HIGHMARK WHOLECARE

JUNE 2022

Provider Newsletter

An Update for Highmark Wholecare Providers and Clinicians

IN THIS ISSUE

Highmark Wholecare is collaborating with Quest Analytics to ensure an accurate provider directory.

State and federal regulations mandate that health plans display an accurate directory of network providers and requires the reviewing and updating of provider information on a regular basis to avoid misdirecting members. As a result, Highmark Wholecare is working with Quest Analytics to perform outreach and data validation via their BetterDoctor Exchange platform.

All outreach efforts to Highmark Wholecare providers will be made under the BetterDoctor name and providers will be directed to BetterDoctor's online verification tool to review, update and attest to any changes. Provider outreach began in May, and will occur every 90 days going forward. An FAQ document is available on the provider page of the Highmark Wholecare website: https://highmarkwholecare.com/Portals/8/provider_forms/BetterDoctorProviderFAQ.pdf. For more information about BetterDoctor, visit their website: questanalytics.com/solutions/betterdoctor/. You may also contact them at support@betterdoctor.com or by phone at 844-668-2543, Monday through Friday, 9 a.m. to 5 p.m. central time.

Mark your calendar!

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

Topic	Date/Time	Key Speaker
Social Determinants of Health: Connecting the Dots to Effect Positive Change	Wednesday, July 6 noon–1 p.m.	**Elizabeth Dimpfl, LSW, CCM** Senior Product Consultant Strategy & Innovation Highmark Wholecare
Please see process to register below.		
Youth Tobacco Cessation	Wednesday, August 3 noon–1 p.m.	**Hannah Cristofano** Youth Services Coordinator Adagio Health
Please see process to register below.		
To Register for the July and/or August Learning & Earning webinar please send a word or excel document to ProviderEngagementTeam@HighmarkWholecare.com and provide the following information: **Credential options- MD/DO; CRNP/PA; MSN/BSN/RN/LPN; Behavioral Health Provider; Certified Coder; Other**		
Opioid Overdose Reversal: Naloxone (NARCAN®)	Wednesday, October 5 noon–1 p.m.	**Rachel Shuster, BSN, RN, CARN, CAAP** Addiction Specialist Highmark Wholecare
Registration link for October webinar will be available soon.		
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. After creating your account, you will need to register for the webinars you wish to attend, using the 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.

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You must also create a free account at CME.AHN.org to access your transcript.

QUESTIONS?

Questions? Contact the Highmark Wholecare Provider Engagement Team at:
ProviderEngagementTeam@HighmarkWholecare.com

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 Health Network is approved by the American Psychological Association to sponsor continuing education for psychologists. Allegheny General Hospital maintains responsibility for this 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).

Highmark Wholecare Practitioner Excellence (HWPE) Incentive Program

Launched in March 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.

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)

The provider must acknowledge that they are opting-in to the program. Please contact your Clinical Transformation Consultant directly or email us at: 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 will be enrolled in the Medicaid Maternity Quality program, Medicaid and Medicare HWPE program based on provider specialty, eligibility criteria outlined in the HWPE manual and network participation.

Mark Your Calendar: 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 multiple of the online events by following the steps below. If none of the dates/times work for you, there will be additional sessions added. These will continue to be offered through mid-September.

1. Select a date and time.

Tuesday, June 28 at 10 a.m.
Tuesday, July 12 at 10 a.m.

2. Draft a Word or Excel document and provide the below information for each attendee that will attend the webinar:

   Webinar Date, First Name, Last Name, Email Address, Phone Number, Title, Company Name

3. Once the above requested attendee information is listed in the document of your choice, please forward the completed document via email directly to us at: **ProviderEngagementTeam@HighmarkWholecare.com.**

Questions? Please contact your dedicated Provider Engagement representative or email us at: ProviderEngagementTeam@HighmarkWholecare.com.

June is LGBTQIA+ Pride Month

Highmark Wholecare is proud to support our members in the LGBTQIA+ community!

LGBTQIA+ Pride Awareness Month has been observed in the month of June in the United States since 1995, with the first Pride march held in New York City on June 28th, 1970.

Did you know that individuals in this community are more than twice as likely as heterosexual adults to experience a mental health condition and are at higher risk for suicidal thoughts and suicide attempts? LGBTQIA+ people are 2.5 times more likely to experience depression, anxiety, and substance use disorders.

For resources to support our members please visit: https://www.cdc.gov/lgbthealth/index.htm

Listed below are some of the LBGTQIA+ Pride month events in Allegheny County:

- **Pride on the Shore Festival**- Friday, June 3 at Stage AE (400 North Shore Drive, Pittsburgh, PA 15212)
- **Pittsburgh Pride March & Parade**- Saturday, June 4 at 414 Grant St., Pittsburgh PA 15212

For more information on LGBTQIA+ 2022 Pride month events in Allegheny County please visit:
2022 Pittsburgh Pride Revolution - (lgbtqpittsburgh.com)

For more information on LGBTQIA+ 2022 Pride month events throughout the state visit:
https://www. visitpa.com/article/11-ways-show-your-pride-across-pennsylvania

The Acronym LGBTQIA+ refers to lesbian, gay, bi-sexual, transgender, questioning, intersex, asexual, & allies.

Payment Cycle Update

Since the implementation of our new claims processing platform on October 1, 2021, Highmark Wholecare has been issuing daily payment cycles. While these daily cycles were initially planned to occur for one month, we've continued them throughout our stabilization period.

Now that our claims processing platform is stabilized, we will be returning to normal payment cycles. Effective June 1, 2022, payment cycles will begin running twice a week.

Thank you for your continued support of Highmark Wholecare.

Care Gap Management Application

2022 Novillus CGMA is live!

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 1, 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 toward 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, please contact your Clinical Transformation Consultant directly or email us at: ProviderEngagementTeam@HighmarkWholecare.com for information on accessing the CGMA.

Annual Accessibility Audit/Provider Obligations

Highmark Wholecare used a NCQA certified vendor to conduct an annual, telephonic accessibility audit of over 2,300 Medicaid and Medicare primary care, medical specialists, and behavioral health specialists (Medicare only) in 2021. The purpose of the audit was to determine if participating practice sites are adhering to established access standards related to timeliness of members to receive care; including wait time for appointments and after-hour access to care. The audit results identified that primary care practice sites are meeting after-hours access and urgent care access for pediatrics, but improvement is needed for all other access standards.

Highmark Wholecare used the audit results to identify initiatives to improve access. One of those initiatives is continuous education of our provider network through promotion of the accessibility standards in our provider manuals, provider newsletters, through provider webinars, and publishing the accessibility standards on our provider website at https://highmarkwholecare.com/Provider/Provider-Resources/Accessibility-to-Care-Standards.

The next annual accessibility audit will be launched in July of 2022. Please review the accessibility standards with your office staff that schedule member appointments to ensure that your practice site meets the standards.

In addition, to keep you informed of other Provider Obligations related to member access, we have provided excerpts from your contract below:

Provider Services

Provider shall provide to Members those Covered Services that are within the scope of Provider's licensure, expertise, and usual and customary range of services pursuant to the terms and conditions of this agreement. Such Covered Services shall be delivered in a prompt manner, consistent with professional, clinical and ethical standards and in the same manner as provided to Provider's other patients. Provider shall accept Members as new patients on the same basis as Provider is accepting non-Members as patients.

Provider shall make Covered Services available and accessible to Members on a 24 hour-per-day, 7 day-per-week, including, without limitation, telephone access to Provider. Provider shall provide Emergency Services without requiring prior authorization of any kind. Provider is not required to provide non-Covered Services as more specifically described in Program rules and regulations.

If Provider is a Primary Care Physician, Provider may, upon sixty (60) calendar days prior written notice to MCO, request that Provider's practice site not be required to accept additional Members. MCO will respond to Provider's request within (30) calendar days of MCOs receipt of Provider's request.

NaviNet® and Enhanced Provider Portal Update

Highmark Wholecare recognizes that over the past several months there have been issues with the claim searching functionality within both NaviNet® and the Enhanced Provider Portal (EPP). We are pleased to be able to communicate that the issues surrounding claims search features have been resolved and can now be utilized again. This includes:

- The ability to review Claim Status Inquiry in NaviNet® and the option to review an adjustment code description
- The ability to see the claims payment date in both NaviNet® and EPP
- The ability to accurately review the payment amount in EPP and retrieve the associated remittance advice
- The ability to filter search preferences in the Batch Claims Search feature, such as payment date or date of service

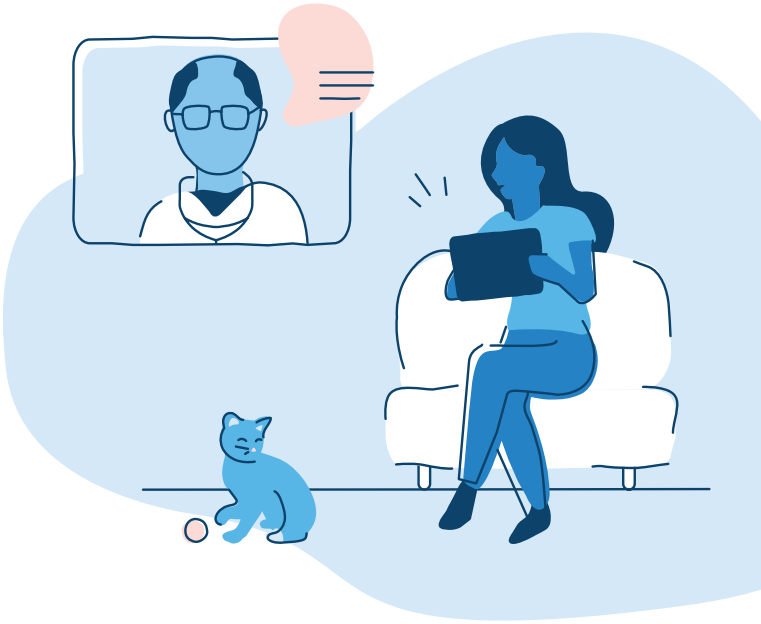
Our goal at Highmark Wholecare is to provide our provider network the capacity to effectively self-service and to eliminate the need for repeat calls. Please utilize these tools prior to calling for claims statuses, remittance advices, claims disputes and provider appeals.

In addition, Highmark Wholecare providers are also able to access detailed explanation of payments (EOP) utilizing the following link to PNC ECHO: www.providerpayments.com. We thank you for your patience as we've worked through resolving these issues.

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.

Change to Prior Authorization Process

Wearable Cardiac Device CPT Code K0606

On **May 01, 2022**, prior authorization service for K0606 (Automatic external defibrillator, with integrated electrocardiogram analysis, garment type) will transition from HealthHelp to Highmark Wholecare.

To request an authorization through Highmark Wholecare please call 1-800-393-1147 (PA Medicaid) or 1-800-685-5209 (PA Medicare). Authorization requests can also be submitted electronically via NaviNet.

Shortage of Iodinated Contrast Agents

In recognition of the current, ongoing shortage of iodinated contrast agents, Highmark Wholecare will follow guidance included in the American College of Radiology position statement available at https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Contrast-Media-Shortage.

Currently authorizations for Radiology studies are 90 days which allows for flexibility for scheduling for non-urgent studies.

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)
Eligibility	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
Contact for Referrals	**Medicaid: 1-800-392-1147** **Medicare Assured: 1-800-685-5209**						
Description	• The programs provide patient education for medication, diet and lab testing adherence, as well as other tools to reduce inpatient and emergency room utilization • The programs emphasize prevention and exacerbation of complications by using evidence-based guidelines and member empowerment strategies • The programs support the physician's plan of care and supports the provider-member relationship						**This program offers care coordination and SDoH resources to reduce low birth weight, pre-term deliveries and NICU**

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Program	Asthma	Cardiac	COPD	Diabetes	Hypertension	Healthy Weight Management	MOM Matters* (Maternal Outreach and Management)
Enrollement	• Members are identified through claims, member self-referral, or Highmark Wholecare utilization management • Provider referrals are also welcome!						**Provider submission of the Obstetrical Needs Assessment Form (ONAF) helps identify high-risk women for proactive interventions**
Coordination of Care	• Case managers assist you and your patients with coordination of care for specialists visits • Home health, behavioral health, DME and community referral needs are coordinated through the Highmark Wholecare Case Management department						
Provider Benefits and Support	• The management of members in programs aimed at: - Decreasing inpatient and ED utilization - Increasing appropriate lab testing and medication adherence • Encouraging adherence to obtain flu and pneumonia immunizations as well as other preventative testing and procedures						

Medications to Require Medical Prior Authorization

Medicare Assured

A subset of medications require a pre-service authorization for medications obtained through the medical benefit. This prior authorization process applies to **all Highmark Wholecare Medicare Assured members**. Failure to obtain authorization will result in a claim denial.

Procedure Codes Requiring Authorization

Authorization Required as of 02/21/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J0257	alpha 1 proteinase inhibitor (Glassia)	**J3590***	lonapegsomatropin-tcgd (Skytrofa)
J3590*	efgartigimod alfa-fcab (Vyvgar)	**J3490***	vosoritide (Voxzogo)
J1931	laronidase (Aldurazyme)		

Authorization Required as of 04/01/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J3590*	alirocumab (Praluent)	**J3590***	tezepelumba-ekko (Tezpire)
J3590*	evolocumab (Repatha)	**J3590***	tralokinumab-ldrm (Adbry)
J3490*	inclisiran (Leqvio)		

Authorization Required as of 07/01/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J9999*	ciltacabtagene autoleucel (Carvykti)	**J3590***	filgrastim-ayow (Releuko)
J3590*	faricimab-svoa (Vabysmo)	**J8499***	mitapivat (Pyrukynd)
J1437	ferric derisomaltose (Monoferric)	**J3590***	ranibizumab (Susvimo)
J1443	ferric pyrophosphate citrate solution (Triferic)	**Q5124**	ranibizumab-nuna (Byooviz)
J1444	ferric pyrophosphate citrate powder (Triferic)	**J3590***	sutimlimab-jome (Enjaymo)
J1445	ferric pyrophosphate citrate (Triferic AVNU)		

*This medication will be reviewed under the miscellaneous/not otherwise specified procedure codes until a permanent code is assigned.

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What if the medication is not on this list?

This list is intended to function as a notification and is subject to change. Please refer to the Provider Portal Lookup Tool (accessed via Navinet: https://navinet.navimedix.com) to determine if a drug/HCPCS code requires authorization and to submit authorization requests.

Would you prefer to get the medication through a pharmacy?

This change only applies to the medical benefit. If the medication is to be billed at the phar macy/specialty pharmacy, you will continue to submit requests to the Highmark Wholecare pharmacy department. They can be reached at **1-800-685-5209.**

Submitting a Request

The most efficient path of submitting a request (for one of the medications on the list above) is via Navinet. A form has been added to Navinet with autofill functionality to make completing and submitting your online request easier and faster.

If you have questions regarding the authorization process and how to submit authorizations electronically, please contact your Highmark Wholecare Provider Relations Representative directly or Highmark Wholecare Pharmacy Services using the phone number **1-800-685-5209.**

Additional Information

- Any decision to deny a prior authorization is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Wholecare only if it is medically necessary, a covered service, and provided to an eligible member.
- Non-covered benefits will not be paid unless special circumstances exist. Always review member benefits to determine covered and non-covered services.
- Current provider notifications can be viewed at: https://highmarkwholecare.com/Provider/Medicare-Resources/Medicare-Provider-Updates

Medications to Require Medical Prior Authorization

Medicaid

A subset of medications require a pre-service authorization for medications obtained through the medical benefit. This prior authorization process applies to all Highmark Wholecare Medicaid members. Medical necessity criteria for each medication listed below is outlined in the specific medication policies available online. To access Highmark Wholecare medical policies, please visit: https://www.highmarkwholecare.com/provider/medicaid-resources/medication-policies. Failure to obtain authorization will result in a claim denial.

Procedure Codes Requiring Authorization

Authorization Required as of 02/21/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J0257	alpha 1 proteinase inhibitor (Glassia)	**J3590***	lonapegsomatropin-tcgd (Skytrofa)
J3590*	efgartigimod alfa-fcab (Vyvgar)	**J2840**	sebelipase alfa (Kanuma)
J1931	laronidase (Aldurazyme)	**J3490***	vosoritide (Voxzogo)

Authorization Required as of 04/01/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J3590*	alirocumab (Praluent)	**J3590***	tezepelumba-ekko (Tezpire)
J3590*	evolocumab (Repatha)	**J3590***	tralokinumab-ldrm (Adbry)
J3490*	inclisiran (Leqvio)		

Authorization Required as of 07/01/2022			
Procedure Code	**Description**	**Procedure Code**	**Description**
J9999*	ciltacabtagene autoleucel (Carvykti)	**J3590***	filgrastim-ayow (Releuko)
J3590*	faricimab-svoa (Vabysmo)	**J8499***	mitapivat (Pyrukynd)
J1437	ferric derisomaltose (Monoferric)	**J3590***	ranibizumab (Susvimo)
J1443	ferric pyrophosphate citrate solution (Triferic)	**Q5124**	ranibizumab-nuna (Byooviz)
J1444	ferric pyrophosphate citrate powder (Triferic)	**J3590***	sutimlimab-jome (Enjaymo)
J1445	ferric pyrophosphate citrate (Triferic AVNU)		

*This medication will be reviewed under the miscellaneous/not otherwise specified procedure codes until a permanent code is assigned.

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In addition to these codes, it is expected that the statewide preferred drug list (PDL) will be referenced to ensure a preferred drug is prescribed and administered when possible. **Effective January 1, 2020, all MA covered drugs designated as non-preferred are covered and available to MA beneficiaries when found to be medically necessary through the prior authorization process.** This requirement applies to both the medical benefit and pharmacy benefit. You may access the complete statewide PDL now through the Department of Human Services website at: https://papdl.com/preferred-drug-list. The searchable PDL and prior authorization guidelines are also located on the Highmark Wholecare, Medicaid website at https://highmarkwholecare.com/Medicaid.

What if the medication is not on this list?

This list is intended to function as a notification and is subject to change. Please refer to the Provider Portal Lookup Tool (accessed via Navinet: https://navinet.navimedix.com) to determine if a drug/HCPCS code requires authorization and to submit authorization requests.

Would you prefer to get the medication through a pharmacy?

This change only applies to the medical benefit. If the medication is to be billed at the pharmacy/specialty pharmacy, you will continue to submit requests to the Highmark Wholecare pharmacy department. They can be reached at **1-800-392-1147.**

Submitting a Request

The most efficient path of submitting a request (for one of the medications on the list above) is via Navinet. A form has been added to Navinet with autofill functionality to make completing and submitting your online request easier and faster.

If you have questions regarding the authorization process and how to submit authorizations electronically, please contact your Highmark Wholecare Provider Relations Representative directly or Highmark Wholecare Pharmacy Services using the phone number **1-800-392-1147.**

Additional Information

- Any decision to deny a prior authorization is made by a Medical Director based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Wholecare only if it is medically necessary, a covered service, and provided to an eligible member.
- Non-covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered and non-covered services.
- Current and previous provider notifications can be viewed at: https://highmarkwholecare.com/Provider/Medicaid-Resources/Medicaid-Provider-Updates

Medicare Parts A and B Cost Sharing

All members enrolled in Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby℠ 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

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.:

Medicare Assured
1-800-685-5209 (TTY 711)

Medicaid
1-800-392-1147 (TTY 711)

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

Coding Corner: Proper use of Modifier 25

Preventative Medicine and Sick Visits

As per AMA CPT Guidelines, Highmark Wholecare shall allow reimbursement for a medically necessary sick visit Evaluation and Management (E/M) Service at the same visit as a Preventative Medicine Service (CPT 99381 – 99429) when it is clinically appropriate. Providers shall use CPT codes 99202 – 99215 to report a sick visit E/M with CPT modifier 25 to indicate that the E/M is a significant, separately identifiable service from the Preventative Medicine code reported. If modifier 25 is not appended, the sick visit will deny.

Please verify with the Medicaid Fee Schedule for reimbursable Preventative Medicine Service codes.

Modifier 25 vs Modifier 57

As per AMA CPT Guidelines, Highmark Wholecare will reimburse E/M Services on the same day as a global surgical procedure for the following circumstances:

Modifier 25 – Significant evaluation and management service by same physician on date of global procedure

- E/M Service that is significant and separate on the day of a procedure with a 0 or 10-day global surgical period

Modifier 57 – Decision for surgery made within global surgical period

- E/M Service that is the decision for surgery on the day of or on the day before a procedure with a 90-day global surgical procedure

The modifiers should be appended to the E/M Service. Absence of the modifiers will cause the E/M Service will deny as global to the procedure.

References

American Medical Association, Current Procedural Terminology (CPT)

CMS, Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, 30.6.6 Medicare Claims Processing Manual (cms.gov)

CMS, Medicare Claims Processing Manual, Chapter 18 – Preventative and Screening Services Medicare Claims Processing Manual (cms.gov)

Long Acting Reversible Contraceptives (LARC) and Oral Contraceptives

Highmark Wholecare covers all family planning services, including oral contraceptives and long acting reversible contraceptives (LARC), according to the PA Medicaid fee schedule and preferred drug list. LARC placement is covered in both the inpatient and outpatient settings.

Please see the LARC scenario table below for further instruction. Covered contraceptives can be found on the PA Preferred Drug List: https://papdl.com/preferred-drug-list.

Devices and medications designated as non-preferred will require clinical review to determine medical necessity. The CPT codes below include covered procedures and are not all-inclusive.

CPT Code:	Device Description
58300	Insertion of intrauterine (IUD)
58301	Removal of intrauterine device (IUD)
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant

LARC Scenario Examples	CPT	Place of service for CPT	HCPCS	Place of service for HCPCS	Diagnosis code	Comment
LARC placement in the inpatient setting	58300	21	J7296	22	Z30.430	Bill HCPCS with place of service 22
LARC placement in the outpatient setting	58300	22	J7296	22	Z30.430	Bill CPT and HCPCS on same claim with place of service 22

Structured Screening for Developmental Delays and Autism Spectrum Disorders (ASDs)

Developmental surveillance and screening for developmental delays and ASDs should be conducted at intervals which meet the standards of medical practice as established by the recognized medical organizations involved in child health care, primarily the American Academy of Pediatrics (AAP).

According to the AAP, structured screening for developmental delays and ASDs is the use of standardized, scientifically validated tools to identify and refine a recognized risk. Structured screening focuses on the identification of additional risk factors by targeting specific developmental milestones in language and cognitive abilities, fine and gross motor skills, and social interactions as well as signs and symptoms of ASDs.

	Developmental Screening	Autism Spectrum Disorder Screening
9 months	96110	
18 months	96110	96110 U1
24 months		96110 U1
30 months	9610	

Providers should also conduct structured screening outside of the recommended screening periodicities if medically necessary.

When the validated screening tool identifies the child as needing further evaluation, a diagnostic evaluation should be performed by the provider or through a referral to an appropriate specialist or the early intervention program. Providers can refer for Early Intervention services or for services through the local area Intermediate Unit by contacting the CONNECT Helpline at 1-800-692-7288.

Billing

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

- **1 month to 11 month EPSDT visit CPT Code is 99381 or 99391**
- **12 months to 4 year EPSDT visit CPT Code is 99382 or 99392**
- The CPT code for **Developmental Screening** is **96110.**
- The CPT code for **Autism Screening** is **96110 U1.**

Report 2-character EPSDT referral code for referrals made or needed as a result of the screen. Codes for referrals made or needed as a result of this screen are:

- **YO – Other**
- **YB – Behavioral**

For questions regarding the EPSDT program, please contact EPSDTinfo@HighmarkWholecare.com.

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.

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.

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4. We expect all network practicing providers to receive MOC training annually. If there is a trend of contiued 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, 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 heath 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"

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- **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.

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/EPSDT/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.

Novillus, Inc. is a separate company which administers their Care Gap Management Application for Highmark Wholecare.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as routine eligibility, benefits and claims status inquiries.

HealthHelp is a separate company that offers education and guidance from specialists in sleep, cardiology, and radiation oncology 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").