

HIGHMARK SELECT DME NETWORK

FREQUENTLY ASKED QUESTIONS

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Recent updates are in *blue italics*: The most recent changes and additions to the frequently asked questions are presented in blue italic text. The revision date in the lower right corner of each page indicates the date those revisions were made.

Q: Why has Highmark chosen to implement a Select DME Network?

A: This decision was made with the intention of providing high-quality, yet cost-effective options to Highmark members. Managing the Select DME Network will result in a more efficient, lower-cost network that will ultimately provide a better value for Highmark members' health care dollars.

Q: What does the implementation of the Select DME Network ultimately mean to me as a health care provider?

A: The implementation of the Select DME Network means that providers will have a select list of durable medical equipment (DME) providers to refer their patients to for their DME supplies.

Any DME provider that is not in the Select DME Network will no longer be in network to Highmark Medicare Advantage members. Highmark commercial members will still have the ability to use currently-contracted DME providers; however, to receive the highest level of benefits possible, Highmark commercial members should also be referred to Select DME Network providers.

Receiving services from non-Select DME Network providers may result in higher health care costs to the member. Highmark has worked extensively with Select DME Network providers to prepare them for the upcoming increase in volume, and is confident that they will have sufficient resources to provide a positive experience for their members.

Q: Are my Highmark patients aware of the implementation of the Select DME Network?

A: Yes. Separate communications will be sent to Highmark members who have claim records indicating that they are currently receiving their DME supplies from a future non-Select DME Network provider. In the coming months, Highmark will be reaching out to its members to transition them to a Select DME Network provider that can suit their needs. Highmark remains committed to working with its members and its new Select DME Network to ensure a smooth transition of service, and will make every effort to mitigate disruption of service to its members.

Q: I have Highmark patients on life-sustaining DME, such as oxygen. The disruption of service could put them in danger. How is Highmark going to protect them?

A: Highmark's first priority during the implementation of the Select DME Network is its commitment to its members, especially ones on life-sustaining DME. Highmark has performed several analyses to identify which of its members are currently on life-sustaining DME and will work extensively with those members, their families and the Select DME Network providers to ensure a smooth transition of care.

Q: What if there are no Select DME Network providers available in my patient's location?

A: Highmark has carefully evaluated its Select DME Network providers to ensure that all counties in Pennsylvania have adequate coverage to meet its members' needs. Additionally, there are several Select DME Network providers that provide DME on a national scale and will be able to serve all counties in Pennsylvania. Please consult the Select DME Network provider listing on the Provider Resource Center to learn which providers serve particular regions of Pennsylvania. You can find the **Select DME Network Provider List** option in the **DMEPOS** section of the Provider Resource Center.

Q: What happens to my patients' authorizations *or Certificates of Medical Necessity (CMNs)* for DME that are currently being supplied by a DME provider that is not in the Select DME Network?

A: These patients' authorizations *or CMNs* can be transferred from a non-Select DME Network provider to a Select DME Network provider. Highmark will notify members who are currently receiving services from a non-Select DME Network provider and these members will need to use their current authorization number when obtaining DME from a Select DME Network provider.

Q: When can I start referring my Highmark patients to Select DME Network providers?

A: You should begin referring your Highmark patients to Select DME Network providers immediately. Doing so will enable Highmark members to enjoy the highest level of benefits possible, and will help to mitigate member disruption by decreasing the volume of members that will need transitioned to a Select DME Network provider.

Q: How did Highmark determine which providers were selected to participate in the RFP process?

A: Highmark identified DME providers with significant utilization by DME category. The list of suppliers was substantial, but not every DME supplier was included. In order to make the RFP distribution and review process manageable Highmark could not issue an RFP to every DME supplier.

Q: How did Highmark determine which providers would be included in the Select DME Network?

A: Highmark considered all RFP responses carefully to determine the amounts, products or services, service regions, and Service Level Agreements, bid by each responder. Highmark then developed a Fee Schedule based on those bids that will enable our members to have quality, choice, and access to DME products and services at a more cost-effective price point.

Q: As a Select Network provider, am I limited to what types of services I can bill for?

A: A Select Network provider is eligible to bill for products and services across all DME categories. Highmark has provided information to prescribers and our members based on categories of service in an effort to make it easier and quicker for people to find a provider that can meet their specific needs.
