

HIGHMARK HIGH PERFORMANCE HOME HEALTH AGENCY NETWORK

FREQUENTLY ASKED QUESTIONS for 2023

Q: Why did Highmark choose to implement the High Performance Home Health Agency (HHA) Network?

A: Our customers demand that we offer products that emphasize high-quality medical care and provide greater value for their health care dollar. To meet this objective, Highmark developed a high-performing network made up of select participating home health agencies. The High Performance HHA Network will support certain Highmark 2023 product offerings

Q: What metrics were used to evaluate the participating HHAs?

A: Highmark used the same metrics that have been tracked as part of the HM Home and Community Services' efforts to manage our HHA network for the previous four years. Scorecards are sent quarterly to participating providers to notify them of their results.

Q: My latest scorecard shows that my agency has improved significantly. Why am I not included in the High Performance HHA Network?

A: Inclusion in the High Performing HHA network is largely based on the agency's performance on scorecard metrics, and consistency across measurement periods is a critical factor. Providers that have demonstrated a consistent record of high performance will be considered, while those that show marked improvement over a short period must maintain that success in order to be considered for future inclusion.

Timing is a factor as well. Given that we are held to the same regulatory deadlines as Highmark's government sponsored plans, network decisions need to be made early in the year. As such, decisions were made based on the most current data available at the time.

On an annual basis, Highmark will reevaluate its network composition and make additions as necessary.

Q: Which products use the High Performance HHA Network?

A: The High Performance HHA Network will apply to **my Direct Blue, Community Blue Medicare, Together Blue***, **Complete Blue**, and **Together Blue Medicare*** as well as the **National Performance Blue** products. The participating SNFs included in the High Performance HHA Network will be considered in-network providers for High Performance HHA Network products.

**Together Blue Commercial and Together Blue Medicare Products are limited to Allegheny, Butler, Washington, Westmoreland and Erie counties. Only HPN Providers in those counties will be participating for these products.*

For most Commercial tiered products, participating providers selected for the High Performance HHA Network will be placed in the highest benefit tier. Participating providers not selected for the High Performance HHA Network will be placed in a lower benefit tier. It is recommended that you validate the network(s) and each tier of benefits that your facility participates in via NaviNet® beginning January 1, 2023.

Directions on how to verify network status in NaviNet can be found on the Provider Resource Center at the link below:

<https://content.highmarkprc.com/Files/EducationManuals/ProviderTraining/confirming-networks-in-nn.pdf>

Q: Are my Highmark patients aware of the implementation of the High Performance HHA Network?

A: Highmark members in affected products who have claims records indicating that they recently received services from participating providers not included in the High Performance HHA Network as of Jan. 1, 2023, will be notified via U.S. postal mail.

Q: What if there are no High Performance HHA Network providers available in my patient's location?

A: Highmark has carefully evaluated its High Performance HHA Network providers to ensure that members in all counties in Pennsylvania have adequate access at the highest benefit level.

Q: What region does this apply to?

A: The High Performance HHA Network is available in Highmark's service areas within Pennsylvania.

Q: How often are tiering and network selection determinations made?

A: Tiering and network selection determinations are made annually and are based on the most current performance data. Highmark cannot make changes to its provider networks more than once a year due to regulatory constraints.

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

A: Highmark suggests that all participating providers focus on improving their performance on the quarterly scorecard metrics.

Q: How does Network participation status impact Commercial claim submission?

A: There is no immediate impact to the way in which you currently submit Commercial claims regardless of network status.

Q: How does Network status impact Medicare Advantage claim submission?

A: For providers participating in the High Performance Network, there will be no immediate impact to the way in which you currently submit claims for your Highmark Medicare Advantage members.

However, if you are NOT participating in the High Performance Network, you will be considered out of network for any of the Community Blue Medicare Advantage Products. As such, you will be required to submit claims for those members in the Patient Driven Grouper Model (PDGM) format, using the applicable Health Insurance Prospective Payment System (HIPPS) codes. Claims for these members will be processed and paid according to the PDPM processing and pricing rules established by CMS.

For Example:

Scenario 1:

- Home Health Agency A does NOT participate in the High Performance network and is considered out of network for the Community Blue Medicare, Together Blue Medicare, and Complete Blue products, but still participates with the Security Blue and Freedom Blue Products.
- Home Health Agency A should submit claims for their patients enrolled in Security Blue and Freedom Blue products using the standard fee for service reimbursement methodology for which they are contracted (along with the appropriate HIPPS Code).
- Home Health Agency A should submit claims for their patients enrolled in Community Blue Medicare, Together Blue Medicare, and Complete Blue Products using the PDGM Reimbursement Methodology (i.e., using PDGM HIPPS Codes).

Scenario 2:

- Home Health Agency B participates in the High Performance Network and is considered in network with Security Blue, Freedom Blue, Community Blue Medicare, Together Blue Medicare, and Complete Blue products.
- Home Health Agency B should continue to submit ALL Medicare Advantage claims for their patients using the standard Fee for Service Reimbursement Methodology for which they are contracted (along with the appropriate HIPPS Code).

Q: Where can I submit questions?

A: Please send your questions via email to: AncillaryProviderContractAdministration@Highmark.com
