriate change in therapy before the end of this year.

Current Preferred Formulary Alternatives:

- Insulin glargine Max SoloStar subcutaneous solution pen-injector 300 units/mL
- Insulin glargine SoloStar subcutaneous solution pen-injector 300 units/mL
- Insulin glargine SoloStar subcutaneous solution pen-injector 100 units/mL
- Insulin glargine subcutaneous solution vial 100 units/mL

- Lantus SoloStar subcutaneous solution pen-injector 100 units/mL
- Lantus subcutaneous solution vial 100 units/mL
- Toujeo Max SoloStar subcutaneous solution pen-injector 300 units/mL
- Toujeo SoloStar subcutaneous solution pen-injector 300 units/mL

We strive to provide the highest-quality, most cost-effective health care to our members in collaboration with our providers. If a formulary alternative is not clinically appropriate for your patient, please initiate a request for a non-preferred drug by calling Highmark Pharmacy Services at **1-844-325-6251**, 8 a.m.–7 p.m. EST, Monday–Friday or **submitting the prior authorization form**, which is available on our website in the Provider section under Medication Information.



The complete drug formulary is available on the **HHO website** in the Provider section under **Medication Information**.



Empowering Patients with Hypertension: effective strategies for teaching blood pressure control.

Empowering patients with hypertension to actively participate in their blood pressure control is crucial for achieving optimal outcomes. By adopting effective teaching strategies, physicians can foster patient understanding, promote adherence to treatment plans, and ultimately improve patient health and well-being.

Beyond the Prescription: the importance of patient education.

Simply prescribing medication is insufficient for achieving optimal blood pressure control. Patients need to understand the condition, its potential complications, and the importance of lifestyle modifications. Educating patients empowers them to adhere to treatment, make informed decisions, and take ownership of their health.

Effective Strategies for Patient Education

- **Start with the Basics:** Clearly explain what high blood pressure is, its potential complications, and the importance of achieving target blood pressure levels. Use simple language and visuals to enhance understanding.
- **Tailor the Approach:** Consider the patient's individual needs, health literacy, and cultural background.
- **Engage in Active Listening:** Encourage patients to ask questions and address their concerns. Listen attentively and provide clear, concise answers.
- **Emphasize Lifestyle Modifications:** Discuss the importance of diet, exercise, stress management, and limiting alcohol and smoking.
- **Demonstrate Blood Pressure Monitoring:** Teach patients how to use a home blood pressure monitor and record their readings while explaining the importance of regular monitoring.
- **Utilize Technology:** Leverage mobile apps, online resources, and telehealth platforms to provide ongoing support and education.
- **Promote Self-Management:** Encourage patients to track their blood pressure, medication adherence, and lifestyle changes.



Help your patients get screened for breast cancer.

Routine breast cancer screening is not only an important test that can impact your patient's health outcomes, but it also impacts HEDIS rates.



The breast cancer screening measure is defined as the number of women ages 40-74 as of December 31 of the measurement year who have received one or more mammograms since October 1 two years prior to the measurement year. Women who have had both breasts surgically removed are excluded from the measure.

There are several ways that you can get more patients screened and improve your HEDIS rates:

- Create alerts or flags in the medical record to remind staff who interact with patients to discuss breast cancer screening.
- Ask your patients if they have already had a mammogram that was ordered by another physician and get a copy of the results to include in their medical record.
- Use other preventive appointments, including well visits or annual flu shots, as an opportunity to discuss breast cancer screening.
- Offer scheduling or referral assistance to patients. You can even have standing referrals created for staff to provide patients while they are in the office.
- Come up with a schedule for screening that you can share with the patient; Having a schedule can help the patient plan for future appointments. Breast Cancer Awareness Month is a good time to evaluate processes in your practice to determine what is and isn't working.





Create healthier outcomes with cervical cancer screenings.

Encourage your patients to get regular cervical cancer screenings to help prevent and detect cervical cancer. Screening is a collaborative approach and needs dedicated patient education to reduce the care gaps. Most cervical cancer is caused by the human papillomavirus (HPV) infection and requires a Pap test to detect. Providers can utilize each patient visit or contact as an opportunity to encourage patients get cervical cancer screenings.

We encourage all providers that can perform PAP/HPV testing in their offices to offer these tests to their patients to assure all women are screened.

Cervical cancer screening schedule can include any of the below options:

- Women ages 21-64; cervical cytology performed every three years.
- Women ages 30-64; cervical high-risk human papillomavirus (hrHPV) testing every five years.
- Women ages 30-64; cervical cytology/ high-risk human papillomavirus (hrHPV) cotesting every five years.
- Cervical cancer screening is not needed for women who have had total or complete hysterectomies (cervix removed).



Strategies to Increase Asthma Medication Ratio Performance

The Asthma Medication Ratio (AMR) quality measure assesses patients ages 5–64 with both persistent asthma and a ratio of controller medications to total asthma medications of 0.50 or greater.

The goal of this measure is to increase compliance with asthma controller medications.

Appropriate medication management for patients with asthma can help reduce:

- Asthma-related hospitalizations
- Emergency room visits
- The need for dangerous acute asthma exacerbations and rescue medications

If a patient has an AMR less than 0.50, it is interpreted that they are filling more rescue medications than controller medications. This would require a follow-up to optimize their asthma regimen.

The following strategies can help providers increase AMR performance:

- Assess barriers (e.g., cultural, financial, social support, health beliefs, access to care, language).
- Evaluate and track disease activity to adjust medication regimen as needed.
- Provide asthma education and self-management for patients with AMR < 0.50, such as accountability on the possibility of nonadherence to controller medication and triggers leading to frequent use of rescue medication.
- Reconcile medications (e.g., assess for effectiveness, number of prescription refills).
- Refer chronic case management.
- Review the patient's knowledge about medication and symptom exacerbation.





Colorectal Cancer Screening and Early Detection

Regular screenings can help prevent many colorectal cancers. Many health care agencies still consider colonoscopies as the most effective screening available for colorectal cancer.

We recommend speaking with your Highmark Health Options (HHO) patients who are age 45 or older about getting a colonoscopy, regardless of their gender. If you have HHO patients under 45 but with an increased risk of colorectal cancer, discuss screening earlier.

Colorectal Cancer Factors

- **Age**

- Colorectal cancer is more common in people ages 50 and older.

- **Personal and family history—patients at an increased risk of colorectal cancer include those who:**

- Have an immediate family member with colorectal cancer.
- Have had colorectal cancer (higher risk of recurrence).

- **Race**

- Black and African American individuals are at higher risk.
- Jewish people of eastern European descent are at high risk (about 6% have DNA changes that increase their risk of colorectal cancer).

- **History of inflammatory bowel disease (IBD)**

- **Lifestyle**

- Being overweight, having an inactive lifestyle, eating a diet high in red meat and processed meat, smoking, and drinking alcohol can increase risk.





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 Highmark Health Options 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 Highmark Health Options 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.



2024 HEDIS Audit Results

Every year, NCQA-accredited health plans conduct a **HEDIS (Healthcare Effectiveness Data and Information Set)** quality measures audit to measure performance against industry benchmarks.



The audit uses a wide variety of indicators covering effectiveness of care, medication management, utilization management, preventive screenings, and more. The results are analyzed annually, trended over time, and compared to other health plans nationwide. The success of 2024 HEDIS could not have been achieved without the partnership and joint efforts from providers such as you. Earlier this year, Highmark Health Options may have requested medical records from you for our members. We want to thank you for your cooperation and flexibility, making this year's HEDIS project a success.

The 2024 HEDIS audit, which measured health care delivered during 2023, resulted in many areas experiencing significant improvement. Some of these areas include:

- AMR - Asthma Medication Ratio
- BCS - Breast Cancer Screening
- CBP - Controlling High Blood Pressure
- HBD - Hemoglobin A1c Control for Patients with Diabetes
- IMA - Immunizations for Adolescents
- LSC – Lead Screening in Children
- PPC – Prenatal and Postpartum Care: Timeliness of Prenatal Care
- PPC – Prenatal and Postpartum Care: Postpartum Care

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The audit also showed several measures with opportunities for improvement. We want to highlight these areas to improve. Some of these measures include.

- BPD – Blood Pressure Control for Patients with Diabetes
- CCS – Cervical Cancer Screening
- CIS - Childhood Immunization Status
- EED - Eye Exam for Patients with Diabetes

Highmark Health Options helps members have the best health outcomes. Some examples of how we do this.

- Send select members at-home A1c and/or FIT testing kits annually.
- Partner with hospital systems to host women’s health screenings.
- Targeted member outreach to assist in scheduling appointments to close care gaps.
- Provider partnering for asthmatic pediatric population for improved asthma control efforts.
- Health campaign messaging through billboards, diner placemat ads, community posters, and church bulletins.
- Member education through Member Advisory Council, Health Awareness Series, newsletters, and mailings.



We believe that working side-by-side with providers improves the health of our members, your patients, which is reflected through HEDIS quality measure rates.





The 2024 Provider Satisfaction Survey is on its way to your office!

You may have received a provider satisfaction survey from Highmark Health Options (HHO). Please complete it with input from your billing and clinical staff, particularly regarding authorizations, claims, and clinical matters.

As a “thank you,” **the first 200 respondents will be entered to win one of 10 \$150 Visa Gift Cards** for a breakfast or lunch meal for your practice.

Your feedback will guide improvements to our health plan and services. As always, thank you for partnering with us to improve the health of our members.



Our results will be available in January 2025.



2023 Provider Satisfaction Survey Results

The survey results highlight what providers find most satisfying about HHO and offer insights into opportunities for improvement.



In comparison to the 2022 survey, respondents reported increased satisfaction with:

- Finance Issues (claims payment)
- Provider Relations
- Overall Satisfaction compared to all other plans in 2023

The survey identified areas for improvement such as:

- Utilization and Quality Management
- Call Center Services



Providers are encouraged to fill out the survey for 2024.



Highmark Health Options Quality Improvements Program.

The purpose of the Highmark Health Options (HHO) Quality Improvement/Utilization Management (QI/UM) Program is to assure quality, safety, appropriateness, timeliness, availability, and accessibility of care and services provided to HHO members. The comprehensive evaluation and assessment of clinical, demographic and community data—in conjunction with current scientific evidence—is paramount to meet identified needs.

The goal of the QI/UM Program is to ensure the excellent provision and delivery of high quality medical and behavioral health care, pharmaceutical, and other health care services and quality health plan services for our members. The QI/UM Program focuses on monitoring and evaluating the quality and appropriateness of care provided by the HHO provider network, as well as the effectiveness and efficiency of systems and processes that support the health care delivery system. The QI/UM Program is assessed on an annual basis to determine the status of all activities, identify opportunities that meet the QI/UM Program objectives, and develop a work plan.

As a participating provider, HHO asks that you cooperate with QI activities to improve the quality of care and services members receive. This may include the collection and evaluation of data, participation in various QI initiatives and programs, and allowing the plan to use and share your performance data.

Implementation and evaluation of the QI/UM Program is embedded into HHO daily operations. The QI/UM Program has available and uses appropriate internal information, systems, practitioners and community resources to monitor and evaluate use of health care services, continuous improvement process and implementation of positive change.

The Scope of the Program includes, but is not limited to:

- Enrollment
- Members' Rights and Responsibilities
- Network Accessibility and Availability, including those related to Special Needs
- Network Credentialing/Recredentialing
- Medical Record Standards
- Claims Administration
- Clinical Outcomes
- Patient Safety
- Preventive Health, Disease Management and Long-Term Services and Support (LTSS)
- Continuous Quality Improvement using Total Quality Management Principles
- Member and Provider Satisfaction
- Health Education

To request a copy of the complete Highmark Health Options Quality Improvement Program, Work Plan, or Annual Evaluation, please contact the Highmark Health Options Provider Services Department at **1-844-325-6251**.



Lifestyle Management and Wellness Programs for Your Patients



Lifestyle Management and Wellness Programs target patients who have chronic conditions, are pregnant, or may benefit from healthy weight or diabetes prevention management. Patients who meet eligibility criteria are automatically enrolled at no cost. Patients can opt out of the Lifestyle Management and Wellness Programs at any time. To refer your patients, you can call 1-844-325-6251.

Asthma Program

This program emphasizes patient education, self-management, and medication adherence. Patients ages 2 and older are eligible. The program encourages an active lifestyle while minimizing or preventing asthma exacerbations.

The program helps patients:

- Identify their asthma triggers.
- Recognize early symptoms requiring medical attention.
- Understand and prevent the potential risks of uncontrolled asthma.
- Understand the difference between a rescue inhaler and a controller medication.

Cardiac Program

This program emphasizes patient education and support to help patients with cardiac conditions. Patients ages 21 and older with a diagnosis of heart failure, myocardial infarction, or coronary artery disease are eligible.

The program helps patients:

- How other conditions play a part in worsening a cardiac condition.
- The meaning of specific cardiac symptoms to prevent further cardiac damage.
- The importance of lab tests for lipid testing and medications.
- How uncontrolled blood pressure may lead to heart disease.

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Chronic Obstructive Pulmonary Disease (COPD) Program

This program emphasizes patient education, lifestyle modification, safety, self-management, and medication adherence. Patients ages 21 and older with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) are eligible.

The program helps patients:

- Identify and avoid COPD triggers to help prevent an exacerbation.
- Recognize when they should call their primary care provider.
- Know the importance of medication adherence as well as proper use of inhalers.
- Recognize the importance of lifestyle modifications, including smoking cessation.
- Understand the role of supplemental oxygen and benefits of a pulmonary rehabilitation program.

Diabetes Program

This program emphasizes education and personal responsibility for diabetes management to prevent diabetic complications. All adult and pediatric patients with type 1 or type 2 diabetes are eligible.

The program helps patients:

- Understand what is normal, what is not, and when to call the doctor.
- Learn how to keep blood sugars under control to help prevent diabetic complications.
- Understand what tests and lab tests are needed to manage diabetes.
- Find out how uncontrolled diabetes may lead to other health issues, such as heart disease, kidney disease, and eye problems, etc.

Healthy Weight Management Program

The program offers intensive behavioral interventions every plan year (12 months) for patients with a qualifying diagnosis such as specified elevated body mass index.

The program helps patients:

- Identify the tools and resources needed to give them the best health, wellness, and nutritional options.
- Learn how to choose a healthier lifestyle that may help to prevent other health problems.
- Understand how to manage their weight with better choices, such as diet and activity.
- Learn if they qualify to participate in our LEAN (weight loss) Program or our Diabetes Prevention Program (ages 18 and older) offered in partnership with the YMCA of Delaware.

Maternity Program

This population-based program is directed toward improving outcomes for all pregnant patients. Specific interventions are designed to identify and prospectively intervene with patients at high-risk for adverse pregnancy outcomes. All patients identified as pregnant are eligible.

The maternity program offers maternity care coordination to:

- Provide patient education, support, and guidance before, during, and after pregnancy.
- Decrease the need for Neonatal Intensive Care Unit admissions.
- Improve the frequency of prenatal and postpartum care.
- Reduce the incidence of low birth weight and preterm deliveries.

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LEAN Program

Highmark Health Options has partnered with the YMCA of Delaware to provide the Lifelong Essentials for Activity and Nutrition (LEAN) Program. The LEAN Program is a 12-week weight management program for eligible members (ages 18 and older) with an elevated body mass index designed to help people seeking a healthier weight. Led by a trained health coach, this program offers support in group discussions, individual check-ins, and small group personal training sessions.

This program helps patients:

- Learn basic ways to take care of their health.
- Learn how to manage their weight with better choices, such as diet and activity.
- Help identify tools they need for optimal health and nutrition.
- Learn how smart choices may prevent other health problems, such as high blood pressure or diabetes.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) program is a year-long, structured initiative which encompasses 25 group sessions (in person or online) designed to promote lifestyle and behavior changes for those adults (ages 18 and older) at risk of prediabetes and type 2 diabetes.

In partnership with the YMCA of Delaware, the program focuses on teaching participants essential skills and strategies to manage their health effectively. The curriculum typically includes guidance on nutrition, physical activity, stress management, and self-monitoring techniques to support long-term behavior change and reduce the risk of developing diabetes.



Complex Case Management Program

The Complex Case Management program allows eligible patients to take control of their health care needs by coordinating health care services to help them regain optimal health or improve functional ability.

Eligible patients are identified as needing comprehensive and disease-specific assessments and reassessments, and may include patients:

- At risk of a hospital admission.
- Who need assistance to become more self-reliant in managing their health care.
- With a complex medical history or chronic condition, such as congestive heart failure, chronic kidney disease, and/or inflammatory bowel disease, etc.
- With multiple medical conditions.

The program includes:

- Comprehensive assessment of the patient's condition.
- Determination of available benefits and resources.
- Development and implementation of a case management plan of care with patient-centered prioritized goals, monitoring, and follow-up.



Please call the Care Management Department at **1-844-325-6251** to make a referral to the Complex Case Management Program. Patients have the choice to opt-out of all Care Management programs at any time.

Language Services Reminder

Providers are obligated to take reasonable steps to provide meaningful access to services for patients with limited English proficiency, including provision of translator services.

Provider offices are expected to address the need for interpreter services in accordance with the Americans with Disabilities Act (ADA) in adherence to Section 504, the Rehabilitation Act of 1973, and related federal and state requirements.

Providers are expected to arrange and coordinate interpreter services to assist patients who are hearing impaired.

Highmark Health Options can provide information in a variety of languages and various formats, including large print, Braille, or audio format at no cost to patients.

Encourage patients to call Member Services and Highmark Health Options will help locate resources upon request.



Help patients distinguish chronic conditions from COVID-19 symptoms.

Patients with chronic conditions may experience greater complications from COVID-19 and may struggle to distinguish chronic disease symptoms from symptoms of COVID-19 infection. These patients may require education about COVID-19 symptoms as well as encouragement to take precautions, including vaccination, social distancing, handwashing, and wearing a mask.

Cardiac Conditions

It can be hard for patients to distinguish between cardiac-related symptoms and COVID-19 illness. COVID-19 can damage the heart muscle and affect heart function. Some of the symptoms common in long COVID, such as palpitations, dizziness, chest pain, and shortness of breath, may be due to heart problems or COVID-19 infection.

Cardiac patients can benefit from learning what to do when certain symptoms occur. Let them know that shortness of breath and chest pain are not always indicators of a serious problem, but if coupled with symptoms such as low oxygen or nausea and lightheadedness, they could signal a cardiac issue.

The information in the chart below can help cardiac patients better understand what to do when certain symptoms occur.

Symptom	When to call 911	When to see a doctor
Shortness of breath	Bluish lips or face Oxygen saturation reading under 92% Sudden onset	Accompanied by fatigue or ankle swelling Worse on exertion Worse when lying down
Chest pain	Severe chest pain accompanied by nausea, shortness of breath, lightheadedness, or sweating Sudden chest pain, especially with shortness of breath lasting more than five minutes	New chest pain that resolves in 15 minutes (otherwise call 911) New exertional chest pain relieved by rest Persistent, non-severe pain increasing in frequency

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COPD

Patients with COPD have a higher risk of severe COVID-19 illness. Discuss with them the benefits of getting vaccinated against COVID-19 and how the vaccine can protect them from severe COPD complications. Let patients know they may need to adjust their COPD action plan if COVID-19 becomes widespread in their area.

If a patient already has COPD, the following symptoms could be a sign of a COVID-19 infection:

- Changes in phlegm color or amount
- Increased oxygen use
- Lower blood oxygen levels at rest
- More coughing
- More use of rescue inhaler
- More wheezing
- New types of coughing
- Worsening breathing problems

Diabetes

Patients with COPD have a higher risk of severe Patients with diabetes are likely to have worse outcomes if they contract COVID-19. Education and proper diabetes management can help lessen their chances of developing COVID-19 complications.

Viral infections like COVID-19 can increase inflammation and internal swelling in patients with diabetes. This can lead to more severe complications, such as diabetic ketoacidosis, making it hard for a patient to manage fluid intake and electrolyte levels.

When seeing a patient with diabetes who develops COVID-19 symptoms, make sure they:

- Are clear when explaining their symptoms.
- Have their glucose and ketone readings available.
- Keep track of their fluid consumption and report.





HIV/AIDS and Aging

September 18th was National HIV/AIDS and Aging Awareness Day. According to [hiv.gov](https://www.hiv.gov), over half of the people living with diagnosed HIV in the United States are ages 50 and older.

It is important to remind your Highmark Health Options (HHO) patients about the importance of HIV testing and early detection. As a reminder, HIV testing is covered at no cost for your HHO patients.

Additionally, HHO Long Term Services and Support (LTSS) members who meet specific criteria may be eligible for nutritional supplements for HIV/AIDS to help with issues like weight loss or malnutrition.

Additional support and information about HIV/AIDS in older adults can be found on [HIV.gov](https://www.hiv.gov) or [National Institutes of Health \(NIH\) sites](https://www.nih.gov).





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