

Provider Newsletter

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



FEATURED ARTICLES:

Invitation to Participate: Individual Care Plan (ICP) and Interdisciplinary Care Team (ICT)

Protecting Your Patients This Winter Season 2024

December 2024 Fraud, Waste, and Abuse Updates

Protecting Patients: The FDA *MedWatch* Program

...And More

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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 Monday–Friday, 8 a.m.–5 p.m., and can be reached by calling **1-844-325-6251** or emailing **hho-depsresearch2@highmark.com**.



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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.



Invitation to Participate: Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT)



We care about the whole health and well-being of our members, and we want to help our providers keep Highmark Health Options Duals (HMO SNP) members as healthy as possible.

As a valued member of the Interdisciplinary Care Team (ICT), you are the first step to the success of our members' care. Each Medicare member has an Individualized Care Plan (ICP), which they have access to on the Highmark member website or by mail upon request. You have access to the ICPs for your panel on the provider portal (NaviNet). We encourage you to review the member's care plan with them during their next visit.

We also invite you to participate in ICT meetings regarding your patients. The purpose of ICT meetings is to focus on our members and their specific needs to help achieve their overall health care goals. Each ICT meeting results in an updated ICP, so your input is critically important.



Please call the Case Management Department to schedule an ICT meeting for any of your Highmark Health Options Duals patients at **1-855-401-8251 (TTY 711)**.

Press option 1 for Member and option 5 for Medical Case Management. Our hours are Monday–Friday, 8:30 a.m.–4:30 p.m.



Highmark Health Options and Ivira Health Care Compass Program: A Valuable Resource for Your Patients

Highmark Health Options is committed to providing comprehensive care for its Medicaid members, and the Care Compass Program is a key component of that commitment.

This free program, powered by Ivira Health, offers a range of services designed to support patients with managing their chronic conditions, including:

- **Antidepressant Management:** Patients can connect with a pharmacist every month to discuss their medication, ensure they have a consistent supply, and receive support with any questions or concerns.
- **Asthma Management:** Patients receive a 3-month supply of inhaler medication delivered free to their door, along with monthly consultations with a pharmacist and ongoing support from a dedicated care team. This program assists with scheduling appointments, lifestyle modifications, addressing medication questions, and empowers patients to understand and make informed decisions to manage their asthma symptoms.
- **Blood Pressure Management:** Patients receive a free home blood pressure monitor and ongoing support from a dedicated care team to help them understand their condition, manage their medication, and make informed decisions about their health.
- **Cholesterol Management:** Patients can connect with a pharmacist every month to discuss their medication, ensure they have a consistent supply, and receive support with any questions or concerns. They also have access to a health coach and dietitian for additional support.
- **Behavioral Health (BH) or Acute Post-Discharge Follow-Up:** Care coordination is provided for patients being discharged from mental health facilities (presented for a BH diagnosis) or hospital (acute condition) to improve the transition from an inpatient setting to management in the outpatient setting. Ivira Health will assist providers in data collection, disease state management, and patient education.

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The Care Compass Program offers a number of benefits for both patients and providers:

- **Improved Patient Outcomes:** The program provides patients with the support and resources they need to manage their chronic conditions effectively, leading to better health outcomes.
- **Reduced Provider Burden:** By providing patients with access to ongoing support and education, the program helps to reduce the burden on providers, allowing them to focus on providing high-quality care.
- **Increased Patient Engagement:** The program encourages patients to take an active role in managing their health, leading to greater engagement and adherence to treatment plans.



The Care Compass Program is available at no cost to all Highmark Health Options members.

We encourage you to refer your eligible patients to this valuable program.



To learn more about the Care Compass Program, please visit **Ivira Care Compass – Ivira Health** or call **302-274-0020**.



By working together, we can help your Highmark Health Options patients achieve their best possible health outcomes.





Protecting Your Patients This 2024 Winter Season

As we transition from summer to a busier schedule with work and school, it's important to prioritize health and well-being. Now is a good time to encourage your patients to get vaccinated against common winter illnesses, such as the flu.

The CDC recommends the following vaccines:

- COVID-19 for everyone age six months and older.
- Flu for everyone age six months and older.
The updated flu vaccines will protect against H1N1, H3N2, and B/Victoria lineage virus.
- RSV for individuals age 75 years and older or ages 60-74 who are at increased risk of severe Respiratory Syncytial Virus (RSV) due to certain chronic medical conditions such as heart or lung disease. It is important to note that the RSV vaccine is not administered annually.

Please encourage your Highmark Health Options (HHO) patients to get their vaccines or schedule an appointment at a participating HHO pharmacy for their shots.



Protecting Patients Against Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) usually causes mild symptoms, but it can cause severe illness in infants, young children, people with compromised immune systems, and older adults. It is the one of the most common causes of hospitalizations in these groups of patients. To protect from this virus, vaccination is recommended by the CDC during the RSV season (usually starts in the fall and peaks in the winter).

According to guidelines by the Advisory Committee on Immunization Practices (ACIP), all individuals age 75 and older should get vaccinated against RSV. Some individuals ages 60-74 who are at increased risk for severe RSV (cardiovascular disease, chronic obstructive pulmonary disease (COPD), asthma, cystic fibrosis (CF), chronic kidney disease (CKD)-dialysis, cirrhosis, diabetes mellitus (DM), impaired airway clearance, chronic hematologic disease-sickle cell, immunocompromised, severe obesity, residence in nursing home) should also receive vaccination against RSV.

To protect infants from severe RSV, either maternal RSV vaccination or infant immunization with the RSV monoclonal antibody (nirsevimab) is recommended. Most infants will not need both.

Specific ACIP vaccines and guidelines are as follows:

Arexvy (GSK) RSV vaccine: Approved for patients age 50 and older who are at an increased risk, and per ACIP guidelines.

Abrysvo (Pfizer) RSV vaccine: Approved for patients age 60 and older who are at an increased risk, and per ACIP guidelines, and pregnant individuals at 32-36 weeks gestation only during September through January. No ACIP recommendations for subsequent pregnancies.

MResvia (Moderna) mRNA RSV vaccine: Approved for patients Age 60 and older who are at an increased risk, and per ACIP guidelines.

Beyfortus (Sanofi Pasteur) nirsevimab monoclonal antibody: Given to the baby after birth if the mother did not receive the RSV vaccine at least 14 days prior to delivery or status is unknown. Also recommended for a small group of young children ages 8-19 months who are at an increased risk for severe RSV before or entering their second RSV season.

Note: The RSV vaccine is not an annual vaccine. Studies do not show enhanced protection with a second dose.

Patients can get vaccines for RSV, flu, and COVID-19 at the same time.

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For Our Members

These vaccines are covered at a pharmacy per ACIP guidelines. Administration outside of ACIP guidelines require a prescription, and a prior authorization or drug exception.

For Medicare, RSV vaccines are covered under Part D, not Part A or Part B. For administration at a provider's office or more information, **please refer to CMS guidelines on Part D vaccines.**



December 2024 Fraud, Waste, and Abuse Updates

Responding to Medical Record Requests:

As a reminder, the Financial Investigations and Provider Review (FIPR) Department regularly performs medical record reviews. Providers are contractually obligated to provide prompt access to Highmark member medical records at no charge to Highmark, whether such records are stored manually or electronically.

- This includes notifying any third party who may maintain medical records of this stipulation, as well as time constraints of the request.
- Providers shall provide copies of all requested medical records within 30 days of a request, or as otherwise noted.

These requests are made to review compliance with regulatory requirements for routine and targeted audits. Failure to submit required records may result in an administrative denial and recoupment of the original payment. Your timely cooperation is appreciated.



Refer to the manuals linked below for additional information about this policy.

Highmark Health Options Duals Provider Manual

Highmark Health Options Provider Manual



Protecting Patients: The FDA *MedWatch* Program

MedWatch is the Food and Drug Administration's (FDA) medical product safety program that monitors the safety of drugs, biologics, medical devices, and other regulated products.

Both patients and providers can report adverse reactions to prescription medications, over-the-counter medicines, or medical devices directly to the FDA. This reporting helps identify and address unknown risks associated with FDA-approved medical products.

Reporting can be done through the **FDA *MedWatch* online reporting portal**, or by downloading, completing, and submitting the **voluntary reporting form**. Separate forms are available for providers and patients.

Information you or your patients should report to *MedWatch* include:

- **Unexpected side effects or adverse events:** This can include anything from skin rashes to more serious side effects.
- **Product quality problems:** If the product is defective or doesn't work properly.
- **Preventable product use/medication errors:** Report instances where product design or labeling could lead to errors, such as look-alike/sound-alike drug names or similar packaging.
- **Therapeutic failures:** These can occur when a medical product doesn't work as well when you switch from one generic to another.

Please note: Patients should not use *MedWatch* to report problems with vaccines. Those should be reported to the **Vaccine Adverse Event Reporting System (VAERS)**.



For more information, please visit [fda.gov/medwatch](https://www.fda.gov/medwatch).

Access the *MedWatch* Online Voluntary Reporting form [here](#).





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Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.