

# Provider Newsletter

An Update for Highmark Wholecare Providers and Clinicians

## IN THIS ISSUE

- 1 Medicare Provider Manual Notification of Availability
- 1 Join Highmark Wholecare at the Pittsburgh Recovery Walk
- 2 August 31 is International Overdose Awareness Day
- 3 Free CME/CEU Webinars
- 5 Provider Webinars: 2022 Annual Provider Education
- 6 HWPE Incentive Opt-In Deadline September 30, 2022
- 7 Have You Heard About 988
- 8 2022 Annual Accessibility Audit
- 8 Continuity and Coordination Care
- 9 Highmark Wholecare Care Gap Management
- 10 Urine Drug Screening
- 11 Allegheny Health Network SBIRT Referral
- 12 Adolescent Depression Screening
- 13 Addressing Opioid Use Disorder in the Emergency Room
- 14 Did You Know that Highmark Wholecare has a Lifestyle Management Program
- 15 Programs that Help Your Patients Build Healthy Habits
- 16 Highmark Wholecare Lifestyle Management Programs
- 18 Medicare Parts A and B Cost Sharing
- 19 Notice of Practice/Practitioner Changes
- 19 Encounter Submissions
- 20 Coding Corner
- 20 Cultural Competency Data Form
- 21 Model of Care
- 24 Do You Know the Benefits of SBIRT Screening for Substance Use Disorders
- 25 Updating and Certifying Provider Data
- 26 Important Phone Numbers

## Medicare Provider Manual Notification of Availability

The July Edition of the 2022 Medicare Provider Manual is now available on the Highmark Wholecare provider website.

You can access the manual [here](#).

## Join Highmark Wholecare at the Pittsburgh Recovery Walk!

**Saturday, September 17**

1201 Waterfront Place  
Pittsburgh, PA  
9 a.m. – 1 p.m.

The purpose of the Pittsburgh Recovery Walk is to celebrate the many roads to recovery from addiction and all those who travel them. Specifically, the walk aims to:

1. Celebrate recovery and recovery supports
2. Eliminate stigma
3. Showcase resources in our region

Enjoy this free event with giveaways, speakers, kids activities, photo booth, DJ, dancing, food trucks, resources, networking and more!

Scan to Register!



For more information, visit  
[pghrecoverywalk.org](https://pghrecoverywalk.org)

# August 31 is International Overdose Awareness Day.

The rate of overdoses continues to rise with over 107,000 deaths in the United States between December 2020 and December 2021.

This yearly campaign aims to end overdose, remember those lost to an overdose, combat stigma surrounding substance use disorders, and acknowledge the grief and loss of the family and friends who have lost a loved one to an overdose.

## Resources for substance use disorder help and treatment

Opioid Use Disorder Centers of Excellence (OUD-COEs)	<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/Centers-of-Excellence.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/Centers-of-Excellence.aspx</a>
SMAHSA National Helpline	1-800-662-HELP (4357)
Addiction Treatment Locator, Assessment and Standards (ATLAS) Platform	<a href="http://www.TreatmentATLAS.org">www.TreatmentATLAS.org</a>
National Treatment Locator for Substance Use Disorders	<a href="http://www.FindTreatment.gov">www.FindTreatment.gov</a>
Local Single County Authorities (SCAs)	<a href="https://www.ddap.pa.gov/Get%20Help%20Now/Pages/County-Drug-and-Alcohol-Offices.aspx">https://www.ddap.pa.gov/Get%20Help%20Now/Pages/County-Drug-and-Alcohol-Offices.aspx</a>

**Save the Date:** Highmark Wholecare will be hosting a table at the **Pittsburgh Recovery Walk on Saturday September 17 at 9 a.m.** The event will be held in downtown Pittsburgh at 1201 Waterfront Place.

**For more information and to join us at this event, please visit [www.pghrecoverywalk.org](http://www.pghrecoverywalk.org)**

# Mark your calendar!

## Learning and Earning with Highmark Wholecare Free Professional Education CME/CEU Webinars

Topic	Date/Time	Key Speaker
<b>Opioid Overdose Reversal: Naloxone (NARCAN®)</b>	Wednesday, October 5 noon-1 p.m.	<b>Rachel Shuster, BSN, RN, CARN, CAAP</b> Addiction Specialist Highmark Wholecare
Registration link for October webinar <a href="https://bit.ly/LearningEarningFREECME_OpioidOverdoseReversal">https://bit.ly/LearningEarningFREECME_OpioidOverdoseReversal</a>		
<b>Rural Appalachia: Disparities and Barriers to Behavioral Health Services</b>	Wednesday, November 2 noon-1 p.m.	<b>Shannen Lyons, MSW, LCSW, CAADC</b> Addiction Specialist Highmark Wholecare
Registration link for October webinar <a href="https://bit.ly/LearningEarningFREECME_RuralAppalachiaDisparitiesandBarrierstoBHServices">https://bit.ly/LearningEarningFREECME_RuralAppalachiaDisparitiesandBarrierstoBHServices</a>		

Additional webinars will be announced soon.

### Who qualifies for CME?

Webinars are free and open to all interested. CME/CEU Credits are available for physicians, midlevel practitioners, nurses, psychologists and social workers.

Each webinar is eligible for one (1) CME/CEU credit. To receive credit, you must create a free account at [CME.AHN.org](http://CME.AHN.org). After creating your account, you will need to register for the webinars you wish to attend, using the instructions above. You only need to create the account one time to be eligible to receive CME credit for attendance at all live Learning and Earning webinar activities as well as accessing your transcripts. Instructions for claiming CME/CEU credit will be provided at each live webinar.



You must also create a free account at [CME.AHN.org](http://CME.AHN.org) to access your transcript.



#### QUESTIONS?

Questions? Contact the Highmark Wholecare Provider Engagement Team at: [ProviderEngagementTeam@HighmarkWholecare.com](mailto:ProviderEngagementTeam@HighmarkWholecare.com)

*continued >*

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allegheny General Hospital and Highmark Wholecare. Allegheny General Hospital is accredited by the ACCME to provide continuing medical education for physicians. Allegheny General Hospital designates this live webinar activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Allegheny General Hospital is approved by the American Psychological Association to offer continuing education for psychologists. Allegheny General Hospital maintains responsibility for the program and its content. Social workers may claim credits for attending educational courses and programs delivered by pre-approved providers, such as the American Psychological Association. Approved for 1.0 APA credits.

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the policy of Allegheny Health Network, presenters must disclose all relevant financial relationships, which in the context of their presentation(s), could be perceived as a real or apparent conflict of interest, (e.g., ownership of stock, honorarium, or consulting fees). Any identifiable conflicts will be resolved prior to the activity. Any such relationships will be disclosed to the learner prior to the presentation(s).

# Provider Webinars: 2022 Annual Provider Education

**Highmark Wholecare invites you to attend our Annual Provider Education Webinar.**

**This annual training will provide current information related to topics such as:**

- EPSDT
- Access/Accessibility Surveys
- Fraud, Waste and Abuse
- Model of Care
- Self-service Tools
- Cultural Competency
- Claims

Please go to our website at <https://highmarkwholecare.com/provider/Education-Webinars> and select from one of the dates available

**Sign up for one of our scheduled webinars taking place every Wednesday from 12:00 p.m. to 12:45 p.m.**

We look forward to continue working with you to provide high quality, cost-effective care for patients. If you have any questions please contact your designated Provider Account Liaison or Lead Provider Relations Representative.

*This training is required by DHS and CMS, your participation is encouraged.*

# HWPE Incentive Opt-In Deadline:

## September 30, 2022

At Highmark Wholecare, we value the important role practitioners play in serving our members. Highmark Wholecare would like to welcome you to the Highmark Wholecare Practitioner Excellence Program. This program supports Highmark Wholecare's mission to improve the health and wellness of the individuals and the communities we serve by providing access to integrated superior healthcare.

Program participation requires that the provider acknowledge that they are opting-in to the program. Please contact your Clinical Transformation Consultant directly or email us at: [ProviderEngagementTeam@HighmarkWholecare.com](mailto:ProviderEngagementTeam@HighmarkWholecare.com) for information on the opt-in process. By opting-in the provider also acknowledges the intent to participate in the program. Providers may enroll in the Medicaid Maternity Quality Program or the Medicaid and Medicare HWPE Program based on provider specialty and eligibility criteria as outlined in the HWPE manual and network participation.

Highmark Wholecare has developed a Highmark Wholecare Practitioner Excellence (HWPE) Incentive Program Guide. Visit the website to review the guide: [Practitioner Excellence Program \(HighmarkWholecare.com\)](#)

## Mark Your Calendar: Final 2022 HWPE Overview Webinar Series

### Register today!

Highmark Wholecare's Provider Engagement Team has set up multiple 1-hour webinars to provide an overview of the 2022 Highmark Wholecare Practitioner Excellence Program. You can register today for one or both of the two final online events by following the steps below. If none of the dates/times work please contact your assigned Clinical Transformation Consultant directly to request a program education overview.

#### 1. Select a date and time.

Thursday, September 15 at 9 a.m.

Go to: <https://bit.ly/HWPE2022Overview18a>

#### 2. Click "Register."

#### 3. On the registration form, enter your information and then click "Submit." Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event.

**Please contact your dedicated Provider Engagement representative or email us at [ProviderEngagementTeam@HighmarkWholecare.com](mailto:ProviderEngagementTeam@HighmarkWholecare.com).**

## Have You Heard About 988?

As of July 16, 988 is the new, three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

The existing number for the National Suicide Prevention Lifeline (1-800-273-8255) will not go away. Using either number will get people to the same services. In the end, 988 is an easier-to-remember way to access a strengthened and expanded network of crisis call centers.

The Lifeline is free, confidential, available 24/7, and can be reached by both phone call (multiple languages) and text (English only). The Lifeline currently serves TTY users either through their preferred relay service or by dialing 711, then 1-800-273-8255; Lifeline is in the process of expanding to video phone service to better serve deaf or hard of hearing individuals seeking help through the Lifeline/988. Additionally, the Lifeline is available through chat by visiting <https://suicidepreventionlifeline.org/chat>.

It's important to understand that 988 will connect people to more than just a "suicide" line; it's a service for anyone who is suicidal or experiencing a mental health- and/or substance use-related crisis.

Too many people are experiencing suicidal crisis or mental health-related distress without the support and care they need, and sadly, the pandemic has only made a bad situation worse when it comes to mental health and wellness in America.

**However, there is hope. The Lifeline works. Please provide this valuable information to your colleagues, patients, family, and friends. For more information, please visit <https://www.samhsa.gov/find-help/988>**

# 2022 Annual Accessibility Audit

Your practice site may soon receive a call from Highmark Wholecare's contracted NCQA certified vendor, SPH Analytics. SPH is currently conducting an appointment access audit and an after-hours access audit to assess your site's compliance with Highmark Wholecare's standards related to timely access to care for our members.

Please review the "Accessibility to Care Standards" on our provider website at <https://highmarkwholecare.com/Provider/Provider-Resources/Accessibility-to-Care-Standards>.

---

## Continuity and Coordination of Care

Specialists, hospital and skilled nursing facilities must ensure compliance with the continuity and coordination of care requirements, by ensuring that all discharge summaries and progress reports are reported back to the members PCP. Highmark Wholecare monitors continuity and coordination of medical care across the health care network through data collection. Results of data collection helps identify where opportunities exist to improve care.

Coordination of medical care includes the movement of members between settings, such as the hospital to PCP as their health status changes and movement between practitioners such as the PCP and specialists.

Much of Highmark Wholecare's membership is made up of the most vulnerable individuals – some of whom suffer from severe or chronic illnesses. Enhanced communication is imperative across all the touch-points within these patients' care in order to make the informed decisions which will ensure their well-being. Failure to share information about the care of a patient can result in suboptimal outcomes, increased costs, and medical errors.

It is to the benefit of both the patient and healthcare professional to communicate any reports, therapies, medications, and concerns identified by providers across treatment settings.



# Highmark Wholecare Care Gap Management Application

At Highmark Wholecare, we value the important role practitioners play in serving our members. Highmark Wholecare would like to welcome you to our Care Gap Management Application (CGMA), live as of April, 2022. This application supports Highmark Wholecare's mission to improve the health and wellness of the individuals and the communities we serve by offering providers access to important care gap information.

The CGMA has been designed to help providers by simplifying the flow of members' care gap information between you and us. With this powerful, yet easy-to-use web application, you will be able to:

- View member care gaps
- Submit evidence for care gap closure
- View your progress towards closing member care gaps
- View your Highmark Wholecare Health member roster
- ...and much more

Protecting personal health information of Highmark Wholecare members is always a top priority. In accordance with this priority, please be aware that the Highmark Wholecare Care Gap Management Application (CGMA) will automatically lock out any CGMA user accounts that have not accessed the application for 120 days. If a user attempts access to the application after 120 days of inactivity, a message will be displayed with instructions on next steps. This feature is designed to help ensure that only authorized individuals have access to the CGMA. We appreciate your partnership in protecting our member information.

If you did not utilize the CGMA last year, there is still plenty of time to access this powerful tool, and submit evidence for care gap closure. Please contact your Clinical Transformation Consultant directly or email us at: [ProviderEngagementTeam@HighmarkWholecare.com](mailto:ProviderEngagementTeam@HighmarkWholecare.com) for information on accessing the CGMA.

# Urine Drug Screening

Urine Drug Screening plays an important role to monitor substance misuse and adherence to treatment regimen. There are two types of drug screening: presumptive testing by immunoassay (IA) and definitive or confirmatory testing by chromatography.

- Typically, presumptive testing is performed at initial evaluation of patient for appropriate use of medications. This can detect the presence of unprescribed medications, but lacks specificity and can result in various false positives and false negatives.
- Definitive testing is generally reserved for confirmatory testing when initial drug screening results are unexpected. This type of testing can detect the presence of specific drugs and metabolites. It is more accurate and specific.

The Centers for Disease Control (CDC) provides guidance that presumptive tests are less expensive and labor intensive, and are used more frequently than definitive testing. Additionally, per CMS, a definitive drug test is indicated for the following reasons:

- The results of the screen are presumptively positive
- The finding is inconsistent with the patient's medical history
- When coverage criteria is met and there is no presumptive test available

Providers are expected to follow required guidelines to order or perform the appropriate type of drug screening.

Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6368048/>

<https://www.cdc.gov/opioids/providers/prescribing/pdf/Urine-Drug-Testing-508.pdf>

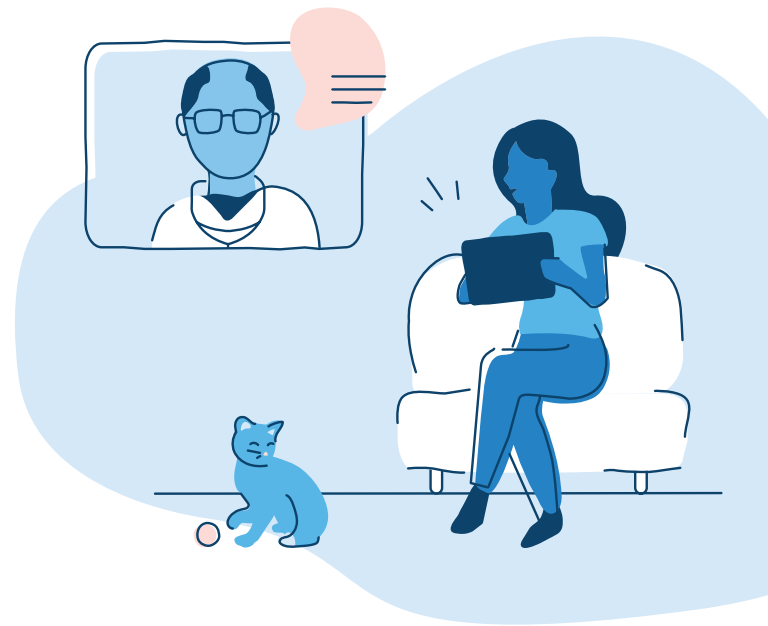
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18001.pdf>

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34645&ver=44&bc=CAAAAAAAAAAAAA>

# Highmark Wholecare partners with Allegheny Health Network to address SBIRT referral to treatment for individuals struggling with Substance Use Disorders.

Providers will have access to an AHN licensed clinician to assist in linking patients to treatment immediately upon a positive SBIRT screening, via a telehealth session.

- Patients evaluated to be appropriate for Allegheny Health Network's Center for Recovery Medicine; Opioid Use Disorder Center of Excellence will have an initial appointment scheduled within 24 hours.
- Please call AHN at **412-400-0707** to reach a licensed clinician.



For questions and more information, please contact Shannen Lyons (SLyons@HighmarkWholecare.com) at Highmark Wholecare.

# Adolescent Depression Screening

“As many as one in every five teens experience depression at some point during adolescence but they often go undiagnosed and untreated, sometimes because of a lack of access to mental health specialists.”<sup>1</sup>

**Universal screening for depression should occur annually beginning at age 12.**

**There are several validated Depression Screening tools available for this screening, including:**

- Kutcher Adolescent Depression Scale (ages 12-18)
- Mood and Feelings Questionnaire (MFQ) (ages 8-17)
- Beck Depression Inventory (ages 13 and over)
- Children’s Depression Inventory (ages 7-17)
- Pediatric Symptom Checklist (ages 6-16)
- Youth Self-Report Scale (ages 11-18)

Highmark Wholecare also provides this list on our EPSDT website: <https://highmarkwholecare.com/Provider/Provider-Resources/EPSDT-Information>

## Billing

The recommended coding by the Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule and Coding Matrix:

All EPSDT screening services must be reported with age-appropriate evaluation and management code along with the EP modifier.

- 12 year to 20 year EPSDT visit CPT code is 99384 or 99394

The CPT code suggested for Depression Screening is 96127 (brief emotional/behavioral assessment (e.g., depression inventory) with scoring and documentation, per standardized instrument).

<sup>1</sup><https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Publishes-Teen-Depression-Guidelines.aspx>

**For questions regarding the EPSDT program feel free to contact [EPSDTinfo@HighmarkWholecare.com](mailto:EPSDTinfo@HighmarkWholecare.com).**

**Thank you for partnering with Highmark Wholecare to keep children healthy.**

*These codes are not all encompassing and use does not guarantee payment. They are intended as a guide to provide education around appropriate screenings and coding as part of the EPSDT program.*

# Addressing Opioid Use Disorder in the Emergency Room

Emergency department adoption of evidence-based practices for patients with substance use disorder (SUD) is essential to addressing the nation's substance use and overdose epidemic. Those that are reluctant to adopt these practices miss a key opportunity to improve health outcomes, save lives, and reduce racial disparities.<sup>1</sup>

Highmark Wholecare can help. We are committed to ensuring the highest standard of care for our members and the communities we serve, and that starts with ensuring our providers are equipped to address the needs of those members and communities.

Over the next few months and into 2023, Highmark Wholecare will be publishing articles regularly in our monthly Provider Newsletter about resources that can help emergency departments to start providing evidence-based SUD care or strengthen current processes, particularly in regards to Opioid Use Disorder (OUD) and providing **Medications for Opioid Use Disorder (MOUD)**. Additionally, we will be sending out this information directly to our Emergency Medicine partners via fax and email when appropriate.

Some of the current challenges that we plan to address in these educational communications include:

- Emergency Department reluctance to provide MOUD for reasons such as stigma, lack of staff or other supports, and lack of knowledge about OUD, MOUD, or the laws and regulations on prescribing MOUD
- MOUD access barriers that are often rooted in social determinants of health such as cost of prescriptions and treatment as well as barriers to attending appointments such as lack of reliable transportation or childcare
- Information on MOUD, how to get waived to prescribe buprenorphine, regulations surrounding prescribing MOUD
- Linkage to care: outpatient providers who can follow the patient and prescribe MOUD long-term

We also encourage you to outreach to our Behavioral Health team should you be interested in one-on-one collaboration and technical assistance regarding launching or strengthening addictions services in these settings. A member of our team can be reached via email at [BHI2@HighmarkWholecare.com](mailto:BHI2@HighmarkWholecare.com).

## References

1. Yeboah-Sampong, S., Weber, E., & Friedman, S. (2021). Emergency: Hospitals are violating federal law by denying required care for substance use disorders in emergency departments [PDF]. Legal Action Center. Retrieved July 11, 2022 from <https://www.lac.org/assets/files/LAC-Report-Final-7.19.21.pdf>

# Did You Know that Highmark Wholecare has a Lifestyle Management Program?

Here at Highmark Wholecare, we are committed to providing our members the best possible care and experience. Quarterly, members newly diagnosed or new to the health plan with asthma receive a mailer. There are adult and pediatric versions, plus it comes in English or Spanish. When one or more Asthma diagnosis claims come into our system, we automatically enroll the member into our program. Highmark Wholecare's team of Case Managers and Wellness Coaches will work with your patient to help them understand and manage their asthma. These resources help identify asthma triggers and learn the differences between a long-term controller and a rescue inhaler. Also, understand how Asthma Action Plan can help you make better choices.

## How to reach our Care Managers and Wellness Coaches for your patients:

**Medicare Members:** 1-800-685-5209

**Medicaid Members:** 1-800-392-1147

**TTY users:** 711



You may also call our 24-hour Nurse Line at 1-855-9420, 24 hours a day, 365 days a year. TTY users call 711.



# Programs that Help Your Patients Build Healthy Habits

Building healthy habits can have a powerful impact on improving health and preventing disease. That's why Highmark Wholecare Medicaid members have no-cost access to the Good Measures **Diabetes Prevention Program (DPP)**.

The prevalence of prediabetes and diabetes emphasizes the need for behavior change support. In Pennsylvania, 34% of adults have prediabetes and it is estimated that 25% will progress to diabetes within 5 years. In the long-term, up to 70% of individuals with prediabetes will develop diabetes, according to an ADA expert panel. Diabetes is considered the most expensive chronic condition in the U.S., with \$1 out of every \$4 in health care costs being spent on those with diabetes. The Good Measures DPP focuses on sustainable lifestyle changes to help members reduce their risk of progressing from prediabetes to diabetes. The DPP is a cost-effective solution that can both help improve the health of patients and reduce diabetes-related healthcare costs.

## Backed By Behavior Change Research

The DPP uses behavior change science to support participants in building healthy habits around nutrition, physical activity, self-care, and stress management. By turning healthy behaviors into habits, members can see sustained changes and increase their self-efficacy to continue making strides toward better health.

Good Measures coaches are registered dietitians, diabetes educators, and Centers for Disease Control-certified lifestyle coaches. These coaches work with members by video and online to choose goals, break goals into small and achievable increments, overcome barriers, and turn these activities into habits so they are routine and automatic.

## Whole-Person Health Support

The Good Measures DPP is focused on the whole-person and go beyond preventing diabetes. "Good Measures participants see many benefits beyond better managed blood sugar and reduced diabetes risk," says Good Measures lifestyle coach Cassandra Johnson, MS, RDN, LDN. "When our patients start making small improvements to how they eat and they increase their activity, so many good things happen. They report lower blood pressure and cholesterol levels, better sleep, more energy, weight loss, and improved sense of well-being."

## Benefits of the Good Measures Diabetes Prevention Program

- Members can participate in weekly video classes or asynchronous online sessions to accommodate busy schedules
- Combines group support, one-on-one coaching, and food and activity guidance using the Good Measures app and website
- Supports members in losing weight in a healthy way—average 6% weight loss
- Helps members overcome barriers to being physically active and make activity a part of daily life

## How to Refer Patients

- Complete the secure referral form on [goodmeasures.com/physicians](https://goodmeasures.com/physicians) OR
- Download the form and fax it to Good Measures at 617-507-8576.

# Highmark Wholecare Lifestyle Management Programs

## Balancing Lifestyle for Maximum Health and Wellness

Program	Asthma	Cardiac	COPD	Diabetes	Hypertension	Healthy Weight Management	MOM Matters* (Maternal Outreach and Management)
<b>Eligibility</b>	Any member with a diagnosis of asthma	Any adult member with the following diagnosis: AMI, atrial fibrillation, CHF, heart failure diagnosis, IVD, MI or stroke	Any adult member with a diagnosis of COPD	Any adult member with a diagnosis of Type 1 or Type 2 diabetes	Any adult member with a diagnosis of hypertension	Any member with a diagnosis of overweight or obesity	All pregnant or postpartum females
<b>Contact for Referrals</b>	<b>Medicaid: 1-800-392-1147</b> <b>Medicare Assured: 1-800-685-5209</b>						
<b>Description</b>	<ul style="list-style-type: none"> <li>The programs provide patient education for medication, diet and lab testing adherence, as well as other tools to reduce inpatient and emergency room utilization</li> <li>The programs emphasize prevention and exacerbation of complications by using evidence-based guidelines and member empowerment strategies</li> <li>The programs support the physician's plan of care and supports the provider-member relationship</li> </ul>						<b>This program offers care coordination and SDoH resources to reduce low birth weight, pre-term deliveries and NICU</b>

*continued >*



Program	Asthma	Cardiac	COPD	Diabetes	Hypertension	Healthy Weight Management	MOM Matters* (Maternal Outreach and Management)
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>Members are identified through claims, member self-referral, or Highmark Wholecare utilization management</li> <li>Provider referrals are also welcome!</li> </ul>						<p><b>Provider submission of the Obstetrical Needs Assessment Form (ONAF) helps identify high-risk women for proactive interventions</b></p>
<b>Coordination of Care</b>	<ul style="list-style-type: none"> <li>Case managers assist you and your patients with coordination of care for specialists visits</li> <li>Home health, behavioral health, DME and community referral needs are coordinated through the Highmark Wholecare Case Management department</li> </ul>						
<b>Provider Benefits and Support</b>	<ul style="list-style-type: none"> <li>The management of members in programs aimed at:                             <ul style="list-style-type: none"> <li>- Decreasing inpatient and ED utilization</li> <li>- Increasing appropriate lab testing and medication adherence</li> </ul> </li> <li>Encouraging adherence to obtain flu and pneumonia immunizations as well as other preventative testing and procedures</li> </ul>						

# Medicare Parts A and B Cost Sharing

All members enrolled in Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby<sup>SM</sup> also have Medicaid (Medical Assistance) or receive some assistance from the State.

Some members will be eligible for Medicaid coverage to pay for cost sharing (deductibles, copayments, and coinsurance). They may also have coverage for Medicaid covered services, depending on their level of Medicaid eligibility.

As a reminder, our dually eligible Medicare Assured members shall not be held liable for Medicare Parts A and B cost-sharing when the appropriate state Medicaid agency is liable for the cost-sharing.

Providers further agree that upon payment from Highmark Wholecare's Medicare Assured Plans, providers will accept the plan payment as payment in full; or bill the appropriate State source. Please make sure to follow Medicaid coverage and claims processing guidelines. Balance billing a dual eligible for deductible, coinsurance, and copayments is prohibited by Federal law.

Our organization and its practitioner network are also prohibited from excluding or denying benefits to or otherwise discriminating against, any eligible and qualified individual regardless of race, color, national origin, religious creed, sex, sexual orientation, gender identity, disability, English proficiency, or age.

Highmark Wholecare Medicaid and Medicare Assured plan members have certain rights and responsibilities as members of our plans. To detail those rights and responsibilities in full, we maintain a Member Rights and Responsibilities statement which is reviewed and revised annually.

The Member Rights and Responsibilities statement can be located in either the Member Handbook for Medicaid members, or the Evidence of Coverage for Medicare Assured members. The Member Rights and Responsibilities Statement is also available for review online at [HighmarkWholecare.com](https://www.HighmarkWholecare.com)

Providers are also encouraged to contact us if you have questions about this Provider Update or need additional member specific information.

Our Provider Services Department can be reached at one of the following numbers,

Monday – Friday, 8 a.m.– 4:30 p.m.:

<b>Medicare Assured</b>	<b>Medicaid</b>
<b>1-800-685-5209 (TTY 711)</b>	<b>1-800-392-1147 (TTY 711)</b>

# Notice of Practice/Practitioner Changes

## Medicaid and Medicare

One of the many benefits available to Highmark Wholecare members is improved access to medical care through Highmark Wholecare's contracted provider network. Highmark Wholecare strives to provide the most accurate and up-to-date information in our provider directory to allow our members unhindered access to network providers.

To ensure our members have up-to-date and accurate information about Highmark Wholecare's network providers, it is imperative that providers notify Highmark Wholecare of any of the following:

- Address changes;
- Phone & fax number changes;
- Changes of hours of operation;
- Primary Care Practice (PCP) panel status changes (Open, Closed & Existing Only);
- Practitioner participation status (additions & terminations) and;
- Mergers and acquisitions.

Providers who experience such changes must provide Highmark Wholecare a written notice at least 60 days in advance of the change by completing the Highmark Wholecare Practice/Provider Change Request Form, or practices/practitioners may submit notice on your practice letterhead.

**Please submit change requests via fax or mail.**

**Fax: 1-855-451-6680**

**Mail:** Highmark Wholecare  
Provider Information Management  
Four Gateway Center  
444 Liberty Avenue, Suite 2100  
Pittsburgh, PA 15222-1222

As a friendly reminder for Federally Qualified Health Centers and Rural Health Clinics, please report any of the changes listed on this page using the Roster Template which is located on the Highmark Wholecare website under: Provider-Provider Resources- FQHC/RHC Resources.

As a reminder, the PA Department of Human Services (DHS) requires all providers to have current NPI information. It is critical that providers revalidate their information on a regular basis. If providers do not enroll/revalidate their information with DHS, no payments will be made.

## Encounters Submissions

In order to effectively and efficiently manage a member's health services, encounter submissions must be comprehensive and accurately coded. As a reminder, all Highmark Wholecare providers are contractually required to submit encounters for all member visits regardless of expected payment.

Please help us improve the Highmark Wholecare member experience by completing the **Cultural Competency Data Form**.

By providing your race, ethnicity, language and cultural competency training data, you allow Highmark Wholecare to better connect members to the appropriate practitioners, deliver more effective provider-patient communication and improve a patient's health, wellness and safety. The information requested is strictly voluntary and the information you provide will not be used for any adverse contracting, credentialing actions or discriminatory purposes.

The **Cultural Competency Data e-form** is located on the Highmark Wholecare website in the Cultural Toolkit Resource Guide at the link below:

<https://www.HighmarkWholecare.com/provider/provider-resources/cultural-toolkit>

You can also download a copy of the **Cultural Competency Data e-Form** from the link below:

[https://www.HighmarkWholecare.com/Portals/8/provider\\_forms/CulturalCompetencyDataForm.pdf](https://www.HighmarkWholecare.com/Portals/8/provider_forms/CulturalCompetencyDataForm.pdf)

## Coding Corner

### ICD-10-CM Etiology/Manifestation Coding Convention

Certain conditions have both an underlying etiology (cause) and related manifestations (effects). For these conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, followed by the manifestation. Based on this convention, a manifestation code cannot be the only diagnosis on the claim. When a combination exists, you will find the following instructional notes with the code:

- **Code first** – note accompanying the manifestation code  
**D63.0** – Anemia in neoplastic disease
  - Code First: neoplasm (C00-D49)
- **Use additional code** – note accompanying the etiology code  
**E08.621** – Diabetes mellitus due to underlying condition with foot ulcer
  - Use additional code to identify site of ulcer (L97.4-, L97.5-)

Manifestation codes may also have “in diseases classified elsewhere” in their title. These codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with and following an underlying condition.

**D63.8** – Anemia on other chronic diseases classified elsewhere

Code First: underlying disease, such as:

- Diphyllobothriasis (B70.0)
- Hookworm disease (B76.0 – B76.9)
- Hypothyroidism (E00.0 – E03.9)
- Malaria (B50.0 – B54)
- Symptomatic late syphilis (A52.79)
- Tuberculosis (A18.89)

More information can be found in the ICD-10-CM Official Guidelines for Coding and Reporting. Following these guidelines is required under the Health Insurance Portability and Accountability Act (HIPAA) and assures accurate claim reimbursement.

Sources:

ICD-10-CM Official Guidelines for Coding and Reporting, FY 2022

<https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2022-7-2022-508.pdf>

# Model of Care

## As a Special Needs Plan (SNP), Highmark Wholecare is required by the Centers for Medicare and Medicaid Services (CMS) to administer a Model of Care (MOC) Plan.

In accordance with CMS guidelines, Highmark Wholecare's SNP MOC Plan is the basis of design for our care management policies, procedures, and operational systems that will enable our Medicare Advantage Organization (MAO) to provide coordinated care for special needs individuals.

Our MOC has goals and objectives for targeted populations, a specialized provider network, utilizes nationally-recognized clinical practice guidelines, conducts health risk assessments to identify the special needs of beneficiaries, and adds services for the most vulnerable beneficiaries including, but not limited to those beneficiaries who are frail, disabled, or near the end-of-life.

The SNP MOC includes 4 main sections: Description of the SNP population, Care Coordination, SNP Provider Network, and MOC Quality Measurement and Performance. This training will focus on the SNP Provider Network section and what Highmark Wholecare expects from its providers.

**Provider Network** - The SNP Provider Network is a network of health care providers who are contracted to provide health care services to SNP beneficiaries. SNPs must ensure that their MOC identifies, fully describes, and implements the following elements for their SNP Provider Networks.

### There are 3 sections in this MOC section:

1. Specialized Expertise
2. Use of Clinical Practice Guidelines and Care Transition Protocols
3. Model of Care Training

Within the above elements, Highmark Wholecare's expectations of providers are explained in detail. The below is a summary of our provider network composition and responsibilities.

1. Highmark Wholecare expects all network practicing providers to utilize established clinical practice guidelines when providing care to members to ensure the right care is being provided at the right time, as well as to reduce interpractitioner variation in diagnosis and treatment.
2. We encourage providers to follow the adopted clinical practice guidelines, but allow the practitioners to execute treatment plans based on a member's medical needs and wishes. When appropriate, behavioral health guidelines are followed using government clinical criteria.
3. During a care transition, it is expected that the transferring facility will provide, within one business day, discharge summary and care plan information to the receiving facility or if returning home, to the PCP and member.

*continued >*

4. We expect all network practicing providers to receive MOC training annually. If there is a trend of continued non-attestation, those providers found to be non-compliant with the MOC may be targeted for potential clinical interventions. For those non-compliant providers, individual results such as, but not limited to, utilization patterns, hospital admissions, readmissions and HEDIS performance outcomes may be reviewed.
5. We conduct medical record reviews at least annually. Reviews are conducted on PCPs, Speciality Care Practitioners, Behavioral Health Practitioners and ancillary providers. Results from the review are communicated to providers and include opportunities for improvement and education.
6. We provide multiple ways for providers to receive information about updates. Provider manuals and newsletters are located on the provider portal and website. Newsletters are updated quarterly and provide information regarding any new clinical programs or updates that would affect the provider's communication with their direct pod or ICT. Provider manuals are updated annually, and reviewed during annual trainings. Current manuals are always available on the provider section of our website.
7. Our provider directories are continuously updated regarding taking new members, how long waiting lists are to see specialists, and other barriers that may affect the member.

**Common MOC Terms and Definitions:**

Members may ask you about the following information that is routinely discussed with their case manager.

- **Health Risk Assessment (HRA) Survey:**  
We use the HRA to provide each Medicare member a means to assess their health status and interest in making changes to improve their health promoting behaviors. The HRA is also used by the case managers to provide an initial assessment of risk that can generate automatic referrals for complex case management and then at least annually with continuous enrollment. Newly enrolled members identified for the Centers for Medicare and Medicaid Services (CMS) monthly enrollment file are requested to complete an initial HRA within 90 days of their effective date of enrollment as required by CMS MOC standards. Each member with a year of continuous enrollment is requested to complete a reassessment HRA within 12 months of the last documented HRA or the member's enrollment date, if there is no completed HRA.
- **Individualized Care Plan (ICP):** Highmark Wholecare's goal is to have Care Plans be as individualized as possible to include:
  - Services specifically tailored to the member's needs, including but not limited to specific interventions designed to meet needs as identified by the member or caregiver in the HRA
  - Member personal health care preferences
  - Member self-management goals and objectives, determined via participation with the member and/or caregiver
    - Identification of:
      - Goals and measurable objectives
      - Whether they have been "met" or "not met"
      - Appropriate alternative actions if "not met"

*continued >*



- **Interdisciplinary Care Team (ICT):**  
Member care routinely demands a combination of efforts from physicians of various disciplines, registered nurses and licensed social workers, as well as other pertinent skilled health care professionals and paraprofessionals. Comprehensive patient care planning involves coordination, collaboration, and communication between this ICT and the member.

As a provider, you are an important part of the member's ICT. The ICT team members come together to conduct a clinical analysis of the member's identified level of risk, needs, and barriers to care. Once an Individualized Care Plan (ICP) is developed, it is then reviewed with the member. The member's agreement to work in partnership with his/her care manager, towards achievement of established goals, is obtained.

The ICT analyzes, modifies, updates, and discusses new ICP information with the member and providers, as appropriate.

Highmark Wholecare's Provider Portal should be utilized frequently for any communication regarding members, their individual ICP or ICT. Additionally, please watch for the Provider Dashboard, which is sent to providers on a quarterly basis. This dashboard identifies members' current care gaps and chronic disease conditions.

#### **Other Important Information About Our MOC**

We recognize that a member's care needs are varied and are subject to change. Policies and procedures have been put in place to allow members to review the level of care management needed for their particular circumstance.

Members may be referred for Care Management in a variety of ways, including referral by Provider, Highmark Wholecare employee, or self-referral by member.

**Providers: 1-800-685-5209**

**Member Self Referral: 1-800-685-5209**

Highmark Wholecare employees may refer via the established internal process.

Oversight of the Model of Care Plan is managed by the Quality Improvement, Regulatory and Accreditation departments. Specific questions with regard to the MOC should be addressed with your Highmark Wholecare Provider Representative.

#### **Action Required:**

Please go to <https://www.HighmarkWholecare.com/provider/moc-response> to submit an attestation indicating that you have completed and comprehend this Model of Care training.

# Do You Know the Benefits of SBIRT Screenings for Substance Use Disorders?

## (Screening, Brief Intervention, and Referral to Treatment)

**Screening:** The use of validated procedures to quickly assess patient substance use risk.

**Brief Intervention:** A 5-15-minute discussion aiming to increase patients understanding of risks and build towards behavior change.

**Referral to Treatment:** Linking appropriate patients to the appropriate level of substance use treatment care needed.

- Integrating Behavioral Health with Physical Health to Provide Better Outcomes for our Members
- Reduced Healthcare costs
- Decrease in percentage of patients who go without substance use treatment
- Decrease in criminal activity
- Improvements in employment and housing
- Improvements in mental health
- Decreases in the severity of drug and alcohol use

\*\*One multi-site study found a ~70% decrease in drug use and ~40% decrease in heavy alcohol use six months following a brief intervention and/or referral to treatment encounter

Providers interested in accessing the Highmark Wholecare SBIRT Billing Guide for more information please visit [MedicaidManual.pdf \(highmarkwholecare.com\)](#) or contact Shannen Lyons at [SLyons@HighmarkWholecare.com](mailto:SLyons@HighmarkWholecare.com).



# Updating and Certifying Provider Data in the Centers for Medicare & Medicaid Services' National Plan & Provider Enumeration System

As a reminder to Highmark Wholecare contracted health care providers, please review your National Provider Identifier (NPI) data in National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. As you may know, providers are legally required to keep their NPPES data current. Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to Medicare beneficiaries.

If the NPPES database is kept up to date by providers, our organization can rely on it as a primary data resource for our provider directories, instead of calling your office for this information. With updated information, we can download the NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

**If you have any questions pertaining to NPPES, you may reference NPPES help at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>.**

# Important Phone Numbers

## Provider Services

Monday – Friday, 8 a.m.– 4:30 p.m.

**Medicare: 1-800-685-5209/TTY 711**

**Medicaid: 1-800-392-1147/TTY 711**

## Member Programs Services

Monday – Friday, 8:30 a.m.– 4:30 p.m.

- Care Management
- Maternity/MOM Matters®
- Asthma/ Cardiac/COPD/Diabetes
- Preventive Health Services/EPSTD/Outreach

**Medicare: 1-800-685-5209/TTY 711**

**Medicaid: 1-800-392-1147/TTY 711**



## ALC (Transportation Services)

Monday – Friday, 8 a.m.– 5 p.m.

Saturday 9 a.m.– 1 p.m.

**1-877-797-0339/TTY 711**

*For Medicare Assured member only*

## Fraud and Abuse and Compliance Hotline

**1-844-718-6400**

**Voicemail during off hours:** The call will be returned the next business day. Please do not leave multiple voicemail messages or call for the same authorization request on the same day.

## Hours of Operation:

Please remember – Highmark Wholecare has a requirement that our Provider’s hours of operations for their Medicaid patients are expected to be no less than what your practice offers to commercial members. Highmark Wholecare’s procedure manual regarding provider availability and accessibility.

Good Measures is a separate company that administers the Diabetes Prevention Program for Highmark Wholecare.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).