PROVIDER NEWS
A newsletter for the Highmark Blue Cross Blue Shield providers in western Pennsylvania

HIGHMARK
Issue 3, 2022

In the United States, one in five children/adolescents struggles with obesity. According to the Centers for Disease Control and Prevention (CDC), the percentage of children affected by childhood obesity has more than tripled since the 1970s[1].

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children/adolescents struggles with obesity.

While there are many factors that contribute to childhood obesity, social determinants of health (SDOH)—the conditions in which we live, learn, work and play—play a significant role.

Childhood obesity outcomes and risks will vary based on the child's racial, ethnic and/or socioeconomic groups; geographic location; and different physical abilities. Differences in SDOH affect chronic diseases, like obesity, by making it more difficult to choose healthy food options and get enough physical activity.

In addition to SDOH, excess weight gain in children and adolescents can be affected by the following factors:

- eating patterns
- physical activity levels
- sleep routines
- genetics
- taking certain medications[2]

Eating Healthy, Staying Active

The 2020-2025 Dietary Guidelines for Americans are excellent resources for members of all ages. The publications promote eating a variety of vegetables and fruits, whole grains, lean protein foods, and low-fat and fat-free dairy products. Healthy eating also means limiting foods and beverages with added sugars, solid fats or sodium[2].

The Physical Activity Guidelines for Americans make the following recommendations based on the ages of members:

- **Children, 3-5 years old:** physically active throughout the day.
- **Children, 6-17 years old:** physically active at least 60 minutes with moderate to vigorous physical activity every day.
- **Adults:** physically active for 150 minutes a week with moderate intensity activity[3].

Sleep

When people aren't getting enough sleep, they aren't receiving enough leptin and ghrelin —two hormones that regulate appetite—which promote overeating and weight gain by increasing feelings of hunger. Sleep deprivation is also associated with growth hormone deficiency and elevated cortisol levels, both of which have been linked to obesity. In addition, insufficient sleep can slow your metabolism and create a greater tendency to select high calorie foods[4].

Children require more sleep than adults due to the development taking place in their bodies and minds. Those who aren't sleeping enough may experience the same hormonal changes seen in adults that lead to weight gain. They also could experience increased daytime fatigue, leading to decreased levels of activity. One study found that children who went to bed later had worse diet quality[5], consuming more nutrient-poor foods and fewer fruits and vegetables than children who went to bed earlier.

To ensure children are getting enough sleep, the CDC[6] recommends:

Group	Age	Recommended Sleep
Newborn	0-3 months	14-17 hours
Infant	4-12 months	12-16 hours including naps
Toddler	1-2 years	11-14 hours including naps
Preschool	3-5 years	10-13 hours including naps
School Age	6-12 years	9-12 hours
Teen	13-18 years	8-10 hours
Adult	18-60+ years	7 hours or more

Genetics

While genetic changes in human populations occurred too slowly to cause the current obesity epidemic, variants in several genes may contribute to obesity by increasing hunger and food intake. Rarely, a specific variant of a single gene (monogenic obesity) causes a clear pattern of inherited obesity within a family[7,8].

Illnesses and Medications

Some illnesses, such as Cushing's disease, may lead to obesity or weight gain. Medications, including steroids and some antidepressants, also may cause weight gain. Research is still ongoing to determine the full extent that other factors (e.g., chemical exposures and the microbiome) have on obesity.

Resources for Fighting Obesity

To help our members stay at a healthy weight, Highmark has created the following handouts, which are available to you at the links below as well as on our Provider Resource Center:

- Childhood Obesity Bookmarks:
  - Be Active
  - Healthy Eating for Kids
  - Healthier Future
  - Portion Control
- Childhood Obesity Preventive Health Benefit
- Childhood Obesity Resources

An excellent resource for providers to share with members is the Highmark Community Support tool, which can be used to search by ZIP Code for free and low-cost, local services, including food, housing, transportation, utility assistance, job training and more.

References:

1. https://www.cdc.gov/obesity/childhood/index.html
2. https://www.cdc.gov/obesity/childhood/causes.html
3. https://www.cdc.gov/physicalactivity/basics/age-chart.html
4. https://www.cdc.gov/healthyweight/healthy_eating/index.html
5. https://www.sleepfoundation.org/physical-health/obesity-and-sleep
6. https://www.cdc.gov/sleep/about_sleep/how_much_sleep.htm
7. Bouchard C. Defining the genetic architecture of the predisposition to obesity: a challenging but not insurmountable task. Am J Clin Nutr 2010; 91:5-6.

8. Choquet H, Meyre D. Genetics of obesity: what have we learned? Curr Genomics. 2011;12:169-79.


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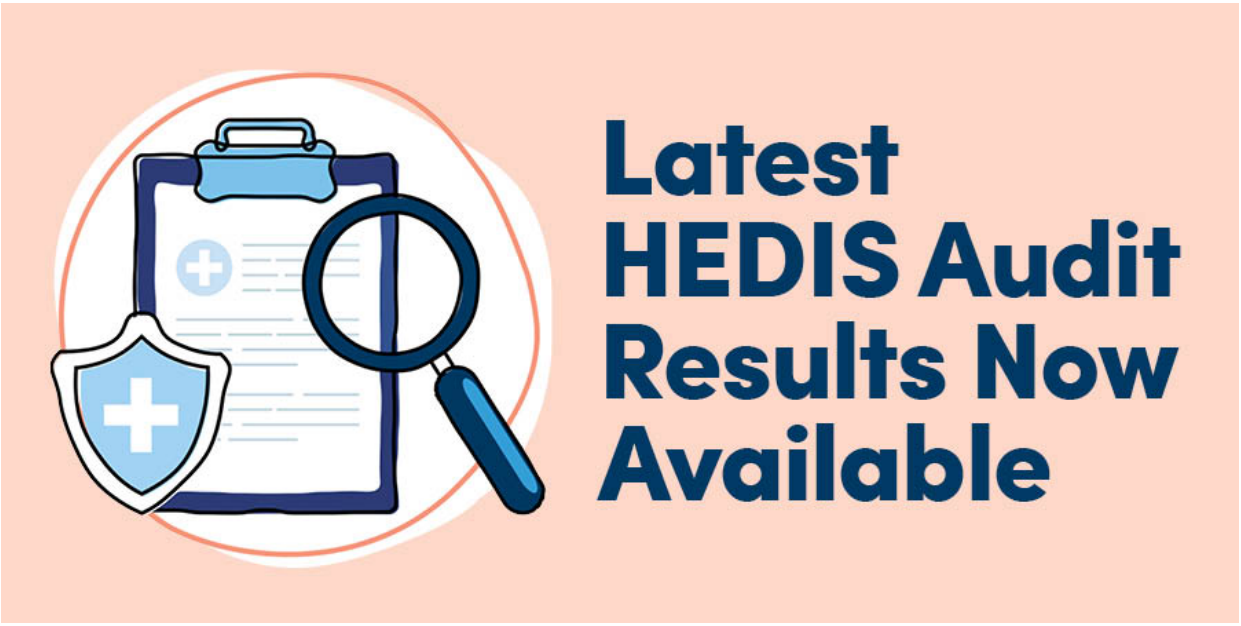

You can now view the most recent performance measures for the Healthcare Effectiveness Data and Information Set (HEDIS®) via NaviNet by:

- Going to the **Provider Resource Center**
- Selecting **EDUCATION/MANUALS** from the sidebar
- Clicking **HEDIS**
- Selecting **HEDIS Results**

These just-released results are based on services received in 2020 and reported in 2021. To help with benchmarking, the Quality Compass® 2021 national averages are also included with the HEDIS data.

Background

HEDIS is the most widely used set of performance measures in the managed care industry. The published results enable members and providers to compare how plans perform.

HEDIS data is collected annually and covers:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization and risk adjusted utilization
- Health plan descriptive information

Developed by the National Committee for Quality Assurance (NCQA), HEDIS is part of the NCQA Accreditation Program and establishes accountability in health care through performance measurements used by the Centers for Medicare and Medicaid Services (CMS) and other third-party reporting agencies.

Important Disclaimers

The source of the data contained in this publication is Quality Compass® 2021 and is used with the permission of NCQA. Quality Compass® 2021 includes certain Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data. Any data display, analysis, interpretation, or conclusion based on this data is solely that of the authors. NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion.

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Additional information related to 2021 CAHPS reporting can be found here.

Per CMS guidance, 2020 Medicare product survey results were not reported or released for comparison.

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Is Your PROMISe ID Up to Date?

Do you treat Children's Health Insurance Program (CHIP) patients and/or provide services to them?

If so, you must have an active Provider Reimbursement and Operations Management Information System Identification (PROMISe™ ID) on file with the Pennsylvania Department of Human Services and Highmark. The information you have on file must include your provider type and each service location where you see CHIP enrollees.

Highmark is required to deny claims if we are unable to match your National Provider Identifier (NPI) reported on the claim to a PROMISe enrollment record for the service location where the services were performed.

In addition, you are required to select a PROMISe ID-enrolled provider when submitting any authorization requests for referrals in NaviNet®.

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Key FAQs: Medicare Compliance Training

If your practice or facility cares for Medicare-eligible patients, read this important notice and share it with your colleagues.

Q	**What kind of training is required annually by Highmark?**
A	Highmark requires Medicare First-tier, Downstream and Related (FDR) entities to complete annual compliance training.
Q	**Who must complete these trainings?**
A	Every individual who is associated with your practice or facility and works with Highmark's Medicare Advantage and/or Medicare Part D Prescription Drug Plan (PDP) members who fall into one of these categories: • Employee • Governing-body member • Temporary worker • Contractor • Subcontractor • Volunteer
Q	**Why does Highmark require these individuals to complete these trainings?**
A	Highmark requires compliance training to ensure that all practices and facilities receiving Medicare dollars understand how to comply with the laws, regulations, guidelines and policies for the Medicare program and how to prevent, detect and correct Medicare fraud, waste and abuse (FWA).

Q	**When does Highmark require these individuals to complete these trainings?**
A	Compliance training must be completed: • At the beginning of their employment, contract or appointment: **Within 90 days** • During employment, contract or appointment: **Between Jan. 1 and Dec. 31 every year**
Q	**Where can individuals go to access these trainings?**
A	Individuals have several options for completing these training requirements. They can: • Complete compliance trainings online via the CMS Medicare Learning Network • Complete the compliance and FWA training offered by your practice or facility
Q	**What proof must be provided that the trainings were completed?**
A	Individuals must review the training programs in their entirety and present one of the following acceptable forms of evidence: • Sign-in sheets • Individual employee attestations • Electronic certi cations The records must include: • Time • Attendance • Topic • Certi cates of completion (if applicable) • Test scores (if applicable) Proof of training completion must be provided to Highmark upon request. Training records must be maintained for the period of the provider's contract with Highmark, plus an additional 10 years.
Q	**Are there any exceptions to these guidelines?**
A	Yes. FDRs who have met the FWA training and education certification requirements through enrollment into Parts A or B of the Medicare program or through accreditation as a supplier of durable medical equipment, prosthetics, orthotics and supplies are deemed to have met Highmark's annual compliance training requirements.

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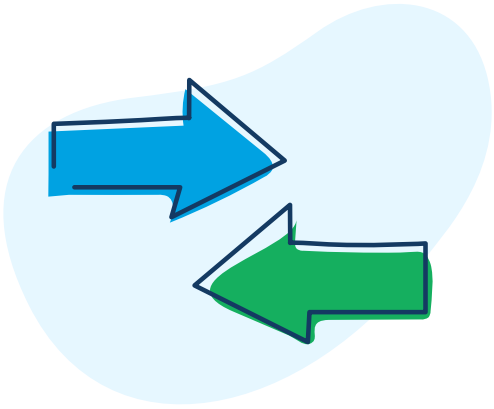
New and Updated Reimbursement Policies



Highmark regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center homepage for eBulletins announcing new policies and the Reimbursement Policy page for policy updates.

Some recent Reimbursement Policies (RP) and Medicare Advantage Reimbursement Policies (MRP) that have been updated and should be reviewed include:

- RP-002 – Co-Surgery
- RP-010 – Incident To Billing Services and Advanced Practice Provider Reductions
- RP-014 – Bilateral and Multiple Surgical Procedures
- RP-016 – Physician Laboratory and Pathology Services
- RP-017 – Evocative or Suppression Testing Panels
- RP-018 – Myocardial Perfusion SPECT Imaging
- RP-020 – Preventive Medicine and Office/Outpatient Evaluation and Management Services
- RP-024 – Eye Procedures Done in Stages or Sessions
- RP-035 – Correct Coding Guidelines
- RP-038 – Out of Network Services
- RP-053 – Gene and Cellular Therapy (CAR-T)
- RP-064 - Government Supplied Vaccinations and Antibody Treatments
- RP-072 – Injection and Infusion Services
- MRP-002 – Reporting Clinical Pathology Consultation Services

*Providers must access via NaviNet.

To access Highmark reimbursement policies, select **CLAIMS, PAYMENT & REIMBURSEMENT** from the Provider Resource Center main menu, and then click on **Reimbursement Policy**.

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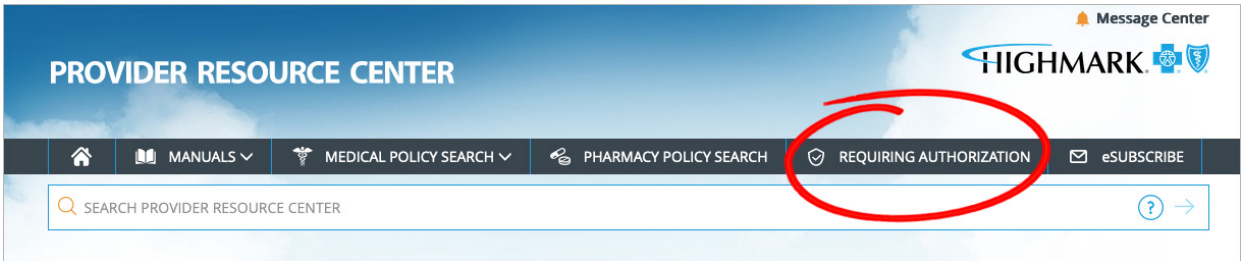
Updates to Highmark's List of Procedures Requiring Authorization

During the year, Highmark adjusts the List of Procedures and Durable Medical Equipment (DME) **Requiring Authorization**. For information regarding authorizations required for a member's specific benefit plan, providers may:

1. Call the number on the back of the member's card,
2. Check the member's eligibility and benefits via NaviNet®, or
3. Search BlueExchange through the provider's local provider portal.

These changes are announced in the form of Special eBulletins that are posted on Highmark's Provider Resource Center (PRC). The most recent eBulletins regarding prior authorization are below:

- Prior Authorization List to be Updated on July 1
- Prior Authorizations No Longer Needed for Seven Injectables
- Reminder: Prior Authorization Required for Speech Therapy



Please note that the Highmark member must be eligible on the date of service and the service must be a covered benefit for Highmark to pay the claim.

You may use NaviNet or the applicable HIPAA electronic transactions to:

- Check member benefits and eligibility
- Verify if an authorization is needed
- Obtain authorization for services

If you are not signed up for NaviNet or do not have access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services:

- Pennsylvania Contact Information for Providers

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Staying Up to Date With the Highmark Provider Manual

Ensure you are regularly reviewing the Highmark Provider Manual for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage

About This Newsletter

Provider News is a newsletter for healthcare providers who participate in our networks. It contains valuable news, information, tips and reminders about our products and services.

- *Classic Blue*
- *Direct Blue*
- *EPO Blue*
- *Freedom Blue PPO*
- *Keystone Blue*
- *Security Blue HMO*
- *PPO Blue*
- *Advance Blue*
- *Simply Blue*
- *Choice Blue*
- *Community Blue*
- *Connect Blue EPO*

Important note: For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the monthly publication ***Medical Policy Update***.

Note: This publication may contain certain administrative requirements, policies, procedures or other similar requirements of Highmark (or changes thereto) which are binding upon Highmark and its contracted providers. Pursuant to their contract, Highmark and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.

Comments/Suggestions Welcome

Arielle Reinert, Editor

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments or ideas for articles in future issues, please write to the editor at ResourceCenter@Highmark.com.

Contact Us

Providers with internet access will find helpful information online at highmarkbcbs.com. NaviNet® users should use NaviNet for all routine inquiries. But if you need to contact us, below are the telephone numbers exclusively for providers.

HIGHMARK
1-800-547-3627

Convenient self-service prompts available.

1-866-588-6967 — Freedom Blue℠ PPO Provider Service Center

1-866-675-8635 — Freedom Blue PFFS Provider Service Center

1-888-234-5374 — Community Blue Medicare HMO Provider Service Center

1-866-634-6468 — Requests for Medical Management and Policy peer-to-peer conversations

1-800-992-0246 — EDI Operations (electronic billing)

1-800-600-2227 — Option 2 — Pharmacy (prescription authorizations)

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Legal Information

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