

# Priority Pediatric Measures



# Children 0-2 Years Old Preventive Requirements



| Vaccine:<br>Combo 10  | Doses<br>Needed: |
|-----------------------|------------------|
| DTaP                  | 4                |
| PCV                   | 4                |
| Hib                   | 3                |
| HepB                  | 3                |
| IPV                   | 3                |
| Rotavirus (RV)        | 2 or 3*          |
| Influenza (IIV)       | 2                |
| Hepatitis A (HepA)    | 1                |
| MMR                   | 1                |
| VZV                   | 1                |
| <b>Total Vaccines</b> | <b>23 or 24*</b> |



- ✓ **One lead blood test is required for pediatric populations (i.e., CHIP & Commercial); the lead questionnaire does NOT close the gap**
  - Resulted lead deadline is **on or before** turning 2 years old; sometimes 2<sup>nd</sup> year visit is scheduled after the birthday thus missing the deadline
  - Consider completing at or before 1 year-old visit
- ✓ **All Childhood immunizations in Combo 10 are required before they turn 2, with some having specific deadlines (Coming soon Combo 7 incentive\*):**
  - HEP B
    - 1<sup>st</sup> dose administered in hospital on the mother's claim, must be submitted by practitioner for the child's record, via CQF tool to Highmark
    - Final dose required **before** they turn 2 years old
  - Rotavirus
    - 1<sup>st</sup> dose must be administered **before** 15 weeks old
    - Final dose *required no later than 8 months old*
  - DTaP
    - 4<sup>th</sup> dose required **before** they turn 2 years old
  - Flu
    - 1<sup>st</sup> dose as early as 6 months of age
    - 2<sup>nd</sup> dose recommended to be administered 1 month after first dose
    - Both doses **required before** they turn 2 years old
- ✓ **Developmental Screening to be completed at least once a year (0-3 year olds)**
- ✓ **1<sup>st</sup> visit to pediatric office after birth should be submitted as a well visit claim NOT a weight check**

## Scheduling Tips (please share with schedulers, office staff, scribes and coders):

- ✓ Next appointment should be scheduled during the current visit
- ✓ Children turning 2 years old - consider scheduling the wellness visit **BEFORE their birthday**, some tests such as lead must be resulted before or on 2-year birthday
- ✓ Don't wait until 365 +1 days from the last visit to be schedule, these preventive services will be reimbursed
- ✓ Check for missing vaccines at every office visit and administer them at that time if possible
- ✓ Children 0-2 years old require at least 8 well visits which should ideally be completed before they turn 2 years old

# Children 3-17 Years Old Preventive Requirements



- ✓ **One annual visit per calendar year**
  - These visits and services are covered under the preventive schedule, and do not need to wait until 365 +1 days from the last visit to be scheduled or reimbursed.



- ✓ **All adolescent immunizations in Combo 2 are required before they turn 13, with some having specific deadlines:**

- Meningitis ACYW
  - 1<sup>st</sup> dose as early as 11 years old
  - All doses required **before** they turn 13 years old
- TDAP
  - 1<sup>st</sup> dose as early as 10 years old
  - All doses required **before** they turn 13 years old
- HPV
  - 1<sup>st</sup> dose as early as 9 years old
  - At least 6 months between doses is required
  - 2 doses required **before** they turn 13 years old



- ✓ **All 3 Weight Assessment and Counseling (WCC) CPT codes must be submitted for all preventive, sick, or telehealth visits/claims:**

- Body Mass Index (BMI) Percentile - Must submit percentile codes on claims
- Nutrition Counseling - Mark as "discussed" in the charts, and submit codes on claims
- Physical Activity Counseling - Mark as "discussed" in the charts, and submit codes on claims

## **Scheduling Tips (please share with schedulers, office staff, scribes and coders):**

- ✓ Next appointment should be scheduled during the current visit
- ✓ Adolescents turning 13 years old - consider scheduling the wellness visit ***BEFORE their birthday***
  - This gives the provider time to complete missing immunizations and screenings required prior to the child turning 13
  - These visits and services are covered under the preventive schedule, and do not need to wait until 365 +1 days from the last visit to be scheduled or reimbursed
- ✓ Check for missing vaccines at every office visit and administer them at that time if possible

# Working Through the Gap Lists



- ✓ **Review list and gaps by child (should be prioritized by upcoming birthday)**
  - Check “Monthly CHIP Gap Report” or other member level report provided via the Quality Blue tool (see appendix on how to access)
  - Check medical records and determine if a claim was submitted. If the service was provided previously but claim was not submitted or was submitted to another Insurer, submit the record to Highmark via CQF for review.



- ✓ **Submit medical records to close the gaps via the Clinical Quality Feedback (CQF) Tool- see appendix**
  - Missing well visit service dates
    - 1<sup>st</sup> visit to pediatric office after birth should be submitted as a well visit claim NOT a weight check
    - 6 or more visits required before 15 months old
    - 2 or more visits required between 15 and 30 months old
  - Lead blood testing date and result
  - Vaccination date and dose details (see appendix for specifications to submit Rotavirus doses Rotarix or Rota Teq)
  - Missing WCC codes



- ✓ **If the service was not yet provided, please schedule the child before their birthday OR gap due dates and submit claim.**
  - Lead blood resulting is due on or before the 2<sup>nd</sup> year birthday
  - Missing Combo 10 vaccinations are due on or before the 2<sup>nd</sup> year birthday
  - Developmental screening once a year
  - Missing Combo 2 vaccinations such as HPV are due **before** they turn 13



- ✓ **Children 3-17 years of age should have all 3 Weight Assessment and Counseling (WCC) codes submitted for all preventive, sick, or telehealth visits/claims:**
  - BMI Percentile - should be documented as a percentile on the claim using the following codes ICD-10: Z68.51, Z68.52, Z68.53, Z68.54.
  - Nutrition counseling - should be documented with CPT Codes: 97802, 97803, 97804; HCPCS: G0270, G0271, G0447, S9449, S9452, S9470; ICD-10: Z71.3.
  - Physical activity counseling- should be documented with HCPCS codes: G0447, S9451; ICD-10: Z02.5, Z71.82.
- ✓ **If the WCC codes were not submitted at the time of the initial visit claim, please submit all 3 through the CQF tool**

# APPENDIX

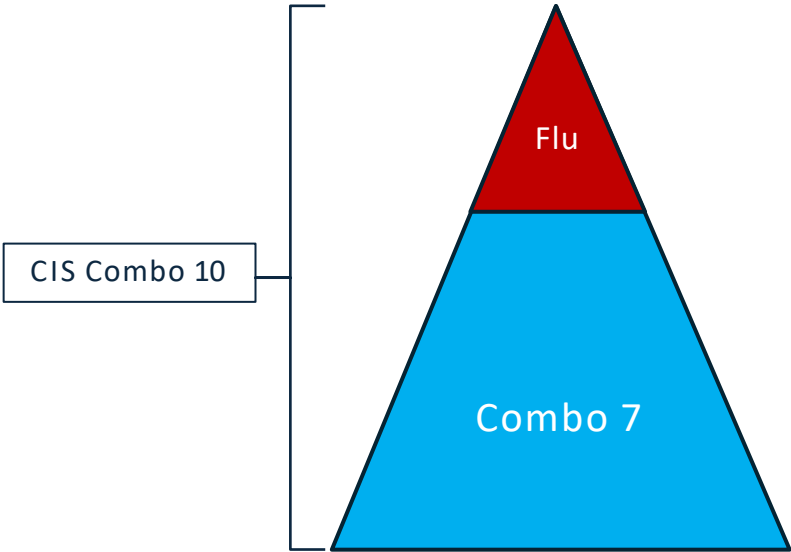
- Combo 7 Newly Incentivized Measure in 2025
- Availability Access
- Quality Blue Access (Member Gap Lists)
- Clinical Quality Feedback (CQF) Tool Access (Submit Member Records)
- Combo 10 Vaccinations CQF Supplemental Documentation Requirements
- Combo 2 Vaccinations & Developmental Screenings CQF Supplemental Documentation Requirements
- Well Child Visits CQF Supplemental Documentation Requirements

# Childhood Immunizations (CIS) Combo 7 Replacing Combo 10

| Immunization Metric Comparison                                       |         |          |
|--|---------|----------|
|  | Combo 7 | Combo 10 |
| Diphtheria, tetanus, pertussis (DTaP) (by age 2 in reporting period) | 4       | 4        |
| Inactive Polio (IPV)   | 3       | 3        |
| Measles, Mumps & Rubella (MMR)                                       | 1       | 1        |
| Haemophilus Influenza Type B (HIB)                                   | 3       | 3        |
| Hepatitis B (Hep B)  | 3       | 3        |
| Varicella (VZV)  | 1       | 1        |
| Pneumococcal Conjugate Vaccine (PCV)                                 | 4       | 4        |
| Hepatitis A (HepA)   | 1       | 1        |
| Rotavirus (RV) (2 or 3 dose series)                                  | 2       | 2        |
| Influenza Vaccine  |         | 2        |

**Key Points:**

- The only difference between Combo 7 and Combo 10 are the 2 doses of Flu vaccine.
- In 2024, Combo 10 is part of the Value Based Reimbursement (VBR) program.
- In 2025, the Combo 7 measure will be replacing Combo 10 in the Highmark VBR program.
- Highmark wants to re-focus practitioner efforts on Combo 7 via the VBR MY2025 incentive.
- To ensure Highmark’s Combo 7 rates reflect the true compliance rate of Combo 7 immunizations, practitioners should:
  - Remain focused on meeting the HEDIS® required timeline for administration of childhood immunization vaccines.
  - Submit timely claims that include the vaccinations details
    - Including vaccine name in to ensure proper gap closures (i.e., 2 dose vs. 3 dose rotavirus).
  - Submit missing vaccination data and dates of service via CQF tool.
  - Continue to monitor and schedule visits to ensure children are staying current on the vaccination schedule.

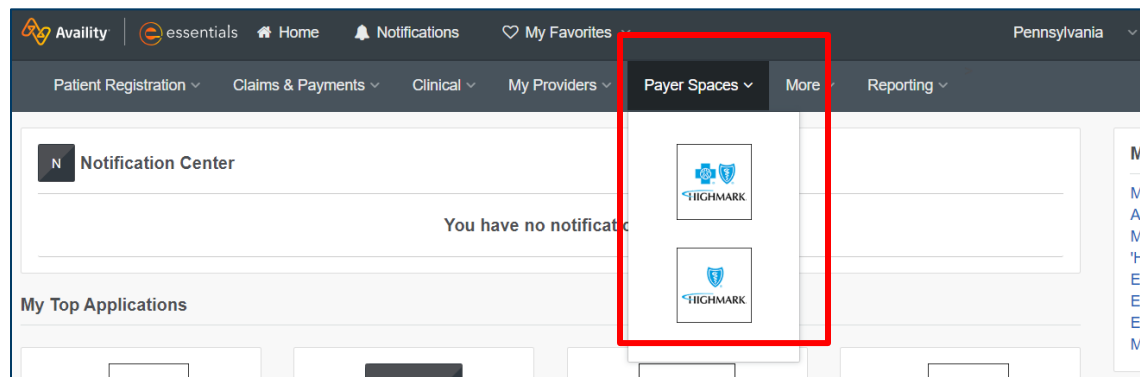


# What is Availity and How Do I Access it?

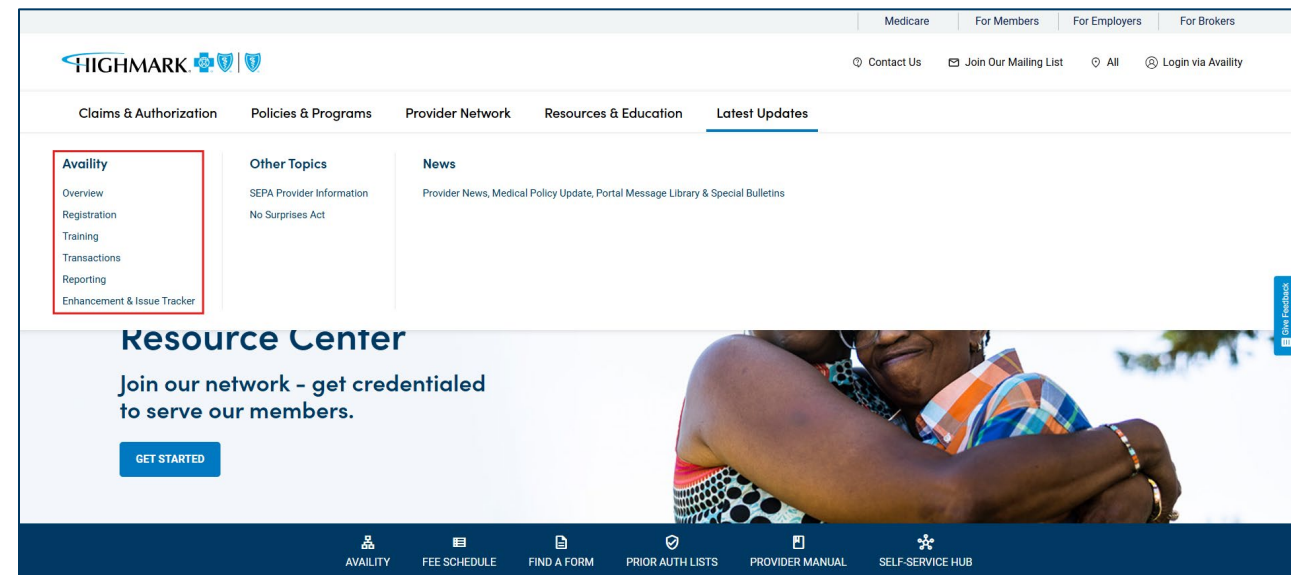
Highmark's provider portal, Availity Essentials, supports the payer-provider transactions necessary to manage care for Highmark members, including eligibility and benefits, claim status, and claim submission, and serves as a gateway to our utilization management, provider file maintenance, and provider facing analytics tools, among others.

If your organization is already registered with [Availity](#), you do not need to re-register. If your organization is not already registered with [Availity](#), you should register for access **now**. For details, go to the [Register and Get Started with Availity Essentials webpage](#).

Once registered, you will have access to Highmark's Payer Spaces:



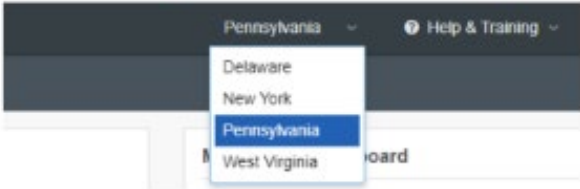
Additional information about Availity can be found on the Highmark Provider Resource Center.



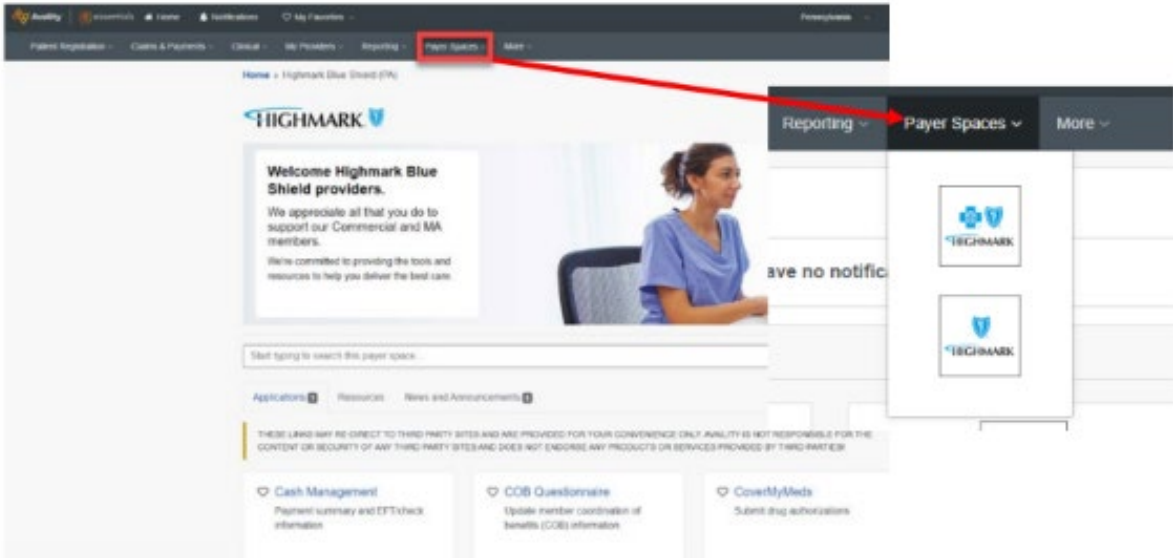


# Access Quality Blue & Member Gap Lists

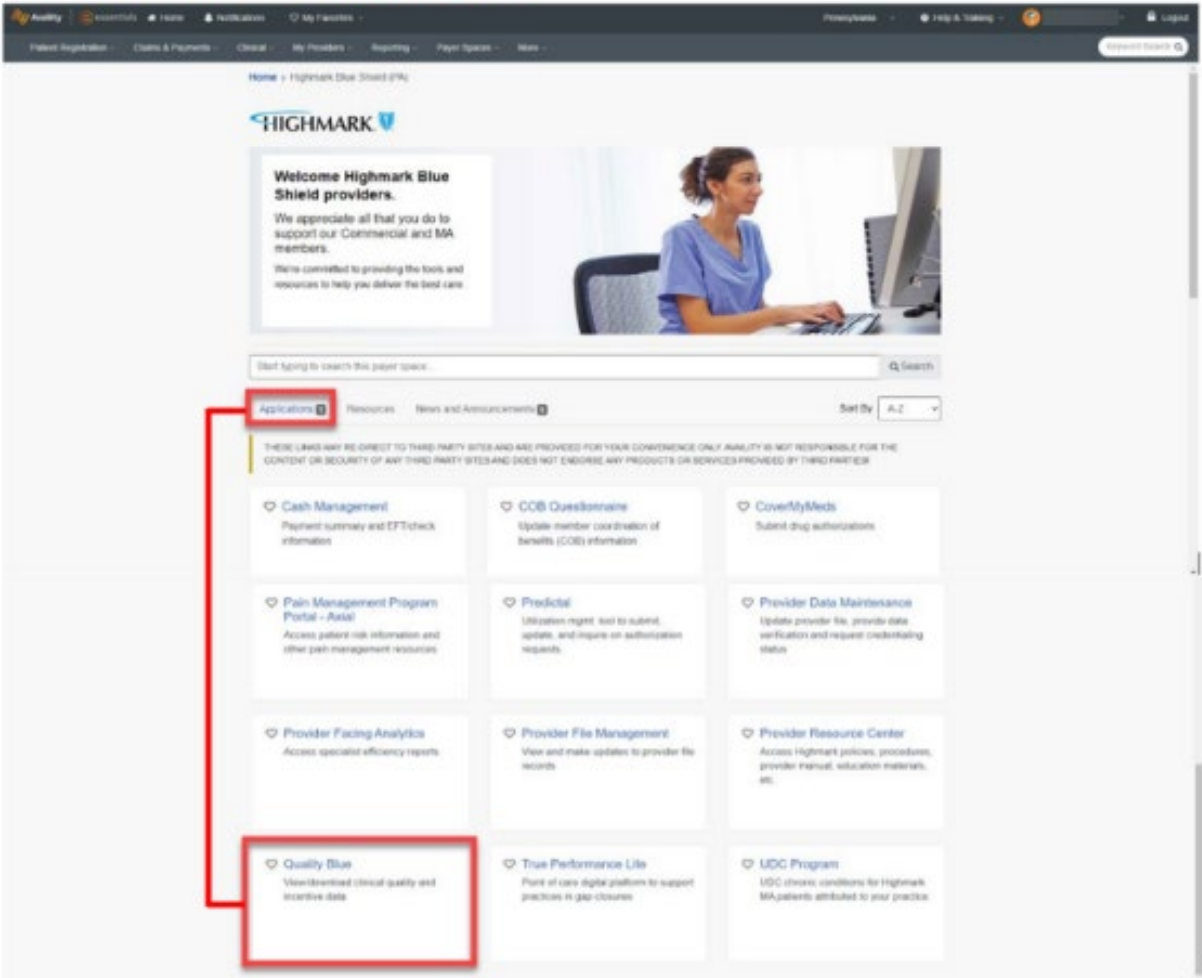
Step 1: Once on Availity, choose your region from the top menu bar. This will take you to the Plan homepage.



Step 2: On the Plan homepage, select the applicable Highmark Plan under Payer Spaces



Step 3: Under Applications, click on the Quality Blue tile. This will take you to the Quality Blue application sign-on page.





# Access Quality Blue & Member Gap Lists

Step 4: From the Quality Blue application sign-on page, use the drop downs to choose your organization and provider.

**QUALITY BLUE ADMIN** SUSAN MANCZ | PENN | V. 1.0

VIEW | REPORTS | CQF | MANAGE CONTENT | PROGRAM ADMIN

### PROVIDER VIEW

#### FIND A PRACTICE

\*Asterisk indicates required field

Search: \*

Entity Blue Shield Id: 009092346

Practice ID | Practice Name | Entity ID | Entity Name

SELECT

**QUALITY BLUE**

REPORTS | CLINICAL QUALITY FEEDBACK | RESOURCES | NUNA VBP

## WELCOME

### PROGRAM NEWS

**Monday, 8/5**  
**LATEST VALUE INSIGHT CENTER UPDATES NOW AVAILABLE**  
The latest update to Value Insight Center is now available for True Performance PCPs. The latest update includes six enhancements. Please see the link below for details.  
[Latest Value Insight Center Updates - August 2024](#)

**Thursday, 8/1**  
**SPECIALIST PERFORMANCE INITIATIVE FINAL 2024 RANKINGS REPORT NOW AVAILABLE**  
The Specialist Performance Initiative final 2024 rankings report is now available under Newest Reports.

**Thursday, 7/25**  
**JULY STARS REPORTS NOW AVAILABLE**  
July MA Stars Reports are now available

|  |          |                   |         |            |  |
|--|----------|-------------------|---------|------------|--|
| <a href="#">Drilldown (Excel)</a>  |          |                   |         |            |  |
| <b>New!</b> <a href="#">True Performance: Practice Pharmacy Rx Drilldown (Excel)</a> | Practice | Utilization       | 06/2024 | 07/25/2024 |  |
| <a href="#">Monthly Chip Gap Report (Excel)</a>                                      | Practice | CHIP Gap Report   | 05/2024 | 07/03/2024 |  |
| <a href="#">True Performance: Care Coordination Report (Excel)</a>                   | Entity   | Care Coordination | 12/2023 | 07/03/2024 |  |
| <a href="#">Final Entity Quality Report (Excel)</a>                                  | Entity   | Quality           | 12/2023 | 06/21/2024 |  |
| <a href="#">PCP VBFSA: Quarterly Progress Report (Excel)</a>                         | Entity   | Score Assessment  | 12/2023 | 06/21/2024 |  |

# Access the Clinical Quality Feedback (CQF) Tool

The Clinical Quality Feedback (CQF) tool is accessible via the top toolbar in Quality Blue. This function allows providers to submit clinical data documented in the patient's medical record to supplement what does not appear in Highmark claims data.



Provider

**QUALITY BLUE**

HOME | REPORTS | **CLINICAL QUALITY FEEDBACK** | RESOURCES | ATTESTATION & ACCREDITATION

## WELCOME

### PROGRAM NEWS

**Highmark Releases New Pay-for-Value Site**  
As part of our Pay-for-Value transformation, Highmark has developed a central website for providers participating in the Quality Blue PCMH and ACA programs. The site is an easily-navigable repository of vital information about the programs and the place for provider-specific reports, including quality performance and the status of supplemental claims data submissions.

**Latest Reports Now Available on Pay-for-Value Site**  
All of your clinical quality and other reports that were previously available via e-Delivery are now accessible here on our Pay-for-Value site. See the links below to "Latest Reports."

**Broad Consensus Emerging on Value of Patient-Centered Medical Homes**  
The national Patient-Centered Primary Care Collaborative has published a comprehensive public policy review that reveals an unwavering consensus across the health care marketplace and political spectrum that patient-centered, coordinated, team-based primary care is critical to achieving a high-value health care system. The growth and popularity of Highmark's rapidly expanding Pay-for-Value programs bear out that consensus. As of July 2013, Highmark's Patient-Centered Medical Home and Accountable Care Alliance programs in Pennsylvania and West Virginia count more than 1,600 practitioners in more than 300 practices covering more than 430,000 members.

Read the full report: [The Primary Care Consensus: A Comparison of Health System Transformation Proposals](#)

**MORE**

# Combo 10 Vaccinations CQF Supplemental Documentation

| Measure  | Service                                    | Numerator Compliance (N) or Denominator Exclusion (E) | Supplemental Documentation  |
|--|--|---|---|
| <b>QN54: Childhood Immunization Status: Combination 10</b> | Chickenpox                                 | N   | Documentation showing a history of varicella illness (chicken pox) any time on or prior to the member's 2 <sup>nd</sup> birthday.   |
|  | DTaP Immunization Patient 7 Years or older | N   | The entire immunization record with documentation of the administration of the DTaP (Diphtheria, Tetanus, Pertussis) vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday. |
|  | Hepatitis A                                | N   | Documentation showing a history of Hepatitis A illness any time on or prior to the member's 2 <sup>nd</sup> birthday.   |
|  | Hepatitis A Immunization                   | N   | The entire immunization record with documentation of the administration of the Hepatitis A vaccine on or prior to the member's second birthday.   |
|  | Hepatitis B                                | N   | Documentation showing a history of Hepatitis B illness any time on or prior to the member's 2 <sup>nd</sup> birthday.   |
|  | Hepatitis B Immunization                   | N   | The entire immunization record with documentation of the administration of the Hepatitis B vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.                           |
|  | HiB Immunization                           | N   | The entire immunization record with documentation of the administration of the HiB (Haemophilus Influenzae B) vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.        |
|  | Influenza Vaccine                          | N   | The entire immunization record with documentation of the administration of the Influenza vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.                             |

Updated: June 2023

Note: Measure specifications/details can be obtained in the masthead measure guide

Note: Program reports can be used to determine which members have an open care gap that may require a submission

Appendix - 7



# Combo 10 Vaccinations CQF Supplemental Documentation

| Measure | Service                            | Numerator Compliance (N) or Denominator Exclusion (E) | Supplemental Documentation   |
|---------|------------------------------------|---|--|
|         |                                    |   |  |
|         | IPV Immunization                   | N   | The entire immunization record with documentation of the administration of the IPV (Inactivated Polio Virus) vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.  |
|         | Measles                            | N   | Documentation showing a history of Measles illness any time on or prior to the member's 2 <sup>nd</sup> birthday.  |
|         | Measles Immunization               | N   | The entire immunization record with documentation of the administration of the Measles Vaccine on or prior to the member's second birthday.  |
|         | MMR Immunization                   | N   | The entire immunization record with documentation of the administration of the Measles, Mumps and Rubella (MMR) Vaccine on or prior to the member's second birthday.   |
|         | Mumps                              | N   | Documentation showing a history of Mumps illness any time on or prior to the member's 2 <sup>nd</sup> birthday.  |
|         | Mumps Immunization                 | N   | The entire immunization record with documentation of the administration of the Mumps Vaccine on or prior to the member's second birthday.  |
|         | Pneumococcal Conjugate (Pediatric) | N   | The entire immunization record with documentation of the administration of the Pneumococcal vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.   |
|         | Rotavirus Three-Dose               | N   | The entire immunization record with documentation of the administration of the Rotavirus vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.<br>**Note: The three-dose Rotavirus vaccination is called RotaTeq and manufactured by Merck. |

Updated: June 2023

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# Combo 10 Vaccinations CQF Supplemental Documentation

| Measure | Service  | Numerator Compliance (N) or Denominator Exclusion (E) | Supplemental Documentation  |
|---------|--|---|---|
|         | Rotavirus Two-Dose                             | N   | The entire immunization record with documentation of the administration of the Rotavirus vaccine on or prior to the member's second birthday. One submission will need to be submitted for each date of service the vaccination was administered prior to the member's second birthday.<br><b>**Note: The two-dose Rotavirus vaccination is called Rotarix and manufactured by Glaxo Smith Kline.</b> |
|         | Rubella  | N   | Documentation showing a history of Rubella illness any time on or prior to the member's 2 <sup>nd</sup> birthday.   |
|         | Rubella Immunization                           | N   | The entire immunization record with documentation of the administration of the Rubella Vaccine on or prior to the member's second birthday.   |
|         | Varicella (VZV) Immunization                   | N   | The entire immunization record with documentation of the administration of the Varicella Vaccine on or prior to the member's second birthday.   |
|         | Anaphylactic Reaction to Vaccine or Components | N   | Documentation of anaphylactic reaction to the DTaP, IPV, MMR, HIB, Hepatitis B, Varicella Vaccine, Pneumococcal Vaccine, Hepatitis A, Influenza or Rotavirus vaccine or one of its components at any time on or prior to the member's second birthday. Documentation must include date of the event.  |
|         | HIV  | E   | Documentation of HIV at any time on or prior to the member's second birthday.   |
|         | Immunodeficiency                               | E   | Documentation of immunodeficiency at any time on or prior to the member's second birthday.  |
|         | Leukemia                                       | E   | Documentation of leukemia at any time on or prior to the member's second birthday.  |
|         | Lymphoreticular Cancer                         | E   | Documentation of lymphoreticular cancer at any time on or prior to the member's second birthday.  |
|         | Multiple Myeloma                               | E   | Documentation of multiple myeloma at any time on or prior to the member's second birthday.  |

Updated: June 2023

Note: Measure specifications/details can be obtained in the masthead measure guide

Note: Program reports can be used to determine which members have an open care gap that may require a submission

# Combo 2 Vaccinations & Developmental Screenings CQF Supplemental Documentation

| Measure   | Service  | Numerator Compliance (N) or Denominator Exclusion (E) | Supplemental Documentation  |
|---|--|---|---|
|   | Intussusception                                | E   | Documentation of intussusception at any time on or prior to the member's second birthday.   |
| <b>QN57.2: Immunizations for Adolescents</b>                          | HPV Vaccination                                | N   | The entire immunization record with documentation of the administration of the HPV (Human Papillomavirus) vaccine on or between the member's 9 <sup>th</sup> and 13 <sup>th</sup> birthday. . One submission will need to be submitted for each date of service the vaccination was administered on or between the member's 9 <sup>th</sup> and 13 <sup>th</sup> birthdays.   |
|   | Meningococcal Vaccination                      | N   | The entire immunization record with documentation of the administration of the Meningococcal vaccine on or between the member's 11 <sup>th</sup> and 13 <sup>th</sup> birthday.   |
|   | Tdap Vaccination Patient ≥ 7 Years             | N   | The entire immunization record with documentation of the administration of the Tdap (Tetanus, Diphtheria, Pertussis) vaccine on or between the member's 10 <sup>th</sup> and 13 <sup>th</sup> birthday.   |
|   | Anaphylactic Reaction to Vaccine or Components | N   | Documentation of anaphylactic reaction to a vaccine or one of its components at any time on or before the member's 13 <sup>th</sup> birthday.   |
|   | Encephalitis due to Tdap vaccine               | N   | Documentation of encephalitis to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13 <sup>th</sup> birthday.   |
| <b>QN61: Developmental Screening in the First Three Years of Life</b> | Developmental Screening                        | N   | Documentation that an assessment using one of the following screening tools was completed: <ul style="list-style-type: none"> <li>- Ages and Stages Questionnaire (ASQ) - 2 months to 5 years</li> <li>- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)</li> <li>- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months</li> <li>- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years</li> <li>- Brigance Screens-II - Birth to 90 months</li> <li>- Child Development Inventory (CDI) - 18 months to 6 years</li> <li>- Infant Development Inventory - Birth to 18 months</li> <li>- Parents' Evaluation of Developmental Status (PEDS) - Birth to 8 years</li> <li>- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)</li> </ul> |

Updated: June 2023

Note: Measure specifications/details can be obtained in the masthead measure guide

Note: Program reports can be used to determine which members have an open care gap that may require a submission



# Well Child Visits CQF Supplemental Documentation

| Measure  | Service           | Numerator Compliance (N) or Denominator Exclusion (E) | Supplemental Documentation  |
|--|-------------------|---|---|
| <b>QN88.1: Well-Child Visits in the First 15 Months</b>      | Well-Child Visits | N   | Documentation of a well-child visit with a PCP during the measurement year.           |
| <b>QN88.2: Well-Child Visits for Age 15 Months–30 Months</b> | Well-Child Visits | N   | Documentation of a well-child visit with a PCP during the measurement year.           |
| <b>QN89: Child and Adolescent Well-Care Visits</b>           | Well-Child Visits | N   | Documentation of a well-child visit with a PCP or OB GYN during the measurement year. |

# Disclaimers

The guidance, best practices, and guidelines (referred to as “best practices”) provided to you are presented for your consideration and assessment only. Please assess whether the described best practices are appropriate for you. There are no requirements that you use the best practices, and the best practices are not required for any Highmark program or initiative. Please note that the successful implementation of any program or initiative depends upon many factors and variables. Therefore, Highmark makes no representation with respect to the described best practices and whether the practices will positively impact your reimbursement, value-based payment, or performance under a Highmark program or initiative.

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