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# SPECIAL BULLETIN

**FOR PROFESSIONAL AND ANCILLARY PROVIDERS**

**MARCH 2016**

## EFFECTIVE MAY 1, 2016, HIGHMARK WEST VIRGINIA TO ADJUST FEES FOR ACA INDIVIDUAL PRODUCTS

### **ACA Market Requires Solutions to Ensure Future Viability for Patients**

At Highmark Blue Cross Blue Shield West Virginia, we value our longstanding collaboration with providers in serving our community with high-quality care. And the challenges of the uninsured and underinsured have always been a collective rallying point for us in meeting the health care needs of West Virginia residents.

Three years ago, before the Patient Protection and Affordable Care Act (ACA) of 2010 made health care more accessible to millions of Americans, many individuals who now have ACA coverage would have been uninsured. In West Virginia, Highmark was the only insurer to step up and be an active participant in the ACA marketplace during its first two years of operation, and, as a result, more than 45,000 individuals in our state now have health insurance coverage through the ACA. For all of the good that the ACA has accomplished, the market remains financially unstable.

### **PRESERVING ACA PRODUCTS: ADDRESSING CONCERNS**

Highmark West Virginia is committed to stabilizing the ACA market and has taken actions on multiple fronts. To date, we've used significant financial reserves to sustain offering ACA coverage to West Virginia residents. We have sought appropriate rate increases and modified benefits. And to encourage our ACA members to manage their health, we are developing an enhanced, comprehensive care management program to help them improve wellness and stay healthy.

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We also are taking contracting and reimbursement actions across all providers, including hospitals. Rather than extreme actions that target physicians, however, Highmark West Virginia has taken a measured approach to managing ACA fees with an aggregate adjustment of 0.6 percent focused on our ACA direct-pay products.

**That is why, effective May 1, 2016, we will adjust our provider fee schedule to implement new fees for our ACA individual (direct-pay) products. Current fees are available in NaviNet®, and the ACA fees will be viewable in the system on or before May 1, 2016. (For more information on accessing current fees in NaviNet, please see "Fees Available via NaviNet" below. If you don't yet have NaviNet, visit [navinet.net](http://navinet.net) to get access to the system.)**

## PARTNERING FOR QUALITY

Highmark West Virginia has a long history of collaborating with providers, and that continues. We recently invested, and providers earned, \$2.4 million to strengthen our pay-for-value programs to reward providers for delivering quality, cost-efficient care. Additionally, our evolving True Performance program allows PCPs to earn up to 30 percent of reimbursement based on performance.

Highmark West Virginia also is working to develop gain-share and risk-share models that provide additional upside to physicians for managing the total cost of care. And we are working to develop more robust models of provider-led care management for the sickest of the sick. We are evaluating our networks and seeking closer partnerships with high-quality providers. Over time, we want PCPs to be partners with us in managing the utilization and health of our ACA members.

In all that we do, we will continue to strive to ensure that the residents of West Virginia have high-quality, affordable and accessible options for health care. We believe it's our role in the community to be part of serving these members. We can only do so if we are able to manage the cost and quality of care that they receive.

We thank you for your continued commitment to serving our ACA product members and ask for your patience and understanding as we look for new and better ways to serve our customers, members, and you, our valued network providers.

**Attached for your records is an addendum to memorialize the fee changes and other agreements relevant to Highmark West Virginia's ACA network and products. Please retain this document with your contract records.**

## FEES AVAILABLE VIA NAVINET

On or before May 1, 2016, you will be able to access all applicable payment information online. Visit the Provider Resource Center (via NaviNet) and select *Administrative Reference Materials*, and then *Fee Schedule Information*.

**Please note that fees are not published on the public Provider Resource Center.** On May 1, 2016, and after, you can use the following methods to view all applicable payment information.

1. **NaviNet** — Hover on *Allowance* and then select *Allowance Inquiry* to determine the pricing for specific procedure codes by plan/product type.
2. **NaviNet's Resource Center** — Download the full list of ACA fees by clicking *Administrative Reference Materials* and looking for the link on the bottom half of the page.

**Note:** The inclusion of a procedure code and allowance in the list does not necessarily indicate that it is eligible for payment under Highmark's programs. Highmark will apply the appropriate network rules, member benefit limitations and medical policy guidelines to the services you report. Highmark may also apply a site-of-service differential for facility-based services. Allowances are subject to change.

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### **ADDENDUM III TO NETWORK AGREEMENT FOR AFFORDABLE CARE ACT PARTICIPANTS**

This Addendum III applies to Providers in Highmark WV's Affordable Care Act ("ACA") network, which processes in accordance with the terms and conditions of the Network Agreement and the Provider Manual. Except as set forth in this Addendum III, the terms and conditions of the Network Agreement and the Provider Manual are unchanged by this Addendum III and this Addendum III shall only apply when Providers provide Covered Services to Covered Persons under an ACA policy utilizing the ACA network.

**A. Payment of ACA Fee.** The following shall be added to and made a part of Section I, Paragraph A of the Network Agreement:

Highmark WV shall pay to Provider for the provision of Covered Services the lesser of (1) Provider's charge or (2) the ACA Fee, in either case minus the sum of the amount payable by Covered Person (e.g., deductibles, coinsurance, co-payments, etc.) and the amount payable by another payor.

**B. ACA Fees.** The following shall be added to and made a part of Section I, Paragraph B of the Network Agreement:

Highmark WV shall perform reviews of the ACA Fees as needed.

**C. Participation in ACA Programs.** In addition to the cost management programs specified in the Network Agreement and the Provider Manual, Provider shall actively participate in and comply with all cost management programs specifically established for ACA products.

**D. Referrals.** Except where provided in Section E below, all referrals of Covered Persons by Provider shall be made to other providers that participate in the ACA products and who are qualified to render such services. Highmark WV shall make available to Provider, and periodically update, a roster of those providers who participate in the ACA products.

**E. Referrals to Non-ACA Providers.** If, in Provider's medical judgment, it is appropriate to refer a Covered Person to a provider that is not a participant in the ACA products, Provider shall seek and obtain prior authorization from Highmark WV in a manner and/or format specified by Highmark WV, for any such referral. Prior authorization is not required for referrals for emergency services. Highmark WV, however, reserves the right to require Provider to refer Covered Persons to specific qualified providers for certain specified Covered Services, whether or not such providers are participants in or are designated as participants in the ACA products.

**F. Selection of Providers.** All providers who participate in the ACA products shall be selected by Highmark WV in its sole discretion. Highmark WV reserves the right to designate other providers as participants in the ACA products without entering into a written agreement with such other providers.