

Provider Newsletter

An Update for Highmark Wholecare Providers and Clinicians

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Highmark Wholecare has a new address.

Our corporate office has recently moved! Our new **Corporate Office Address** is listed below. Please note, all FedEx & UPS packages must be sent to the Corporate Office address along with the appropriate **Delivery Code** (if applicable) and **Attention line**.

<Delivery Code>

<Attention>

Highmark Wholecare

120 Fifth Avenue

Pittsburgh, PA 15222

Additionally, the table below outlines the various new mailing addresses for specific departments. Again, to ensure your correspondence reaches the intended department, all mailing addresses must include the appropriate **Delivery Code** (if applicable) and **Attention Line** outlined in the table on the next page.

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Reason for Mailing	Address
Administrative Claims Reviews	Delivery Code: WC-CLAIMS Attention: Claims Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191
Refund Form	Attention: Payments/Refunds PNC BANK, C/o Highmark Wholecare Lock Box #645171 500 1st Avenue Pittsburgh, PA 15219
Clinical Provider Appeals	Attention: Provider Appeals Highmark Wholecare PO Box 22278 Pittsburgh, PA 15222
Credentialing	Delivery Code: WC-CRED Attention: Credentialing Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191
Member Appeals & Grievances	Attention: Appeals & Grievances Highmark Wholecare PO Box 22278 Pittsburgh, PA 15222
Member Enrollment/Disenrollment	Delivery Code: WC-ENROLL Attention: Enrollment Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191
Member Transfers	Delivery Code: WC-ENROLL Attention: Enrollment Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191

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Reason for Mailing	Address
Overpayments	Delivery Code: FIPR Attention: FIPR/Payment Integrity Highmark Wholecare 120 Fifth Avenue Pittsburgh, PA 15222
Pharmacy & Therapeutics (P&T) Committee	Delivery Code: WC-PHARM Attention: Pharmacy Highmark Wholecare PO Box 22158 Pittsburgh, PA 15222
Practice Change Information	Delivery Code: WC-PDM Attention: Provider Data Management Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191
Prescription Drug Claims	Attention: Reimbursements Administrator Highmark Wholecare P.O. Box 22158 Pittsburgh, PA 15222
Retrospective Authorization Reviews	Attention: Retrospective Reviews Highmark Wholecare PO Box 22278 Pittsburgh PA 15222
Subrogation (COB)	Delivery Code: WC-ENROLL Attention: Enrollment Highmark Wholecare PO Box 535191 Pittsburgh, PA 15253-5191
Quality Improvement	Delivery Code: WC-QI Attention: Quality Improvement Highmark Wholecare 120 Fifth Ave Pittsburgh, PA 15222
Quality of Care	Delivery Code: WC-QCARE Attention: Quality of Care Highmark Wholecare 120 Fifth Ave Pittsburgh, PA 15222

CAHPS scores are in!

Earlier this year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was sent to a random sample of our Highmark Wholecare Medicaid and Medicare members, asking them to tell us about their health care experience. These results help us determine how we can better serve our members in the future.

Medicaid Results

As compared to last year, there were notable increases in our adult Medicaid members’ rating of health plan, rating of specialist, and their experience in interactions with customer service. Adult members maintained quality experiences year over year with getting needed care, getting care quickly as well as how well doctors communicate. We are pleased with level of quality care our providers maintain and work to improve every day.

Surveys are sent to the parents or guardians of members under 18 years of age. We wanted to learn how parents and guardians felt about their child’s health care in our health plan. These members felt highly satisfied with Highmark Wholecare’s plan overall, and there was a marked increase in members’ experience with customer service. They also rated personal doctors higher again as well as reporting that they are getting care quickly.

CAHPS Survey Measures	2021 Adult Results (Surveyed in 2022)	2021 Child Results (Surveyed in 2022)	2022 Adult Results (Surveyed in 2023)	2022 Child Results (Surveyed in 2023)
Rating of Health Plan	78.6	83.7	79.7	90.0
Rating of Health Care	78.1	92.3	76.3	88.4
Rating of Personal Doctor	83.9	89.5	80.2	89.6
Rating of Specialist	76.9	88.5	82.5	86.9
Customer Service	83.6	81.5	86.9	87.2
Getting Needed Care	83.5	83.4	83.8	82.5
Getting Care Quickly	83.1	88.2	83.3	89.1
How Well Doctors Communicate	91.8	94.7	91.9	94.3

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We are proud of these results, but we know we can work together to continue to improve. One area that we can do better is helping members get needed care.

Medicare Results

Our Medicare members report being most happy with our drug plan, health plan, and their ability to get needed prescription drugs. Our members were least happy with getting appointments and care quickly and getting needed care. While the numbers for the flu vaccine have improved year over year, there is room for improvement.

CAHPS Survey Measures	2021 (Surveyed in 2022)	2022 (Surveyed in 2023)
Getting Needed Care	80.2	79.5
Getting Appointments and Care Quickly	76.7	77.3
Health Plan Customer Service	89.5	88.8
Care Coordination	84.3	86.1
Rating of Health Plan	89.8	90.4
Rating of Health Care	83.7	83.6
Getting Needed Rx Drugs	89.1	89.5
Rating of Drug Plan	89.3	90.9
Flu Vaccine	69.5%	70.6%

Highmark Wholecare works with members and doctors to create a great health care experience. We listen to what you say. We hope you will let us know when we do something well. We hope that you will let us know when we need to do better. Improving our members’ health care experience is a team effort! Please call Member Services at 1-800-392-1147 for more information about Highmark Wholecare’s 2022 CAHPS results. TTY users call 711.

The CAHPS Survey

Questions Asked and How to Improve



Improving our members' health care experience is a team effort! We understand that provider offices may be understaffed and have already implemented these suggestions when possible.

See the CAHPS survey questions below for three areas that we can work together to improve:

Getting Appointments and Care Quickly

Questions

In the last 6 months...

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care as soon as you needed?
- How often did you see the person you came to see within 15 minutes of your appointment time?

Tips to Boost Survey Scores

- Reserve dedicated time slots each day to accommodate urgent visits.
- Provide patients with contact information for urgent care options. Consider getting cards printed with this info.
- Explain any delays for scheduling appointments or available appointment times.
- Offer an appointment with a nurse or physician assistant to accommodate issues.
- Offer to add the patient to a wait list and call the patient if an earlier appointment becomes available.

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Getting Needed Care

Questions

In the last 6 months...

- How often did you get an appointment to see a specialist as soon as you needed?
- How often was it easy to get the care, tests, or treatment you needed?

Tips to Boost Survey Scores

- Collaborate with your patient's specialists to discuss topics such as tests, referrals, and treatment options.
- Help patients make appointments with specialists before they leave your office.
- Ask patients if they have had any delays in getting care.
- Visit [cdc.gov/healthliteracy/developmaterials/understandaudience/index.html](https://www.cdc.gov/healthliteracy/developmaterials/understandaudience/index.html) for cultural competency and health literacy tools and resources.

Annual Flu Vaccine

Questions

- Have you had a flu shot since July 1 of the prior year?

Tips to Boost Survey Scores

- Recommend a flu shot to all eligible patients and offer to administer during scheduled appointment.
- Talk to patients about why they don't want to get the vaccine and address misconceptions.
- Use local and national public health resources, posters, etc. in office to educate patients.
- Order vaccine as soon as available and have a plan to inform availability to patients.
- Plan flu clinics where patients can get the vaccine without a scheduled visit.
- Visit [cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm](https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm) for more tips on how to talk to your patients about the flu vaccine and make a strong recommendation.

Additionally, you can find previous newsletter articles detailing the CAHPS survey with even more tips to boost patient scores in the **June, July, and August** Provider Newsletters! And be sure to read future editions of this newsletter for continued support!

Help your Medicaid patients continue to receive health care coverage!



There are Highmark Wholecare Medicaid members who may still be eligible for Medicaid but are being disenrolled due to failure to renew or failure to provide the required documentation. To assist with identifying affected patients, please view the expanded PCP Medical Assistance (MA) Renewal Report in our provider portal, via NaviNet. Additionally, this flyer can help patients who have been disenrolled from Highmark Wholecare Medicaid coverage.

For additional information on this topic, please see the article featured in our August Newsletter.

2023 Provider Accessibility Audit Results

Highmark Wholecare used a NCQA certified vendor to conduct the 2023 annual accessibility audit of Medicaid and Medicare primary care, medical specialists, and behavioral health specialists. The purpose of the audit was to determine if participating practice sites are adhering to established access standards.

The audit results identified the following achievements:

Medicaid

- Primary care practice sites continue to provide timely access to after-hours care.
- Primary care and oncology practice sites see patients within 30 minutes of their scheduled appointment for routine care.
- Pediatric practice sites continue to provide timely access to urgent care appointments within 24 hours of the patient contacting the practice and make three call attempts to reach patients for missed appointments- with at least one attempt by phone.
- Overall, compliance increased for all provider types for most standards, most significantly for routine care in 2023.

Medicare

- Primary care practice sites continue to provide patients with timely access to after-hours care.
- Oncology practice sites provide timely access to routine care appointments within 30 calendar days of the patient contacting the practice.
- Ob-gyn and oncology practice sites see patients within 30 minutes of their scheduled appointment for routine care.
- Overall, compliance increased for routine care.
- Behavioral health practice sites increased compliance significantly for non-life-threatening emergency. Patients are being seen within six hours of contacting the practice site for a non-life-threatening emergency and are directed to the emergency room or a crisis unit when unable to see the patient within six hours.

To promote continued access improvement, Highmark Wholecare is focusing on the continuous education of our provider network through promotion of the **Accessibility Standards**. Please use the resources found [here](#) to provide continued education to your office staff that schedule member appointments, including central scheduling and call center staff.

Additionally, a **new resource** has been developed to assist you!

This short, pre-recorded webinar provides an overview of the behavioral health standards and audit process.

The next annual accessibility audit will be launched in the second quarter of 2024.

October is National Depression and Mental Health Screening Month.

October marks an important observance in the health care calendar: National Depression and Mental Health Screening Month. This month-long awareness campaign aims to shed light on the significance of early detection and intervention for mental health issues, particularly depression. Depression is a widespread and debilitating condition that affects millions worldwide and is a leading global cause of disability according to the World Health Organization (WHO)¹. Despite its prevalence, many individuals remain undiagnosed. This awareness month serves as a reminder that early detection is crucial to prevent worsening mental health and enhance patient outcomes.

Health care providers play a key role in recognizing and addressing depression. As you may know, using validated screening tools can help identify potential cases and initiate discussions about mental health, which ultimately leading to better patient well-being.

Some commonly used tools include:

- **Patient Health Questionnaire-9 (PHQ-9):** For screening in the general adult population, this 1 to 5-minute questionnaire screens for depressive symptoms and severity based on DSM-5 criteria.
- **Patient Health Questionnaire-9 for Adolescents (PHQ-9A):** Similar to the PHQ-9, this brief questionnaire has been adapted for use with adolescents. The United States Preventative Services Task Force (USPSTF) and the Guidelines for Adolescent Depression in Primary Care both recommend universal screening for children aged 12 and older², particularly as suicide is the second most common cause of death in adolescents.³
- **Edinburgh Postnatal Depression Scale (EPDS):** This tool specifically screens for postnatal depression with 10 mood-related questions.

It is crucial to use sensitivity during discussion about mental health. Health care providers can establish a safe space for patients by discussing mental well-being regularly during routine visits. Additionally, using validated tools can objectively assess mental health and suggest interventions like therapy or medication.

To learn more about screening tools you can implement in your practice, visit the **American Psychological Association website**. Additional resources for managing behavioral health conditions in primary care can be found **here**.

Sources:

1. <https://www.who.int/health-topics/depression>
2. <https://www.ncbi.nlm.nih.gov/books/NBK576416/>
3. <https://www.ncbi.nlm.nih.gov/books/NBK576416/#>



MARK YOUR CALENDAR!

Demystifying Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Lunch and Learn with Highmark Wholecare Professional Education
CME/CEU Webinar | **November 14, 2023 at noon - 1 p.m. EST**

Speakers

Jayne Patterson, CPC; Investigator for Financial Investigations and Provider Review

Anne Lacienski, CPMA; Lead Investigator for Financial Investigations and Provider Review

Cynthia Scott, CPC; Senior Investigator for Financial Investigations and Provider Review

Sherry Roedersheimer, COC, CPC, CPMA; Lead Investigator for Financial Investigations and Provider Review

Meeting Information:

During this provider training, the attendee will learn:

- What constitutes DMEPOS
- The importance of medical record documentation when ordering and providing DMEPOS to patients
- How to order glucose monitors and supplies for patients
- How to identify common areas of potential fraud, waste and abuse

If interested, please join the webinar using the below link.

<https://highmarkhealth.zoom.us/j/93915132836?pwd=cGRLY0V3QmIWNDBzRTBYdDhzTjB2QT09>

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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.

This webinar is eligible for one (1) CME/CEU credit. To receive credit, create a free account at CME.AHN.org. You only need to enroll once to be eligible to receive CME credit for attendance at live webinar activities. You can register for the event by searching “Demystifying DMEPOS” under Courses and clicking register. Instructions for claiming CME/CEU credit will be provided during the live webinar. You must also create a free account at CME.AHN.org to access your transcript.



If you have any questions, please contact your designated Provider Account Liaison or Lead Provider Relations Representative.

Accreditation Statement:

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

Disclosure Statement:

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the policy of Allegheny General Hospital, 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, honoraria 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 Presenters have no relevant financial relationships with commercial interests to disclose.



REMINDER

Important Provider Notice

Provider Webinars: 2023 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. To better accommodate our providers' schedules, we are offering two time slots, 8 a.m. and noon, alternating between these start times each week.

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, Strategic Provider Account Liaison or Sr. Provider (FQHC/RHC) Contract Consultant

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

Invitation to Participate- Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT)



We want to help our care providers keep Highmark Wholecare Medicare Assured members as healthy as possible. As a valued member of the Interdisciplinary Care Team (ICT), you are the first step to the success of our members' care. Each Medicare member has an Individualized Care Plan (ICP), which they have access to on the member portal or by mail upon request. You have access to the ICPs for your panel, available on the provider portal (NaviNet). We encourage you to review the member's care plan with them during their next visit.

We also invite you to participate in ICT meetings regarding your patients. The purpose of ICT meetings is to focus on our members and their specific needs to help achieve their overall health care goals. Each ICT meeting results in an updated Individualized Care Plan, so your input is critically important.

Please call the Case Management Department to schedule an ICT meeting for any of your Highmark Wholecare patients at 1-800-685-5209 (TTY 711.) Press option 1 for member and option 5 for Medical Case Management. Our hours are Monday through Friday 8:30 a.m. to 4:30 p.m.

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.

We have recently created a digital Provider Change Request Form! You can find and complete the electronic change form here, then submit to us via email, fax, or mail.

Please submit change requests via fax, email or mail.

Fax:

ProviderNotification@highmarkwholecare.com

*FQHC/RHC providers should submit their changes to

Roster_Updates@highmarkwholecare.com

Fax: 1-855-451-6680

Mail: Delivery Code: WC-PDM

Provider Data Management

Highmark Wholecare

PO Box 535191

Pittsburgh, PA 15253-5191

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.

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://content.highmarkprc.com/Files/Wholecare/Forms/CulturalCompetencyDataForm.pdf>

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.

Medicare Parts A and B Cost Sharing

All members enrolled in Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured RubySM 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.:

Medicare Assured	Medicaid
1-800-685-5209 (TTY 711)	1-800-392-1147 (TTY 711)

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 Providers' 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.

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.

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 14 counties in northeastern Pennsylvania, 12 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.