PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

THE RIGHT TIME FOR RIGHT CARE

Beginning in September, Highmark will launch Right Care, a **physician-led program** that ensures members receive the right care, at the right time, and in the right setting.

The program features industry standard appropriateness metrics as well as claims data from Highmark, Medicare, and other sources. The purpose? To decrease the overuse of services that expose members to unnecessary risk or cost while promoting proactive, preventive, and conservative therapies that have been underutilized.

> "We are taking a **clinical approach** to achieve the quadruple aim of health care, which is to **improve outcomes, affordability, the patient experience, and the clinician experience.**"
>
> — Sricharan Chalikonda, MD, MHA, FACS
> Medical Director of the Right Care program

"We are taking a clinical approach to achieve the quadruple aim of health care, which is to improve outcomes, affordability, the patient experience, and the clinician experience," said Sricharan Chalikonda, MD, MHA, FACS, who serves as medical director of the Right Care program.

Using technology and data to transform the delivery of health care and members' health is a core tenet of Highmark's Living Health model, and the Right Care program exemplifies the organization's commitment to creating dynamic, positive change for providers and their patients.

In a just released series of videos, Dr. Chalikonda presents an overview of the new program, while sharing his perspective on why appropriateness measures are so critical in evaluating quality of care.

Background

For years, payors, providers, and other leaders in health care have closely measured and managed clinician performance against cost and quality outcomes. While these areas are important, they only tell part of the story. Appropriateness measures supplement cost and quality outcome metrics to create a more holistic, clinical performance management system—one where clinicians are recognized for developing the plan of care that is best suited for the patient's overall health.

It can be helpful in thinking of appropriateness as a leading indicator in a sequence with other criteria:

- **Appropriateness:** Are we choosing the right care given the patient's condition?
- **Total Cost of Care:** Are we providing that care in a way that efficiently utilizes constrained health care resources?
- **Quality Outcomes:** Are we effectively resolving issues and/or maintaining a healthy patient population?

Are we choosing the right care for this patient?

Are we delivering that care in a way that efficiently uses resources?

Are we achieving the intended outcomes for our patient?

How are Appropriateness Measures Developed?

The Right Care program identifies and measures unwarranted variation in care by partnering with Highmark's own network clinicians as well as other clinically led organizations. Once an opportunity is identified, extensive work is then performed to define the relevant clinical criteria and patient populations, ensuring alignment with evidence-based clinical guidelines and an "apples-to-apples" comparison among clinicians. A distribution of clinician performance is then created using a national data set of both commercial and Medicare claims. Right Care provides our network physicians with visibility into the level of variation nationally and their own individual performance relative to peers.

There are three types of appropriateness measures detailed in the table below, as well as an example of the information shown for each measure:

Types of Measures	Example	Impact of Improvement
Overuse of low-value procedures	Overuse of endovenous ablations for treatment of varicose veins	• Improves affordability by eliminating unnecessary treatment • Reduces days lost to unnecessary appointments and risk of complications
Rarely appropriate patterns in delivery of care	Different day elective upper and lower endoscopy	• Reduces risk of multiple rounds of anesthesia • Improves patient experience • Reduces cost
Underuse of care that promotes better health	Underuse of conservative management prior to lumbar surgery	• Delays or reduces potential surgical procedures • Reduces risk to patient from infection or complications • Reduces cost

Many of the initial Right Care metrics come from the Global Appropriateness Measures, a physician-led organization that uses clinical literature, direct input from practicing physicians, and data analyses to identify discernible patterns of variation in care.

Where Can I See My Performance?

The results for the initial set of metrics will be available on the Provider Facing Analytics platform, accessible from NaviNet®. Each metric will have the definition and parameters published as well as a distribution of individual physicians' performance. You will be able to see where you specifically fall within the distribution and your performance relative to peers.

Access to the Right Care program metrics will be available in September. Once available, a Special Bulletin will be published on the homepage of the Provider Resource Center with instructions for access.

Physician-Led Program

The Right Care program was born through the leadership of clinicians at Allegheny Health Network and is now expanding to include all of Highmark's provider network.

In the video series, Dr. Chalikonda talks about how physicians participating in the pilot program appreciate the amount and level of data available.

"The overwhelming majority of clinicians we've worked with have given very positive feedback on these types of measures," said Dr. Chalikonda. "This data is often not available at scale to the clinician community, and many have said how helpful they've found it simply to know how they compare to peers."

To gain a fuller understanding of the Right Care program, visit the Right Care section on the Provider Resource Center.

PROVIDER NEWS
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HIGHMARK
Issue 4, 2022

4 Tips on Helping Older Teenagers Graduate from Pediatric to Adult Care

Choosing a new primary care physician (PCP) is a big decision for anyone. But it's especially true for young men and women (and their families) as they enter adulthood. It is estimated that more than 4 million Americans will turn 18 in 2023.[1]

The following steps can help pediatric doctors and their teams facilitate the transition to a new PCP for their "older" patients:

1. Create a Transition Policy

Make sure it's readily available to practitioners, parents/guardians, and adolescents. According to gottransition.org, this policy and process should be a part of planning for all adolescents, including those with special needs. In addition, the Got Transition website has other valuable recommendations on helping pediatric patients graduate to adult care.

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2. Educate Families

Family members usually need guidance about the transition process and their role in it. Inform parents and guardians of the legal changes that occur once a child reaches age 18 and emphasize how pediatric and adult care are delivered differently. Be prepared to address any questions regarding this transition.

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3. Empower Adolescent Patients

Teenage patients should be viewed as key participants in the process. Discussions about the transition should begin in early adolescence, with the goal of members completing the process between the ages of 18 and 21. To assess patient readiness, physicians can download and administer the ADAPT Survey.[2]

A focus of these practice-patient conversations should include plans after high school graduation, such as attending college or vocational school, joining the military, or entering the workforce. These decisions will often affect the selection of an adult care provider.

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4. Access Key Resources

The American College of Physicians has created a Pediatric to Adult Care Transitions Toolkit that has valuable information for helping pediatric practices, patients, and parents prepare for this change. Some of the subjects covered include implementing a transition plan, establishing timelines, measuring progress, and maintaining up-to-date medical records and documentation to help ensure a seamless transition to an adult care provider.

In addition, Highmark offers an info sheet to assist parents of older teenagers. Titled "Help Your Teen Take Charge of Their Health," this two-page educational piece is available for providers from the Provider Resource Center under the **EDUCATION/MANUALS** sidebar:

- Click **Educational Resources – Member and Provider**
- Scroll down to "Children and Adolescents" section
- Select **Transitioning from PEDs to Adult Care Provider**

As with any big life change, preparation is key. These four tips can assist pediatric practices in facilitating the transition of members to an adult care provider.

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[1]According to the National Vital Statistics Report published by the Centers for Disease Control and Prevention in 2007, there were 4.13 million babies born in the United States during 2005. In 2023, they will be turning 18 years of age.

[2]ADAPT is an acronym for Adolescent Assessment of Preparation for Transition.

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

Since the onset of the COVID-19 pandemic, virtual health has gained in popularity, offering accessibility, convenience, and enhanced safety during the public health emergency.

For the first half of 2022, Highmark members received virtual care during 18,907 visits with a provider using the Well360 program. The appointments include:

- 13,937 virtual urgent care visits
- 4,970 virtual behavioral health visits

According to a survey conducted by the marketing firm SYKES in 2021, nearly 88% of those surveyed want to continue using virtual health for non-urgent consultations after COVID-19 has passed.

What Virtual Health Resources Are Available to Providers?

The Virtual Health page on the Provider Resource Center has valuable information, including links to:

- Virtual Health Playbook
- Virtual Health Podcast
- Provider Manual Chapter on Telemedicine
- Reimbursement Policy RP-046 Telemedicine and Telehealth Services

PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

Our quality improvement efforts are designed to ensure a high level of care and member satisfaction. To achieve these goals, we continually review the aspects of our plan that affect member care and satisfaction and look for ways to improve them. One way to do that is to share details with network practitioners about the languages patients in their area may speak and to provide information on available interpreting services.

Highmark annually assesses languages spoken by the people living in our service areas.

Highmark annually assesses languages spoken by the people living in our service areas and compares them to the data that practitioners report on their network applications.

Our 2022 analysis concluded that Pennsylvania had greater than 1,000 residents speaking the following **39 primary languages**, with available PCPs skilled in **36 of them**:

Language	PCPs available who speak the language
Amharic	X
Arabic	X

Language	PCPs available who speak the language
Other Indo-European Languages	X

Bengali	X
Chinese (including Mandarin and Cantonese)	X
French, Haitian, and Cajun	X
German or Other West Germanic	X
Greek	X
Guajarati	X
Haitian	
Hebrew	X
Hindi	X
Ilocano	
Italian	X
Japanese	X
Khmer	
Korean	X
Malayalam	X
Nepali	X
Other Asian Languages	X

Persian	X
Polish	X
Portuguese	X
Punjabi	X
Russian	X
Samoan	X
Serbo-Croatian	X
Spanish	X
Swahili	X
Tagalog	X
Tamil	X
Telugu	X
Thai	X
Ukrainian-Slovak	X
Urdu	X
Vietnamese	X
Yiddish	X
Yoruba	X

- The above data are from the 2020 U.S. Census -American Community Survey Five-Year Estimates.
- This information is based on county population and not Highmark membership population.

In 2021, Highmark received 31,826 requests for telephone translation. Following is a breakdown of the top 5 language requests: Spanish 28,562 (89.7%), Mandarin 486 (15.3%), Vietnamese 390 (12.3%), Arabic 378 (11.9%), and French 256 (8.04%). Spanish remains the number one language after English that members speak and require translation services for each year.

PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

Reminder: New Fee Schedule for Highmark Healthy Kids

Effective September 1, 2022, Highmark is creating a uniform fee schedule for the Highmark Healthy Kids Program (formerly known as CHIP). The updates made to the fee schedule are part of a continued effort to align with prevailing market rates for state subsidized programs.

The Highmark Healthy Kids fee schedule is available within NaviNet®. Follow this path: NaviNet > Workflows for This Plan > Resource Center > Claims, Payment & Reimbursement > Fee Schedule Information.

To learn more, see the June 1 eBulletin.

PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

Free Coding Webinar on Diabetic Complications

The Coding and Quality Knowledge College is a quarterly webinar aimed at providing education on the proper coding of medical diagnoses, along with the associated quality measurements that impact documentation.

The next webinar "Diabetic Complications" will occur on Wednesday, October 12, at 12:15 p.m.

Attendees are eligible to receive 0.5 CME credit. Preregistration is required and an Allegheny Health Network (AHN) CME account is needed to receive credit. You can visit Coding Knowledge College via NaviNet® by:

- Choosing **Resource Center** from the left-hand menu
- Selecting **EDUCATION/MANUALS** from the left sidebar of the Provider Resource Center homepage
- Clicking **Coding Education/HCC University**

Once there, you can sign up for an AHN account, register for the next class or view past coding webinars. Topics include autoimmune diseases, diabetes, and pediatrics.

To register for the October 12 webinar on diabetic complications, go here.

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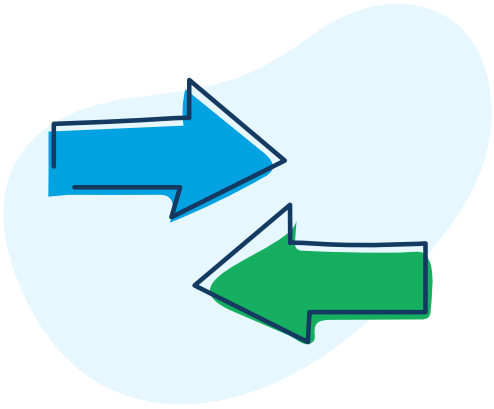
PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

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 upcoming policy changes and the Reimbursement Policy page for updates.

Below is a list of upcoming and recently updated Reimbursement Policies (RP) and Medicare Advantage Reimbursement Policies (MRP):

Upcoming

- **RP-040** List Of Routine Supplies And Services To Be Updated eBulletin: Effective November 1, 2022, more than 30 items will be added to the list of routine supplies and services.

New RPs

- **RP-073** Performance Measurement: New policy based on the performance measurement codes formerly in RP-011.
- **RP-074** Diagnostic Pathology Services: Documents reimbursement direction already in place for these services.

COVID-Related

- **RP-064** Government Supplied Vaccinations and Antibody Treatments: New COVID vaccination added.

Coding Changes

- **MRP-001** Microsurgery: Removed code 63199.
- **MRP-004** Prolonged Services: Removed codes 99311, 99312, 99313, 99314, 99317.

- **RP-007** Multiple Procedure Payment Reduction (MPPR) for Certain Diagnostic Imaging Procedures: Added codes 0398T, 0716T, 0723T, 0721T.
- **RP-011** Procedure Codes Not Applicable to Commercial Products: Removed performance measurement codes, which were used to create new RP-073.
- **RP-042** Global Surgery and Subsequent Services: Added codes 0643T, 0714T, 0719T, 0725T, 0726T, 0727T, 0730T, 0737T.
- **RP-053** Gene and Cellular Therapy: Added codes J3590, J9999, C9399.
- **RP-072** Injection and Infusion Services: Added code J1551.

Administrative Updates

An Administrative Update is considered a minor change regarding the policy cross-reference section, reference section, header, or wording (e.g., correction of grammar).

- **MRP-005** Repairs, Maintenance, and Replacement of Durable Medical Equipment
- **RP-021** Annual Gynecological and Rectal Exams
- **RP-023** Newborn Care, Obstetrical Delivery, Antepartum and Postpartum Care and Associated Services
- **RP-025** Implantation of Subcutaneous Intravascular Catheter
- **RP-030** Insertion of Tissue Expanders
- **RP-032** Pain Management
- **RP-033** Anesthesia Services
- **RP-034** Prolonged Detention or Critical Care
- **RP-036** Preventable Serious Adverse Events
- **RP-043** Care Management
- **RP-060** Genetic Testing Ordering Requirements
- **RP-063** Consultation Services
- **RP-066** Sleep Study Supplies and Services
- **RP-069** DME Maintenance, Repair and Replacement
- **RP-070** Continuous Rental of Life Sustaining DME

To access Highmark reimbursement policy bulletins, select **CLAIMS, PAYMENT & REIMBURSEMENT** from the Provider Resource Center left-hand menu, and then click on Reimbursement Policy.

PROVIDER NEWS
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HIGHMARK
Issue 4, 2022

Quarterly Formulary Updates

View the June updates to Highmark's prescription drug formularies and related pharmaceutical management procedures by clicking here.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures, refer to the **PHARMACY PROGRAM/FORMULARIES** pages, accessible from the left-hand menu. Click on the Pharmacy Information from the sidebar and then Pharmaceutical Management from the list on the right.

This section includes information on:

- Exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange, and step-therapy protocols

Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

The FEP specific drug formularies are available online. Providers also may obtain formulary information by calling **866-763-3608** and following the prompts for *Pharmacy*.

To learn more about the FEP exception request processes for non-formulary drugs, click here.

PROVIDER NEWS
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HIGHMARK
Issue 4, 2022

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

Some recent noteworthy changes include:

- Highmark Healthy Kids HMO Network/Program – guidance has been added throughout the manual.

PROVIDER NEWS
A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania
HIGHMARK
Issue 4, 2022

About This Newsletter

Provider News is a valuable resource for health care providers who participate in our networks. The publication features the latest news, information, tips, and reminders about our products and services, as well as relevant interviews, articles, and stories, for health care professionals who serve Highmark members.

Currently, *Provider News* is published six times a year—in February, April, June, August, October, and December. We are happy to announce that *Provider News* will move to a monthly publishing schedule in 2023. We look forward to sharing even more stories and timely content with you in the coming year.

Another Valuable Resource

For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the ***Medical Policy Update Newsletter***.

You can access both Provider News and the Medical Policy Update Newsletter on the Provider Resource Center from the **NEWSLETTERS/NOTICES** link on the sidebar. Email subscriptions are available via the **eSubscribe** button on the PRC taskbar.

Comments/Suggestions Welcome

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 email the *Provider News* team at ResourceCenter@Highmark.com.

Legal Information

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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.

QUICK REFERENCE

HIGHMARK PROVIDER SERVICE CENTERS

Please use NaviNet® for all of your routine eligibility, benefit, and claim inquiries.
For non-routine inquiries that require analysis and/or research, contact Highmark's Provider Services.

What Is My Service Area?

PENNSYLVANIA:

- Western Region: Professional Providers **1-800-547-3627**; Facilities **1-800-242-0514**
  Hours of Availability: 8 a.m. to 5 p.m. EST, Monday through Friday
- Central & Northeastern Regions: Professional Providers **1-866-731-8080**; Facilities **1-866-803-3708**
  Hours of Availability: 8 a.m. to 5 p.m. EST, Monday through Friday
- Eastern Region **1-800-975-7290**
  Hours of Availability: 9 a.m. to 12 noon, 1 p.m. to 4:30 p.m. EST, Monday through Friday.
- Medicare Advantage:
  - Freedom Blue PPO: **1-866-588-6967**
  - Community Blue Medicare HMO: **1-888-234-5374**
  - Community Blue Medicare PPO: **1-866-588-6967**
  - Security Blue HMO (Western Region only): **1-866-517-8585**
- Behavioral Health:
  - Western & Northeastern Regions: **1-800-258-9808**
  - Central & Eastern Regions: **1-800-628-0816**

DELAWARE:

- Highmark Delaware Provider Services: **1-800-346-6262**
  Hours of Availability: 8:30 a.m. to 5 p.m. EST, Monday through Friday
- Behavioral Health: **1-800-421-4577**

WEST VIRGINIA:

- Highmark West Virginia Medical: **1-800-543-7822**
- Highmark Senior Solutions Medicare Advantage Freedom Blue PPO: **1-888-459-4020**
  Hours of Availability: 8 a.m. to 8 p.m. EST, Monday through Sunday
- Behavioral Health: **1-800-344-5245**

NEW YORK:

- Highmark Blue Cross Blue Shield of Western New York: **1-800-950-0051 or (716) 884-3461**
- Highmark Blue Shield of Northeastern New York: **1-800-444-4552 or (518) 220-5620**
  Hours of Availability: 8 a.m. to 8 p.m. EST, Monday through Sunday
- Behavioral Health: **1-844-946-6264**
  - Fax: Behavioral Health Outpatient: **1-822-581-1867;** Behavioral Health Inpatient **1-833-581-1866**

Please listen carefully to the available options to reach the appropriate area for your inquiry.

HIGHMARK CLINICAL SERVICES

NaviNet® is the preferred for authorization requests. Contact Clinical Services for inquiries that cannot be handled via NaviNet.® **Hours of Availability:** Monday-Friday 8:30 a.m.-7 p.m.; Saturday & Sunday 8:30 a.m.-4:30 p.m. for urgent issues.

PENNSYLVANIA:

- Western Region:
  - Medical Services: Professional Providers **1-800-547-3627**; Facilities **1-800-242-0514**
  - Behavioral Health: **1-800-258-9808**

- Central Region:
  - Medical Services: Professional Providers **1-866-731-8080**; Facilities **1-866-803-3708**
  - Behavioral Health: **1-800-628-0816**
- Northeastern Region: Medical Services **1-800-452-8507**; Behavioral Health **1-800-258-9808**
- Eastern Region: Call Independence Blue Cross at **1-800-862-3648**

DELAWARE:

- Medical Services **1-800-572-2872**; Behavioral Health **1-800-421-4577**

WEST VIRGINIA:

- Highmark West Virginia Products for Medical and Behavioral Health Services: **1-800-344-5245**
- Medicare Advantage Freedom Blue PPO: **1-800-269-6389**

NEW YORK:

- Medical Services: **1-844-946-6263**
  - Fax: Medical Outpatient **1-833-619-5745**; Medical Inpatient **1-833-581-1868**

Please see the *Highmark Provider Manual's* Chapter 1.2 for additional contact information.