HIGHMARK HIGH PERFORMANCE HOME HEALTH AGENCY NETWORK

Frequently Asked Questions for 2021

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

A: Our customers are demanding 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 2021 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 facility has improved significantly. Why am I not included in the High Performance HH Network?

A: Inclusion in the High Performance HH network is largely based on the facility'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 modifications as necessary.

Q: Which products use the High Performance HH Network?

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

For most Commercial tiered products, participating providers selected for the High Performance HH Network will be placed in the highest benefit tier. Participating providers not selected for the High Performance HH 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, 2021.

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

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

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Q: Are my Highmark patients aware of the implementation of the High Performance HH 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 HH Network as of Jan. 1, 2021, will be notified via U. S. postal mail.

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

A: Highmark has carefully evaluated its High Performance HH 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 HH 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. Highmark also recommends that you contact our HM Home and Community Services Network Performance Manager to review your opportunities and share information on any new processes that you have implemented to improve your overall performance.

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 PDGM 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 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 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, 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**
