

Highmark High Performing Physical And Occupational Therapy 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 physical therapy (PT) and occupational therapy (OT) providers in Highmark's Pennsylvania service area. These metrics will be reported out quarterly on an HPN (High Performing Network) report and available for providers to review via Helion Arc. The HPN reports 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 High Performing Provider (HPP) program, the Quality Scorecard ranking (when applicable), and a provider's acceptance of a Daily Dollar Max 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 members insurance card by the column headings on the righthand 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 who have 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 my 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
 - Quality Scorecard Providers – 8% for each quintile (max 40%)
 - Non-Quality Scorecard Providers – 13% for each quintile (max 65%)
- Approved pending authorization $\geq 95\%$
 - 15%
- Contracted under the DDM (Daily Dollar Max) agreement
 - 20%
- PT/OT Quality Scorecard Ranking (*when applicable*)
 - 5% for each ranked quintile (max 25%)

Q7: How is the Provider Ranking determined for those providers that receive Quality Scorecards?

A7: The Provider Ranking is based on the overall Quality scorecard:

HPN metric allows 5 points for each quintile

(5 quintiles with a maximum of 25 points)

Example:

Provider Rank = 76

Provider Quintile = 4

(76 \geq 70)

Provider Score = 20

(4th quintile x 5 points)

SCORECARD METRICS					
		Provider	Rank/Threshold	Max Score	Result
Provider Rank	Provider Rank	76	4	25 (5 per quintile)	20

Network Scorecard Quintile Thresholds					
Quintile	5 (25)	4 (20)	3 (15)	2 (10)	1 (5)
Threshold	≥ 81	≥ 70	≥ 60	≥ 50	< 50

Q8: How is the Average Visits per Member calculated for the HPN?

A8: The Average Visits per Member is calculated as Total Visits / Accessing Members.

HPN metric allows 8 points for each quintile

(5 quintiles with a maximum of 40 points)

Example:

Provider Quintile = 4

(8 \leq 9.4)

Provider Score = 32

(4th quintile x 8 points)

CLAIM METRICS		Provider	Rank/Threshold	Max Score	Result
Member Count	Count of unique members*	79	≥ 20 members	Required	Pass
Average Visits Per Member	Total Visits/Accessing Members*	8	4	40 (8 per quintile)	32

Q9: How can I access my HPN Report?

A9: Follow these steps:

To access HPN 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 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.

Q10: When and how will providers be notified of HPN designation?

A10: 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.

Q11: How can I access my Quality Scorecard if I am eligible to receive one?

A11: To request initial access, submit a ticket to the Helion Service Desk or request your facility Helion Arc Administrator to add your new user account. Upon account creation, an email is sent to confirm your user account. This link will expire within 24 hours. If you are unable to login to confirm your account within 24 hours, or you did not receive the automated email, you will need to submit a Helion Service Desk ticket for a temporary password. <https://helionhc.atlassian.net/servicedesk/customer/portal/2/group/8/create/31>.

You can view **Reports** and **Performance Analytics** in Helion Arc by navigating to the **Reports** tab on the left navigation menu and selecting **Performance Analytics** once you are on the Reports page.

Please note that specific permissions are required to access this portion of Helion Arc. Please submit a ticket within the Helion Service Desk to check account status and permissions:

<https://helionhc.atlassian.net/servicedesk/customer/portal/2/group/8/create/53>.

Q12: Why am I not receiving a Quality Scorecard?

A12: A provider must have 20 or more adult (18 years and older) member episodes over the course of a year to receive a Quality scorecard.

Q13: How do I improve my performance to change my status for the next calendar year?

A13: Highmark suggests that all participating providers focus on improving their performance for the metrics listed above. Providers are highly encouraged to not only regularly access their data via Helion Arc, but to also actively engage with the Network Performance Team to address any questions or concerns that may arise as part of the performance improvement process. Accessing their data and engaging with the Network Performance Team will assist providers in gaining valuable insight into how these metrics affect their practice and patient outcomes.

Q14: Where can I submit questions?

A14: Please send you questions through email to AncillaryProviderContractAdministration@Highmark.com.

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Helion is a health care technology and services company that helps payers cultivate high-performing networks while empowering providers to operate at their best – and in doing so, help patients heal better.

