

High Performing Provider (HPP) Frequently Asked Questions

For Physical Therapy, Occupational Therapy, and Chiropractic Providers

January 2025

Q1: What is a High Performing Provider (HPP) designation and why is it important?

A1: The HPP designation is replacing the former Pathways Program **effective Jan. 1, 2025**, for providers in all Highmark service areas. It is designed to give Highmark a formal process and framework for identifying and rewarding high-performing providers based on a defined set of metrics, allowing qualifying providers to have greater self-management.

Q2: What are the benefits of being designated as an HPP?

A2: HPP designated providers receive a greater number of pre-approved authorization visits with the initial authorization request. Providers can receive up to 20 auto-approved visits for a member without undergoing medical necessity review.

Q3: What are the metrics used to evaluate providers for HPP?

A3: Providers must meet or exceed all 3 metrics in order to qualify for HPP designation:

- Total members being treated ≥ 20
 - This metric measures patient volume in order to determine if the provider is eligible for HPP consideration.
- Average visits per member < 80 th percentile
 - This metric evaluates how effectively a provider manages treatment plans, considering factors like overtreatment, undertreatment, and adherence to evidence-based guidelines.
- Approved/pended authorization $\geq 95\%$
 - This metric assesses the approval rate of authorizations that have pended for clinical review.

Q4: How is the Average Visits per Member calculated for the HPP?

A4: **The Average Visits Per Member** is calculated as Total Visits/Accessing Members.

HPP metric must be < 80 th percentile.

Example:

Total Visits = 1,000

Accessing Members = 125

Provider Average Visits Per Member = 8

(1,000 total visits / 125 accessing members)

CLAIM METRICS		Provider	Threshold	Result
Member Count	Count of unique members*	79	≥ 20 members	Pass
Average Visits Per Member	Total Visits/Accessing Members*	8.0	≤ 8.0 visits	Pass

*Utilization is based on having ≥ 20 members 18 years old or older.

Q5: How often are the HPP determinations made? Can I appeal the decision?

A5: HPP determinations are made annually and are based on a rolling 12 months of performance and claims data with three months of runout. There is no appeal process for HPP decisions.

Q6: When and how will providers be notified that they qualify as an HPP?

A6: Providers will be notified of their HPP designation via Helion Arc. Reports will be posted quarterly, allowing providers to see how they rank each quarter. The final HPP report (Q4) will denote if the provider is designated a High Performing Provider for the upcoming year.

Q7: How can I access my HPP Report?

A7: To access HPP Reports via Helion Arc:

Request Arc Access

Submit a ticket to: <https://helionhc.atlassian.net/servicedesk/customer/portal/2>

- To submit a ticket, provide your contact information, NPI and permissions needed.
 - If access to multiple NPIs is needed, list additional NPIs in the description box or upload an Excel file.
 - Upon account creation, an email is sent to confirm the user account. This link will expire within 24 hours.
 - If unable to login to confirm the account within 24 hours, or an automated email was not received, submit a Helion Service Desk ticket for a temporary password to: <https://helionhc.atlassian.net/servicedesk/customer/portal/2/group/8/create/31>

View the HPP Report

- Navigate to the Reports tab on the left navigation menu.
- Select the HPP Report based on the file name.
- Click **VIEW** to open the report.

Q8: Where can I submit questions?

A8: Please send you questions through email to AncillaryProviderContractAdministration@Highmark.com

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