

Highmark Health Options Newsletter

for Providers | WEST VIRGINIA



FEATURED ARTICLES:

Refer patients to the Complex Case Management Program.

Claims Submission Reminder

Preventive eye exams for patients with diabetes.

Upcoming Provider Webinar: Breaking Down Behavioral Health - Coding Concepts

...And More

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Contact us.

We're here to help. Provider Relations can answer any questions you may have about working with Highmark Health Options West Virginia and can be reached at **HHOWVPR@highmarkhealth.org**. You can also call Provider Services with administrative questions at **1-833-957-0020 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m.



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Refer patients to the Complex Case Management Program.

Our Complex Case Management Program supports eligible patients in taking control of their health care needs.

Highmark Health Options West Virginia collaborates with our providers to coordinate health care services enabling patients to regain optimal health or improve functional ability.

Eligible patients are identified as needing comprehensive and disease-specific assessments and reassessments.

This eligible population may include the following patients:

- Patients at risk for a hospital admission.
- Patients who need assistance to become more self-reliant in managing their health care.
- Patients with a complex medical history.



The Complex Case Management 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.



To refer patients to the Complex Case Management Program, providers can call **1-833-957-0020**. Patients have the choice to opt out of all Care Management Programs at any time.

Claims Submission Reminder

Highmark Health Options (HHO) West Virginia accepts electronic claims through any clearinghouse.

When submitting professional or institutional electronic claims for HHO, please use Payer ID RP118.

If you do not see Payer ID RP118 as an option, please contact your clearinghouse to request it be added.

Claims that are not submitted under the correct Payer ID will be rejected with the standard message, "Claims submitted to incorrect payer." Providers can submit claims with or without the Alpha character prefix appearing on the member's ID card.

The mailing address for paper claims submission is:

Attention: Claims Processing Department
Highmark Health Options WV
PO Box 211349
Eagan, MN 55121



For additional information about claims and our Medical and Reimbursement Policies, please see our **July 2024 Provider Newsletter**.



Create your Highmark Health Options NaviNet account.



As we mentioned in our previously published **July Newsletter**, Highmark Health Options West Virginia (HHO WV) has collaborated with NantHealth | NaviNet to provide a secure, multi-payer provider portal to enhance communication, boost efficiency, and exchange vital information in real time.

The following workflows are available on NaviNet:

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Enhanced Provider Features
- GuidingCare Authorizations
- GuidingCare Population Health
- HealthHelp

Seamless integration for existing users

If you're an existing NaviNet user and eligible for HHO WV and Highmark Health Options West Virginia does not automatically appear in your Health Plan menu, you will need to manually register. If you have questions, call NantHealth at 888-482-8057.

A warm welcome to newcomers

New users can get started today by registering for a **NaviNet account here**. Additionally, you can track your **registration status here**.

Learn more

Visit the **NantHealth Help Center** or our **NaviNet and Provider Portal Training Guide** to learn about available HHO WV workflows on NaviNet. As a reminder, you'll need an active NaviNet account to submit authorization requests through HealthHelp® and GuidingCare.

To learn more, read about the **HealthHelp: Single Sign-On Capabilities** on page 6. See page 8 for more information about the **GuidingCare Authorization Portal**.



HealthHelp: Single Sign-On Capabilities

Highmark Health Options, in collaboration with HealthHelp®, has implemented Single Sign-On (SSO) for your use.

This will streamline your process to manage the prior authorization requirements for the following services:

- Musculoskeletal: spine, knee, hip surgeries
- Interventional Pain Management Services
- Trigger Point Injections
- Outpatient Diagnostic Imaging Services: CT scans, PET scans, MRIs, etc.
- Physical Therapy/Speech Therapy/ Occupational Therapy
- Cardiology
- Sleep Studies (members ages 18 and older)
- Radiation Oncology (members ages 18 and older)

You can request prior authorizations and check status via SSO through NaviNet.

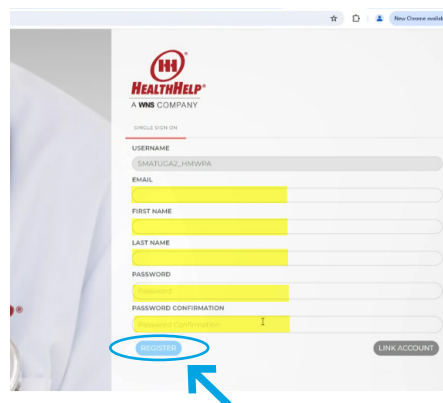
1. Log into NaviNet.
2. Select Highmark Health Options as the Health Plan.
3. Select HealthHelp from Workflows for this Plan.



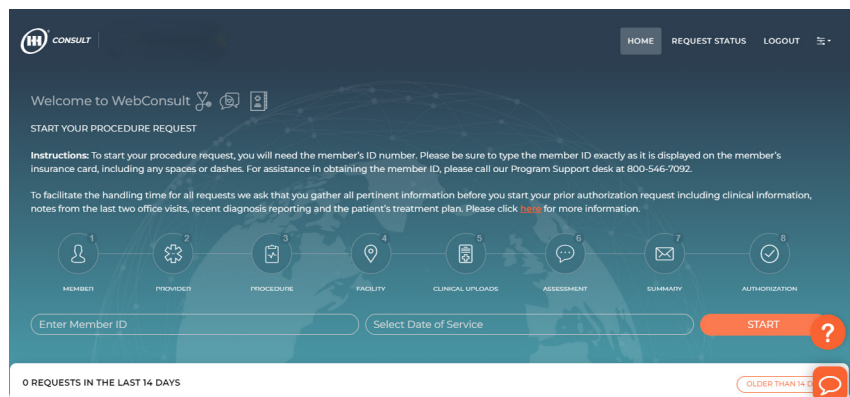
Workflows for this Plan

Eligibility and Benefits Inquiry
Claim Status Inquiry
Enhanced Provider Features
UDC Program
Guiding Care
Health Help

4. If you're a first time SSO user, you will need to register with an email and password.

A screenshot of the HealthHelp registration form. The form is titled 'HEALTHHELP A VHS COMPANY'. It has fields for USERNAME, EMAIL, FIRST NAME, LAST NAME, PASSWORD, and PASSWORD CONFIRMATION. The 'REGISTER' button is circled in blue, and a blue arrow points to it.

5. Click register and you will be immediately connected to HealthHelp to enter your authorization request.*



*Note: If you already have an email on file, you will need to click “Link Account.”

A list of procedure codes requiring authorization through HealthHelp can be found on the **HealthHelp landing page**. Additionally, HealthHelp offers **training webinars** for your reference.



For questions or information regarding general policy and procedures, contact a Highmark Health Options provider representative at **1-833-957-0020**, Monday–Friday, 8 a.m.–5 p.m. TTY users call 711.





GuidingCare Authorization Portal

Any services requiring authorization from the Highmark Health Options West Virginia (HHO WV) Utilization Management Department must be submitted through GuidingCare, via NaviNet. Please reference the **GuidingCare User Guide** to learn about the portal's authorization request process.

Additionally, the Prior Authorization Code Lookup tool, found on our **provider website**, can help you look up the medical procedures and services that require prior authorization from HHO WV.





Learn which vaccines are important for patients with asthma and COPD.

According to the Centers for Disease Control and Prevention (CDC), patients with asthma or chronic obstructive pulmonary disease (COPD) are at higher risk for serious illness or could even die from certain vaccine-preventable diseases.

However, statistics indicate that some people are willing to get vaccines if it's easy to do so, while others may need reassurance or additional information.

Providers play a vital role in reaching both these groups of people. You can offer vaccinations to interested patients, while serving as a trusted messenger for patients with concerns.

The CDC recommends the following vaccines for patients with asthma or COPD:

- **Flu vaccine** every year to protect against seasonal flu. Learn more about the importance of the flu vaccine for patients with asthma, COPD, and the rest of our membership on page 10.
- **Tdap vaccine** to protect against tetanus, diphtheria, and pertussis (whooping cough).
- **Pneumococcal vaccines** to protect against serious pneumococcal diseases.
- **Zoster vaccine** to protect against shingles (if age 50 or older).



Flu season has arrived.

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

Research shows that a physician's recommendation is a powerful motivator for vaccination, which becomes even more important now that there is a growing concern over vaccine hesitancy, fueled by misinformation and distrust.

The flu can be serious, especially for vulnerable populations like the elderly, young children, and those with underlying health conditions. Our Medical Director, Dr. Rebekah Hughey, MD, notes that many of our Highmark Health Options members may have underlying health concerns, 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. Additionally, the vaccine is available at no cost to Medicaid members, making it accessible and affordable for our membership. By recommending and administering flu vaccines, we can help prevent hospitalizations, reduce the strain on health care systems, and ultimately save lives.

Beyond the individual benefits, encouraging vaccination also contributes to herd immunity, protecting those who cannot be vaccinated due to medical reasons. "By increasing vaccination rates, we can create a barrier against the spread of the flu virus, making our communities safer and healthier," says Director of Pharmacy Strategy Delivery, Daniel Serrano, MBA, PharmD.

CDC Recommendations

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. The ongoing presence of COVID-19 in our communities adds another layer of urgency. Having both illnesses at the same time can lead to severe complications and additional strain to the health care system. It is safe to receive COVID-19 and flu vaccines during the same visit. Please refer to the **CDC Recommendations Update**.

By actively engaging with our patients and addressing their concerns, we can combat vaccine hesitancy and ensure that everyone has access to the protection they need.

Vaccines for Children program

We want to express our gratitude to all health care providers who have been instrumental in promoting and administering vaccines, including those who participate in the Vaccines for Children program. Your commitment to protecting public health is truly commendable. As we enter flu season, we encourage you to continue your vital work in ensuring that everyone has access to the life-saving benefits of vaccination.



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.

Our Highmark Health Options West Virginia members with diabetes who receive a retinal eye exam may be eligible for a monetary Healthy Reward. See the **July 2024 Provider Newsletter** for more information on the Healthy Rewards Program.



If you have questions about detecting diabetic retinopathy, please call Provider Services at **1-833-957-0020** to contact our Quality team.



Fraud, Waste, and Abuse

As a provider, you play an important role in helping us find fraud, waste, and abuse. **If you feel that fraud, waste, and abuse may be occurring, report it as soon as you can.**



Fraud: An intentional deception or misrepresentation made by an entity or person intended to result in financial or personal gain.

Waste: Overutilization of services that result in unnecessary costs.

Abuse: Any practices that are inconsistent with medical practices and result in unnecessary costs or medically unnecessary services.

Fraud, waste, and abuse hurts everyone. It can even raise the cost of receiving health care services.

The following are some examples of possible fraud:

- A pharmacy bills a member for drugs they did not get, or the pharmacy provides the incorrect number of pills ordered by their doctor.
- An individual pretends to be from Highmark Health Options West Virginia (HHO WV) and asks for a member's social security number, bank account, or credit card numbers, money, etc.
- A member is billed for health care services or items they did not get.
- A member's doctor orders a lot of tests or items that they do not feel they need.
- A member finds out someone else is using their health insurance card.

Patients should track their health services.

When a member receives health care services, encourage them to record the date of their visit, what services they received and any tests ordered, the location of the visit, who provided care, and to save any receipts and statements they get from their doctor.

Additionally, providers can remind patients to protect themselves from fraud, waste, and abuse by:

- Calling HHO WV as soon as possible if their health insurance card is stolen.
- Checking all bills, statements, or health care information. Make sure that the information is correct. If something does not look right, call us as soon as possible to review.
- Not sharing health insurance cards, card numbers, or medical records with anyone other than their doctor, clinic, hospital, or other health care provider.
- Not signing their name on any blank health care forms.



Do you suspect fraud, waste, and abuse?

We have a team of people who look into all calls or mail regarding possible fraud, waste, and abuse of health care services. You have the option to remain anonymous at all times, and you do not have to share your name when reporting suspected fraud, waste, and abuse of services paid by HHO WV.



Email: SIU_HHO@highmark.com



Phone: 1-844-718-6400

To report Medicaid fraud, waste, and abuse, contact us at:

Address: Highmark Health Options

Delivery Code: FIPR

Attn: FWA/SIU Unit

120 Fifth Ave.

Pittsburgh, PA 15222

Cultural Competency Education Tool

Highmark Health Options (HHO) West Virginia believes a strong patient-provider relationship is the key to reducing the gap in unequal health care access and health care outcomes due to cultural and language barriers. HHO is continuously working to close the gap in health outcomes by focusing on education and prevention.



Participating providers are required to view our Cultural Competency training annually, which is available on the **provider page of our website**.



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)

Jayme 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

Click here to register. 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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Member ID Cards

Recipients approved by the Bureau for Medical Services (BMS) are added to the Highmark Health Options West Virginia information system with the effective date assigned by BMS. Newly enrolled members receive a welcome letter and ID card.

All providers are responsible for verifying an enrollee's eligibility and enrollment and should do so through NaviNet.

Sample Medicaid ID Card

	
Member Name ANNIE KOOLWINK	MEDICAID ID 12345678910
Member ID WVF123456789001	Always carry your ID cards. Show your Highmark Health Options card, your Medicaid card, and any other insurance cards to your doctor.
Primary Care Doctor JOHN DENVER, MD	If your medical condition is very serious or life or death, go to the emergency room or dial 911. For a mental health emergency, dial 988.
Phone 304-555-1212	

Sample CHIP ID Card

	
Member Name PETE KOOLWINK, JR.	WVCHIP ID 12345678910
Member ID WVF123456789001	Always carry your ID cards. Show your Highmark Health Options card, your WVCHIP card, and any other insurance cards to your doctor.
Primary Care Doctor JOHN DENVER, MD	If your medical condition is very serious or life or death, go to the emergency room or dial 911. For a mental health emergency, dial 988.
Phone 304-555-1212	



Reporting of Required Reportable Diseases

Health care providers are required to report certain diseases by state law. This is to allow for both disease surveillance and appropriate case investigation or public follow-up. There are three primary types of diseases that must be reported—Sexually Transmitted Diseases (STDs), Tuberculosis (TB), and Communicable Diseases.

Program Requirements

1. Sexually Transmitted Disease Program:

According to WV Statute Chapter 16-4-6 and Legislative Rules Title 64, Series 7, cases of STDs are required to be reported to the Division of Surveillance and Disease Control.

2. Tuberculosis Program:

As per WV Code §16-3D-1 through 9 and 64 CSR 76, providers must report individuals with diseases caused by Mycobacterium Tuberculosis to the West Virginia Office of Epidemiology and Prevention Services, TB Program for appropriate identification, screening, treatment, and treatment monitoring of their contacts.

3. Communicable Disease Program:

As per WV Legislative Rules Title 6-4, Series 7, cases of communicable disease noted as reportable in West Virginia must be reported by providers to the local health departments in the appropriate time frame and method outlined in legislative rules. According to the legislative rule, reports of category IV diseases, including HIV and AIDS, need to be submitted directly to the state health department, not to local jurisdictions.

Federal Reporting Requirements

Highmark Health Options West Virginia must comply with the following Federal reporting and compliance requirements and must submit applicable reports to BMS for the services listed below:

1. Abortions must comply with the requirements of 42 CFR §441. Subpart E – Abortions. This includes completion of the information form—Certification Regarding Abortion.
2. Hysterectomies and sterilizations must comply with 42 CFR §441. Subpart F – Sterilizations. This includes completion of the consent form.
3. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and reporting must comply with 42 CFR §441 Subpart B – Early and Periodic Screening, Diagnosis, and Treatment.

Additional information regarding the state requirements and procedures for these services can be found in the **Medicaid Physician Provider Manual**.





Plan Contact Information

For questions about contracting with Highmark Health Options (HHO) West Virginia, connect with Provider Contracting at 304-424-0365 or HHOWVContracting@highmark.com.

For questions about working with HHO, contact Provider Relations at HHOWVPR@highmarkhealth.org.



Call Provider Services with administrative questions at **1-833-957-0020 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m.

VSP Vision Update

We would like to make a correction to the VSP Vision phone number that was listed in our July 2024 Provider Newsletter—VSP Vision Provider Services can be reached at **1-800-615-1883**, Monday–Saturday, 9 a.m.–8 p.m.





VSP is a separate company that administers Vision Benefits for Highmark Health Options.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as, routine eligibility, benefits and claims status inquiries.

HealthHelp is a separate company that offers education and guidance from specialists in sleep, cardiology, radiation oncology, physical medicine, diagnostic imaging, and musculoskeletal and interventional pain management for Highmark Health Options.

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