HIGHMARK WEST VIRGINIA DMEPOS PAP QUALITY PROGRAM
FREQUENTLY ASKED QUESTIONS

Revised: March 25, 2016

GENERAL/PARTICIPATION

Q1: Where can I find information about the Highmark West Virginia Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) PAP Quality Program?
A1: Information is available online in the Provider Resource Center which is accessible via NaviNet® and also at www.highmark.com where you can choose the applicable link for your region. On the Provider Resource Center, select *DMEPOS Quality Program f*rom the main menu at the left, and then click the link titled *PAP Device Program.*

Q2: Who do I call if I have questions?
A2: Please contact your assigned Highmark West Virginia Provider Relations representative.

Q3: Does this program place any additional financial responsibility on the patient?
A3: No. However, patients continue to be responsible for any cost sharing that may apply, including deductibles, coinsurance, or copays.

COMPLIANCE MEASUREMENT and REPORTING

Q4: Which patients should be measured for compliance on a quarterly basis?
A4: The PAP Quality Program measurement requirements apply to all patients with Highmark West Virginia health care coverage, including Medicare Advantage. It also includes those patients with coverage through the Federal Employee Program (FEP) and out-of-area Blue Plans (BlueCard®). **Simply stated, any patient for whom you have received payment from Highmark West Virginia should be included in the compliance measurement process.**

Q5: Should I include Highmark West Virginia secondary patients in our data?
A5: Yes. This program includes all Highmark West Virginia patients.

Q6: Will other products be included in this program in the future?
A6: It is possible that Highmark West Virginia may include additional products and member populations in the DMEPOS PAP Quality Program in the future. You will be notified if such changes occur.

Q7: When does the compliance measurement period begin?
A7: A new compliance measurement period begins on July 1 each year. The program's "measurement year" is a twelve (12) month period from July 1 through June 30 (with four quarterly measurement periods: July 1 – September 30; October 1 – December 31; January 1 – March 31; and April 1 – June 30).

Q8: What compliance measurement data is required? How is data obtained?
A8: For the DMEPOS PAP Quality Program, member compliance for using a PAP device and/or supplies is defined as follows:

> **"Member uses the PAP device a minimum of four (4) hours per night, seventy (70) percent of the nights during the quarterly measurement period."**

It is recommended, for operational efficiencies, that the data be added to the Compliance Data Worksheet on a quarterly basis. Compliance data can be obtained by any of the following methods:

- Patient self-reporting (questionnaire, phone, in-person appointment)
- Electronic compliance measurement devices
- Modems
- Automated or live telephonic validation provided by a third-party vendor

Participating providers must document the compliance information obtained that supports the member's compliance. This information should be kept as part of the patient's medical record.

IMPORTANT NOTE: Documentation must be available to Highmark West Virginia upon request.

Q9: When do I submit patient compliance data to Highmark West Virginia?
A9: The completed Compliance Data Worksheet may be submitted between July 1 and October 1. It must be received by Highmark West Virginia no later than the **October 1** deadline each year.

Q10: How do I submit patient compliance data to Highmark West Virginia?
A10: During each quarter, the required data should be entered into the electronic Compliance Data Worksheet provided by Highmark West Virginia. The worksheet is available online in the Provider Resource Center. The worksheet will automatically calculate each provider's Compliance Score.

Each participating provider's Compliance Score is calculated using the quarterly data that is submitted by providers for Highmark Qualified Members from all locations represented under the provider's tax identification number(s). A separate worksheet must be used for each tax identification number. **Participating providers must obtain and include data for a minimum of seventy (70) percent* of the Highmark Qualified Member population in order to be eligible to receive enhanced reimbursement.**

Participating providers are required to collect the following data during each quarterly measurement period:

- **Total number of Highmark Qualified Members**
- **Number of Highmark Qualified Members who were contacted and for whom compliance data was obtained**
- **Number of Highmark Qualified Members for whom compliance data was obtained and WHO MET compliance criteria**

*Seventy percent requirement effective beginning with the 12-month measurement period July 1, 2016 through June 30, 2017 for reimbursement for calendar year 2018.

Q11: Where do I submit patient compliance data to Highmark West Virginia?
A11: The completed Compliance Date Worksheet can be submitted to Highmark West Virginia either electronically or by mail/hard copy as follows:

Email to: HighmarkDQP@highmark.com

Fax to: 1-717-635-4221

Mail to: Highmark Strategic Sourcing
120 5th Avenue
Suite 1451
Pittsburgh, PA 15222
- Personal and Confidential –

Q12: How long should providers measure and monitor member compliance?
A12: Compliance data must be collected for a Highmark Qualified Member every quarter for as long as the member continues to be a patient of the provider and claims for the member are being processed by Highmark West Virginia. **This applies to rented or purchased devices and all purchased supplies.**

Q13: If a patient changes providers for PAP supplies, does the new company become responsible for ongoing compliance reporting on the patient?
A13: Both providers are responsible for compliance reporting. Any participating provider who has active Highmark West Virginia patients should continue to gather and provide compliance data on those patients.

For example, if a patient had a rental device but later chose to purchase supplies from a different provider, both providers would be required to report the patient's compliance data. However, if the device was purchased midway during the compliance measurement year, the first provider would be responsible for reporting the compliance data for the purchased device and the new provider would be responsible for reporting compliance data on purchased supplies.

Q14: Are providers expected to provide compliance data for members who are only getting supplies during these reporting periods?
A14: Yes. If a provider receives payment from Highmark West Virginia for any of the 22 applicable codes, including supplies, for a Highmark West Virginia patient, the provider must include those patients in the "Highmark Qualified Member" count and must report their compliance.

Q15: What if fewer than 70 percent* of the Highmark Qualified Members are reported?
A15: The provider would not be eligible for enhanced reimbursement and would, instead, receive reimbursement at the program's Base Fee Schedule level.

*Seventy percent requirement effective beginning with the 12-month measurement period July 1, 2016 through June 30, 2017 for reimbursement for calendar year 2018.

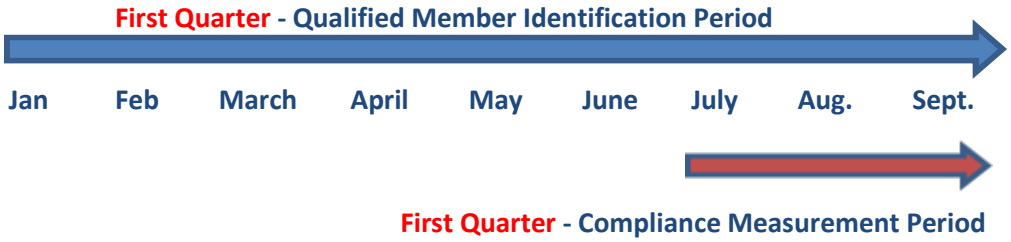
Q16: Our office has many locations and multiple taxpayer identification numbers. Does Highmark West Virginia want providers to submit compliance data worksheets by company and not by taxpayer identification number?
A16: No. Program participation and compliance data reporting is driven by taxpayer identification number. Therefore, a separate Compliance Data Worksheet should be submitted for each individual taxpayer identification number.

Example 1: If an organization has two (2) tax identification numbers and five (5) locations, the organization must submit two (2) individual worksheets (one for each tax identification number). The provider must also list the appropriate NPI numbers for each location in the space provided on the worksheet.

Example 2: If an organization has one (1) tax identification number and twelve (12) locations, the organization will need to submit only one (1) worksheet. The provider must also list the appropriate NPI numbers for each location in the space provided on the worksheet.

Q17: To clarify, should providers report the patient compliance data for each quarter (90-day period) on the Compliance Data Worksheet and not just the 30-day measurement in that quarter, correct?
A17: Yes. Additionally, when counting Highmark Qualified Members for each quarter, participating providers should also include all Highmark Qualified Members within the "6-month look back period" prior to the beginning of each quarter.

EXAMPLE: COMPLIANCE DATA COLLECTION – FIRST QUARTER
The following example illustrates the Qualified Member Identification Period, the Compliance Measurement Quarter, and the time frames when compliance calls should be made to Highmark Qualified Members for the first quarter. Please see the Administrative Requirements for examples for all four quarters.



- **Qualified Member Identification Period:** January 1 – September 30 (includes 2-quarter look back)
- **Compliance Measurement Quarter:** July 1 – September 30 (provider contacts members)
- **Compliance Data Collected From Qualified Members:** Between July 1 and September 30

Q18: We use a vendor to initiate compliance calls for us. Can we use their documentation as proof of compliance?
A18: Yes. If the documentation collected by the vendor meets the Highmark West Virginia compliance criteria, that information is acceptable for the DMEPOS PAP Quality Program. The information must be collected within each applicable quarter. Additional information on this topic can be found in the Administrative Requirements that are available online.

Q19: Should providers exclude members due to hospitalizations or death during a reporting period?
Q19: If you receive reimbursement from Highmark West Virginia for a Highmark Qualified Member's PAP device and/or supplies, the member should be included.

Q20: If a patient received supplies twice in the last six months, should they be counted twice in the compliance data?
A20: No. Members are counted **only once during each quarterly measurement period** regardless of how many times they receive supplies during the prior six months.

Q21: Who determines the percentage of Highmark Qualified Members and Compliance Score percentage?
A21: The PAP Compliance Data Worksheet automatically calculates the Highmark Qualified Member percentage and the Compliance Score. Participating providers do not need to perform any calculations.

Q22: Are participating providers required to verify patient compliance only when a patient orders supplies or should providers contact patients on a monthly basis?
A22: Participating providers are required to measure and verify compliance for Highmark Qualified Members at least once during each quarter during the measurement year.

Q23: Highmark Qualified Member compliance data is collected quarterly, but is the data only submitted annually to Highmark West Virginia?
A23: Yes. It is recommended you enter the compliance data into the PAP Compliance Data Worksheet quarterly; however, **you should submit the final compliance data for the entire measurement year only once each year between July 1 and the October 1 deadline.**

Q24: Can Highmark West Virginia provide a script for the questions we should ask patients to determine their compliance?
A24: You may wish to ask the following questions:

- During the last ninety (90) days, how many nights did you use the PAP equipment?
- During the last ninety (90) days, how many hours per night did you use the PAP equipment?

REIMBURSEMENT

Q25: Will there be reimbursement for Code A9279 for compliance monitoring?
A25: No. A list of approved codes for PAP devices and applicable accessories for use with PAP devices is included in the DMEPOS PAP Quality Program Administrative Requirements.

Q26: Does reimbursement apply to just the machine, just the supplies, or both?
A26: The program applies to the **devices AND supplies.** A list of approved codes for PAP devices and applicable accessories for use with PAP devices that are included in the DMEPOS PAP Quality Program can be found in the Administrative Requirements.

Q27: Where can I get a copy of the fee schedule?
A27: The fee schedule is available on NaviNet® in the *Allowance Inquiry* transaction section on an individual code basis. Additionally, the entire Highmark West Virginia PPO fee schedule is available online in NaviNet's Provider Resource Center under *Administrative Reference Materials*.

Q28: Will Highmark West Virginia send a letter informing providers what the reimbursement level will be for the following year?
A28: Yes. Participating providers are required to submit their final compliance reporting data by the **October 1** deadline each year. Highmark West Virginia will confirm receipt of the compliance worksheet and reimbursement level for the following year.

Q29: I have patients who only purchase supplies on a 6-month or a 12-month basis. Will this change the reimbursement?
A29: Yes. Reimbursement is based on the Compliance Score the provider achieved for the measurement year in which the supplies were purchased.

Q30: May we bill the member in the event he or she is not compliant?
A30: No. The member may be billed only for member cost sharing liability.

Q31: When will participating providers be eligible for enhanced reimbursement?
A31: Participating providers will be eligible for enhanced reimbursement after completing a full measurement cycle and submitting compliance data. **NOTE:** Whether you will receive enhanced reimbursement is determined by your Compliance Score.

Q32: When will providers new to the program be eligible to receive enhanced reimbursement?
A32: Providers who are new to the program will be eligible to receive enhanced reimbursement once the provider has fulfilled the following program requirements:

(1) Executed the Participation Agreement;
(2) Completed a full 12-month measurement cycle (July 1 – June 30); and
(3) Met the appropriate program requirements.

Participating providers will receive reimbursement according to the program's Base Fee Schedule level until requirements for enhanced reimbursement are met for the applicable reimbursement period.

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