

# Highmark High Performing Chiropractic Network Providers

## High Performing Network (HPN) – Frequently Asked Questions (FAQs)

January 2025

Highmark uses metrics that have been tracked as part of our Physical Medicine Utilization Management program and reported to Highmark participating providers in order to evaluate chiropractic providers in Highmark's Pennsylvania service area. These metrics will be reported quarterly on an HPN report and available for providers to review via Helion Arc. The HPN report will be used for HPN determinations on an annual basis and effective January 1 of the following year. Reports will be available Q1 2025 with the new metrics and will be used for HPN determination **effective Jan. 1, 2026**.

**Q1: What is the High Performing Network (HPN)?**

A1: The HPN only applies to the Pennsylvania service area and uses the same metrics as the High Performing Provider (HPP) program, the Quality Scorecard ranking (when applicable), and a provider's acceptance of a Daily Dollar Maximum contract to make tiering and network decisions. Highmark weights the metrics to determine an overall score for individual providers and compares the score to overall provider performance, then assigns a "Top" or "Low" tier designation for the upcoming year. Other factors that can influence tier designation are value and member access/experience.

**Q2: What are the benefits for being in the HPN?**

A2: Providers achieving a "Top" benefit tier designation in the HPN will be In-Network for commercial, ACA, my Direct Blue, and Medicare Advantage Community Blue products.

For commercial tiered products, HPN providers will be placed in the highest benefit tier. In order for members with commercial tiered benefits to have the lowest cost share, they must receive services from providers in the "Top" benefit tier. Tiered benefits can be identified on a member's insurance card by the column headings on the right side of the ID Card, which identifies enhanced (**Enh**) versus standard (**Std**) level benefits.

**Q3: Are my Highmark patients aware of the implementation of this network?**

A3: Highmark members with claim records indicating that — they recently received services from participating providers who will be moving from "Top" tier to "Low" tier for the upcoming year — will be notified via mail.

**Q4: What if there are no top tier providers available in a patient's location?**

A4: Highmark has carefully evaluated its network composition to ensure that members in all counties in Pennsylvania have the appropriate amount of access at the highest benefit level.

**Q5: How often are tiering/network selection determinations made? Can I appeal the decision?**

A5: Tiering and network selection determinations are made annually and are based on the most current performance data based on the latest 12 months with 3 months of runout and the latest quality scorecard data when applicable. Highmark cannot make dramatic changes to its provider networks more than once a year due to regulatory constraints. There is no appeals process for the tiering/network decisions made each year.

**Q6: What are the metrics used to evaluate providers for HPN?**

A6: Here are the HPN Metrics and Percentage/Metric that we use:

- Total members being treated > 20
  - Requirement
- Average visits per member < 80th percentile
  - 13% for each quintile (max 65%)
- Approved pended authorization  $\geq$  95%
  - 15%
- Contracted under the DDM (Daily Dollar Max) agreement
  - 20%

**Q7: How is the Average Visits per Member calculated for the HPN?**

A7: The Average Visits per Member is calculated as Total Visits / Accessing Members.

**HPN metric allows 13 points for each quintile**

(5 quintiles with a maximum of 65 points)

**Example:**

Provider Quintile = 4

(5.5  $\leq$  6.2)

Provider Score = 39

(3<sup>rd</sup> quintile x 13 points)

CLAIM METRICS					
		<i>Provider</i>	<i>Rank/Threshold</i>	<i>Max Score</i>	<i>Result</i>
Member Count	<i>Count of unique members*</i>	248	$\geq$ 20 members	Required	Pass
Average Visits Per Member	<i>Total Visits/Accessing Members*</i>	5.5	3	65 (13 per quintile)	39

Network Visits Per Member Quintile Thresholds					
<b>Quintile</b>	5 (65)	4 (52)	3 (39)	2 (26)	1 (13)
<b>Threshold</b>	$\leq$ 4.1	$\leq$ 5.2	$\leq$ 6.2	$\leq$ 8.0	$>$ 8.0

**Q8: How can I access my HPN Report?**

A8: Follow these steps:

**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 HPN Report**

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

### **Q9: When and how will providers be notified of HPN designation?**

A9: Providers newly designated as an HPN will receive notification via mail prior to the beginning of the new year.

Once designated as an HPN provider, only providers **whose HPN designation is changing** from the previous year will be notified via mail prior to the beginning of the year. Providers whose status remains the same will not receive notification from Highmark.

### **Q10: How do I improve my performance to change my status for the next calendar year?**

A10: Highmark encourages all participating providers to actively pursue strategies that consistently enhance performance. To support this effort, providers are strongly urged to regularly access their data through Helion Arc. This platform provides insight into how these metrics effect their practice and patient outcomes.

### **Q11: Where can I submit questions?**

A11: Please send you questions through email to [AncillaryProviderContractAdministration@Highmark.com](mailto:AncillaryProviderContractAdministration@Highmark.com).

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