



We are excited to introduce our newly appointed Vice President, Provider Contracting and Relations at Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York, Kayvin Robertson.

As VP, he will be working with our network providers and managing provider agreements. In addition, he will develop innovative provider reimbursement programs that will allow our providers to deliver the best health care to their patients.

Experience

Robertson has an extensive background in the health care industry that includes Cleveland Clinic Foundation. Most recently, he was the network administrator at Medical Mutual of Ohio. While there, he developed and coordinated an extensive provider network for 13 counties and forged strong provider partnerships, including the expansion of networks for more than 50 hospitals in Ohio, Pennsylvania and West Virginia.

Over the past four years at Highmark, Robertson has been responsible for the development of provider agreements for both fee-for-service and value-based reimbursement programs.

Growing up in upstate New York and still having relatives in the area, Robertson has a deep connection to the Empire State and its communities.

With a strong background in alternative payment models, Robertson is looking forward to working closely with both our network providers and practice account managers to

improve the experiences and address the challenges and opportunities within our provider community.

A Focus on Quality

In the wake of the COVID-19 pandemic, Robertson understands the pressures our health care community has faced, from staffing to supply chain demands.

When asked how he hopes to address some of these pressures, Robertson said that Highmark Western New York and Northeastern New York “is in a unique position to embrace these challenges by turning the old volume-focused approach on its side and creating a new health experience for the over two-and-a-half million members we serve.”

“By assessing health,” he continued, “on a spectrum focused on quality outcomes, we create a new experience for those members and truly embrace health. That’s what [Living Health](#) means. That’s why I am excited about this journey.”

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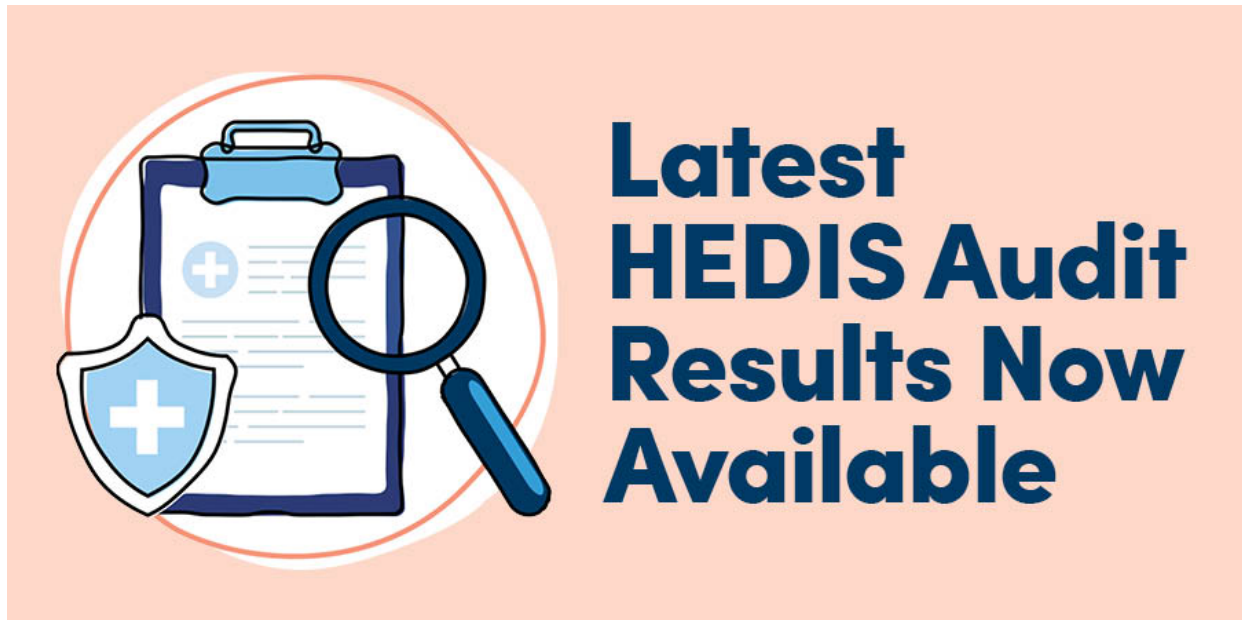
In addition to improving health outcomes and experiences for patients, Robertson is equally enthusiastic about getting to work with our dedicated and passionate network of providers.

By recognizing the uniqueness and closeness of the communities we serve, Robertson is excited about working together to transform the health care experience for our providers and their patients.

“That sense of togetherness demonstrates there exists a community of caregivers willing to lock arms with us to solve the challenges ahead,” Robertson said.

When not at work, he enjoys being outdoors, camping, taking trips with friends, and trying new restaurants.





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.

Quality Compass[®] is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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.





Beginning July 1, your Highmark Blue Cross Blue Shield of Western New York patients with Type 2 diabetes (ages 18 and older) will be offered Well360 Diabetes Management powered by Onduo, a new virtual care program to help them manage their diabetes between office visits. In addition, your patients who were previously using Livongo to manage their diabetes will start transitioning to Well360 Diabetes Management.

Well360 Diabetes Management is a virtual diabetes care program that features tools, coaching and clinical support to help people manage their Type 2 diabetes at any time from their smart phone. The program is part of Highmark's [Living Health model](#) and is designed to give your patients simple and personalized support to help improve their health outcomes.

The program does not replace your care plan; rather, it provides day-to-day support between office visits, so your patients can better manage their habits, exercise and diet.

Through this new program, your patients will:

- Enroll and access the program via smart phone
- Receive testing supplies and monitors, including continuous glucose monitors (CGMs), to those who qualify
- Have access to telehealth services, including an Onduo Care Lead (health and wellness coach), Certified Diabetes Care and Education Specialists (CDCEs),

and an Endocrinologist, if qualified

Onduo will contact your eligible patients for enrollment. You can also direct your qualified patients to the Onduo [enrollment page](#).

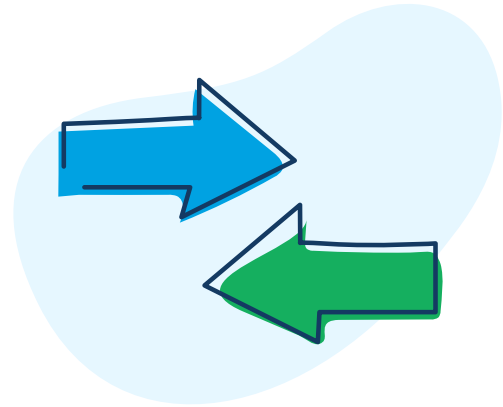
For more information about this program, visit the [Well360 Diabetes Management FAQs](#).















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New and Updated Reimbursement Policies

Highmark Blue Cross Blue Shield of Western New York 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) 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](#) 

*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**.






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:

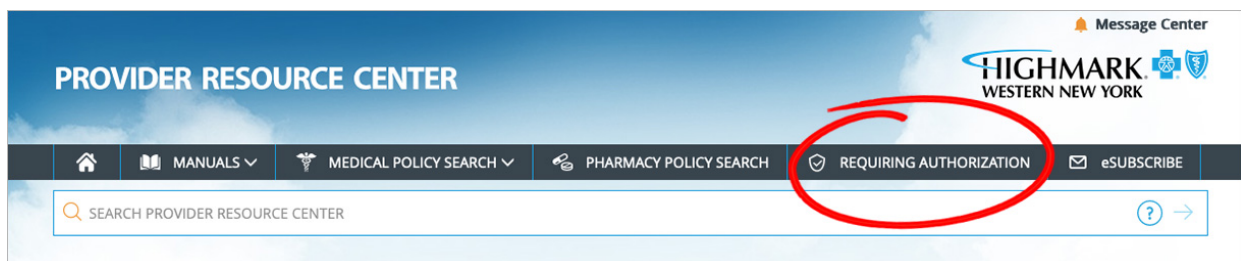


1. Call the number on the back of the member’s card,
2. Check the member’s eligibility and benefits via [NaviNet®](#) , or
3. Search BlueExchange through the provider’s local provider portal.

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](#) 


To view the List of Procedures/DME Requiring Authorization, click Requiring Authorization in the gray bar near the top of the PRC homepage.



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:

- [Highmark Blue Cross Blue Shield of Western New York](#) 




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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 members who have moved onto Highmark's systems.

- 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.

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 hwnybcbs.highmarkprc.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.

Western New York: **1-800-950-0051** or **(716) 884-3461**



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Information on this website is issued by Highmark BCBSWNY, which serves the 8 counties in western New York.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Highmark BCBSWNY has adopted Highmark Inc. medical policies as its own policies applicable to Highmark BCBSWNY members who have moved to the “Highmark System” (i.e., *information systems of Highmark Health and/or its subsidiaries/affiliates*). Please note that for providers with Highmark BCBSWNY members who remain on the BCBSWNY Legacy System (i.e., have not yet moved to the Highmark System), certain BCBSWNY Legacy System medical protocols (found at bcbswny.com) shall apply and control until the earlier of such time as such member is no longer on the BCBSWNY Legacy System or Highmark BCBSWNY communicates otherwise to you.

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View the [BCBSWNY Privacy Policy](#).

