

Physicians Helping Highmark's True Performance Program to Succeed

Highmark's True Performance Program Avoided More than \$260 Million in Health Costs in 2017

When PCPs helped Highmark launch its True Performance program in January 2017, the goal was to improve health care quality outcomes for members, reduce annual increases in total health care costs, and help physicians engage in patient care coordination and population health management.



True Performance is a value-based reimbursement program for PCPs focused on affordability and quality of health care for Highmark members. The program evaluates a PCP's ability to deliver the right care at the right time and in the most appropriate setting, and it rewards PCPs for their performance on quality and cost/utilization measures.

Highmark's claims data through the end of 2017 are now showing the results of the True Performance program, and they have exceeded expectations — with more than \$260 million in avoided health costs to date.

"PCPs have an enormous influence on our members' health — from routine visits to prescribing medications to referrals to specialists — and that is why the True Performance program focuses on PCPs," said Charles DeShazer, MD, senior vice president and chief medical officer, Highmark Health Plan. "And we have seen great success in the first year."

According to Dr. DeShazer, Highmark members who are seeing a PCP in the True Performance program had 11 percent fewer ER visits in 2017 than members seeing a PCP who is not in the program.

“True Performance helps physicians focus on prevention and wellness — they are evaluated on meeting nationally recognized quality measures, such as ensuring members receive appropriate screenings and vaccinations,” Dr. DeShazer said. “Those prevention and wellness efforts are helping to keep our members out of the ER, and we estimate that potentially avoided costs were over \$38 million in just the first year of the True Performance program.”

Additionally, members seeing a PCP in the True Performance program had 16 percent fewer inpatient admissions in 2017 compared to members seeing a PCP who is not in the program — at a potentially avoided cost of \$224 million.

“True Performance also evaluates physicians on how they help members manage chronic illnesses such as diabetes, heart disease, and asthma,” Dr. DeShazer added. “When those conditions are properly managed, costly inpatient hospital stays related to chronic illnesses can be avoided.”

While cost savings and better health are certainly good for patients and members, PCPs are also seeing benefits from True Performance. Through collaboration with Highmark, they receive the support and information needed to thrive in the new environment of value-based care.

“The True Performance program is a ‘true’ collaboration between the provider and Highmark that recognizes our commitment to quality and also provides us with data tools, plus personalized support, to help us provide better care for our patients,” said Bill Johnjullo, MD, chair of the Allegheny Health Network (AHN) Primary Care Institute in Pittsburgh. “True Performance also provides a new payment model that helps us fund reinvestments to support the transformation in how we provide a higher level of personalized care. It truly is a win-win-win situation for our patients, providers, and Highmark.”



Doctor Match Night at the Ballpark

Collaborative doctor-patient relationships are a key ingredient to successful care outcomes and, ultimately, healthier people.

That is why Highmark developed the online Doctor Match™ tool to help match patients to PCPs and/or OB-GYNs who share the same perspective on health care. Highmark took this philosophy out into the community by hosting a Doctor Match event at the June 8 Wilmington Blue Rocks minor league baseball game.



Highmark representatives hosted an informational table on the concourse at Daniel S. Frawley Stadium and invited Blue Rocks fans to take the Doctor Match quiz and get a free T-shirt. Kids received free sunglasses, and a Doctor Match T-shirt toss was held in the second inning.

Several fans who visited the table indicated that they had been putting off finding a new doctor. And a few fans said they had recently moved to the area and needed to find a local physician.

In order to help such potential new patients find your practice, please ask the physicians in your office to take the Doctor Match quiz today!

How It Works

Physicians take a quick online survey to answer questions about their treatment philosophy and communication style. Patients answer similar questions to identify qualities they're looking for in a doctor. Our proprietary algorithm then lists the doctors who are their closest match.

Doctor Match will help you:

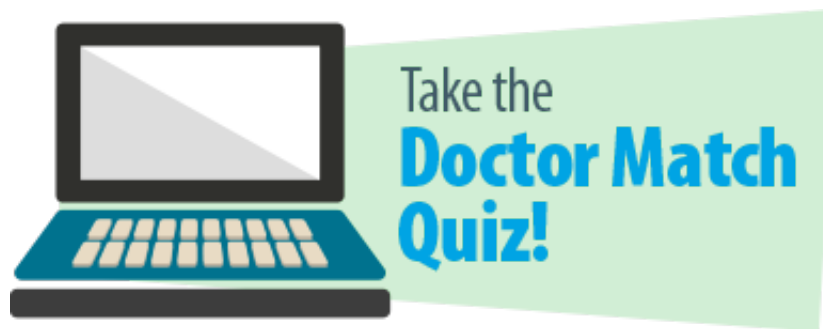
- Grow your practice to include more like-minded patients.
- Develop fulfilling, long-term professional relationships with your patients.
- Provide better experiences so your patients rate you higher in satisfaction surveys.

Our algorithm will only match patients with physicians who have completed Doctor Match profiles.

Complete the Survey

It only takes five to seven minutes to complete the quiz. Follow these simple instructions to make sure your information is included in the Doctor Match tool:


- Log in to NaviNet®.
- Click **Doctor Match Quiz** on the left-hand side of the homepage under **Workflows for This Plan**.
- Complete the survey.
- You can also access the quiz by clicking this icon:



During consumer testing conducted in 2017, nearly three out of four consumers agreed Doctor Match is a good way to find an ideal match, and two-thirds would be likely to try it.*

Complete your Doctor Match profile today and get ready to welcome new patients.

*Doctor Match Consumer Perception Study, September 2017, Highmark Health

Important Legal Information: Doctor Match is intended to help patients choose a health care provider and is not guaranteed as being definitive. Doctor Match is not a guarantee of patient volume, payment, or that a service will be covered. Completion of the Doctor Match questionnaire is voluntary; however, if you choose to complete it, your answers must be true and correct. The Doctor Match questionnaire is Highmark confidential and proprietary and is not permitted to be distributed. See the full Doctor Match legal notice at [DrMatchQuiz.com](https://www.drmatchquiz.com) .




Highmark Introduces Upcoming Changes to Prior Authorization Program

- **New Musculoskeletal Surgery and Interventional Pain Management Services Prior Authorization Program Being Implemented Oct. 1, 2018**
- **Prior Authorization List to Be Updated Oct. 1, 2018**

Highmark is committed to working with health care providers to assure that our members, your patients, receive high-quality, medically necessary care in the most appropriate setting. Although there is no substitute for a physician's professional opinion, the reality of today's health care market is that in some instances, nationally accepted evidence-based guidelines are not followed, resulting in inappropriate or unnecessary care delivery.



Ensuring patients receive appropriate care based on well-established, evidence-based clinical guidelines will result in better outcomes, better experiences, and lower costs for our clients and our members. At the same time, Highmark is committed to trying to reduce unnecessary barriers to care and streamlining the patient experience.

In line with this approach, as announced in a [Special eBulletin](#)  dated and posted on July 16, 2018, we are making updates to our prior authorization program to verify that the elective or planned care our members receive is medically necessary, appropriate, and performed in the optimal setting. In accordance with evidence-based guidelines, we are adding additional procedures to our prior authorization list.

Simultaneously, to reduce the administrative burden on our network providers for less complex cases, and to safeguard timely care and a better patient experience, we are removing other procedures from our prior authorization list.

In addition, in keeping with our commitment of promoting continuous quality

improvement for services provided to our members, Highmark has entered into an agreement with eviCore healthcare to implement a musculoskeletal (MSK) surgery and interventional pain management (IPM) services program. The new program incorporates a comprehensive clinical review, including predictive intelligence, clinical decision support, and peer-to-peer discussions. This approach confirms our members receive only medically necessary and appropriate MSK surgical and IPM services in the least intensive setting to promote the best outcomes.

The eviCore MSK surgery and IPM program and prior authorization changes will go into effect on Oct. 1, 2018.

We appreciate your support and the high-quality, cost-effective care you provide our members, your patients. We look forward to your continued assistance in ensuring that Highmark members receive appropriate, medically necessary services in a quality, clinically appropriate fashion.

Watch for detailed information on the Highmark Provider Resource Center for everything you'll need to know. You'll find the new MSK/IPM page under **Care Management Programs**.



Reminder: Highmark’s Childhood Obesity Preventive Health Benefit

September Is Childhood Obesity Awareness Month

Obesity in childhood and adolescence has become one of the most important pediatric chronic conditions over the past two decades. Many factors contribute to overweight and obesity; however, the primary factor is an imbalance between energy consumption and energy expenditure.

According to the Centers for Disease Control and Prevention (CDC), children ages 2-19 years with a BMI at the following percentile are considered to fall into these categories:

BMI percentile	Category
85 to 94	Overweight
95 or higher	Obese



Counseling parents and patients regarding nutrition and physical activity should be part of all well-child visits to prevent or treat overweight and obesity.

Despite the publicity about “body shaming,” weight stigma continues in this age group, expressed primarily by teasing and bullying. Instead of motivating positive change, this stigmatization contributes to behaviors like binge eating, social isolation, avoidance of health care services, decreased physical activity, and increased weight gain. Weight-based bullying is among the most frequent forms of peer harassment that students report.

Highmark’s Childhood Obesity Preventive Health Benefit

Children 2 to 18 years of age who have a BMI in the 85th percentile or higher are eligible for:

- Four preventive health office visits (an annual preventive visit and three follow-up visits)
- Unlimited nutritional counseling visits specifically for obesity
- One set of recommended lab work annually that includes:
 - Cholesterol screening
 - Hemoglobin A1c **or** fasting glucose
 - AST and ALT

Did you know?

- Nationally, one in five school-age children (6 to 19 years old) is obese.

You can help combat childhood obesity by talking to parents and children about:

- Eating plenty of fruits, vegetables, and whole-grain products; low-fat or fat-free dairy products; and lean meats, poultry, fish, lentils, and beans for protein
- Giving age-appropriate portions
- Avoiding or reducing calorie-dense foods and beverages
- Encouraging 60 minutes of physical activity a day
- Limiting screen time (TV, video games, computer) to two hours or less daily.

Questions addressing their children's weight may not be comfortable for parents or caregivers to hear. But having these conversations early in a child's life helps to minimize health concerns later in life.

To support you in these discussions, Highmark offers helpful tools and resources in our [Childhood Obesity Physician Tool Kit](#), which is available under **Education/Manuals** on our online Provider Resource Center.

Sources:

- Alliance for a Healthier Generation.
- American Heart Association. "Addressing your child's weight at the doctor." Updated Aug. 4, 2014.
- Centers for Disease Control & Prevention, Childhood Obesity section.
- *CHILDHOOD OBESITY*. April 2013. Volume 9, Number 2. "Innovative Tools Help Counselors Discuss Childhood Obesity with Parents."
- Agency for Healthcare Research and Quality (AHRQ), National Quality Measures Clearinghouse. "Weight assessment and counseling for nutrition and physical activity for children/adolescents: percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year."
- American Academy of Pediatrics. "Stigma Experienced by Children and Adolescents with Obesity." Pont, S. Published online, Nov. 20, 2017.
- American Heart Association (Endorsed by American Academy of Pediatrics). *Dietary Recommendations for Children and Adolescents: A Guide for Practitioners*, retrieved from aappublications.org/news.
- American Academy of Pediatrics. "Recommendations for Treatment of Child and Adolescent Overweight and Obesity," retrieved from aappublications.org/news.
- American Academy of Pediatrics. "Policy Statement – Children, Adolescents, Obesity, and the Media," retrieved from aappublications.org/news.



NaviNet Puts Information on Members' HRAs at Your Fingertips

Many Highmark members now have health plans with high deductibles that are tied to corresponding health reimbursement arrangements (HRAs). You can easily tell if a member has an available HRA and access that information using NaviNet®.

To retrieve a member's HRA information, select **HRA Coverage Details** (highlighted in yellow in the screen capture below) from the **Eligibility and Benefits Details** page.

The screenshot shows the NaviNet interface for a member's 'Eligibility and Benefits' page. The page is titled 'Eligibility and Benefits for [Redacted] Female born on [Redacted]'. It includes a navigation bar with 'Workflows' and 'Administration' menus. The main content area is divided into several sections: 'INSURANCE DETAILS' (with a link to 'View Current Member ID Card'), 'Group Information' (listing Plan Area, Alpha Prefix, and various medical management options), 'PRIMARY CARE PROVIDER' (with PCP Effective Date: 06/19/2017 and NPI: [Redacted]), and 'HDHP EPO Provisions'. A 'Benefits' sidebar is visible on the left. The 'HRA Coverage Details' link is highlighted in yellow in the right-hand column. The page also shows 'Active from 10/01/2016 to 12/31/9999' and 'Service Date: 07/27/2017'.

The HRA Coverage Details page shows the amounts for both the Individual and Family Annual Election. If the HRA is partially funded by the member's employer, this page will show any amount that the member (employee) is required to pay. Please note that you will have to contact Highmark to determine if the member has met any of the HRA amounts listed.

HRA Coverage Details

Patient Information

Patient Name:
Member ID Number:

Benefit Effective Date: 01/01/2017
Benefit Term Date: 00/00/0000

Contributions

Individual Annual Election:	\$ 1250
Employee & Child Annual Election:	\$
Employee & Children Annual Election:	\$
Employee & Spouse Annual Election:	\$
Family Annual Election:	\$ 2500

Participant Deductibles


Special Plan Design:	Employee Pays First
Individual Deductible Amount:	\$ 250
Employee & Child Deductible Amount:	\$
Employee & Children Deductible Amount:	\$
Employee & Spouse Deductible Amount:	\$
Family Deductible Amount:	\$ 500
Embedded Deductible:	Yes
Embedded Deductible Amount:	\$ 250

Expense Types

Coinsurance:	No
Copay:	No
Deductible:	Yes

If a member's HRA has been set up as "Direct Pay to Provider," payment will be made directly from the HRA to the provider if the HRA has an account balance.

How to sign up for NaviNet

If you don't have NaviNet, we strongly encourage you to visit navinet.net  and gain access to the system. Current NaviNet users who have questions about the system may call 1-888-482-8057 to speak with a NaviNet representative.

In addition to using NaviNet to look up members' HRA information, you can use the

system to quickly locate eligibility and benefit information, to check your allowances for the services you're providing, to request needed authorizations, to submit and check the status of claims, and much more.



Reminder About PSA-Based Screening in Older Men

The goal of prostate cancer screening is to identify the high-risk, localized disease that can be successfully treated. Doing so can prevent the morbidity and mortality associated with advanced or metastatic prostate cancer in asymptomatic men.

The prostate-specific antigen (PSA) screening test is the most common method used to screen for prostate cancer. Whether to perform the test is one of the most important issues in men's health. And it's one of the most controversial.

The controversy is over the widespread use of the PSA test to screen for prostate cancer in men who are free of signs and symptoms of the disease.

PSA screening cannot diagnose cancer. A biopsy is necessary to tell the difference between slow growing, harmless prostate cancer and less common, aggressive, and potentially deadly tumors.

In the United States, about one in nine men will be diagnosed with prostate cancer in their lifetime. And this year, nearly 165,000 men will be diagnosed with prostate cancer.

The harm of PSA-based screening includes:

- False-positive results
- Complications from prostate biopsies
- Over-diagnosis (in 20% to 50% of cases)
- Psychological harm

The harm of treatment includes:

- Urinary/fecal incontinence
- Erectile dysfunction
- Pain
- Fever



- Hematospermia

On May 8, 2018, the United States Preventive Services Task Force (USPSTF) released its final recommendation statements for PSA-based screening specifically in older men:

- Grade C – with moderate certainty that net benefit of PSA-based screening for prostate cancer in men aged 55 to 69 years is small for some men. How each man weighs specific benefits and harms will determine whether the overall net benefit is small.
- Grade D – with moderate certainty that potential benefits of PSA-based screening for prostate cancer in men 70 years and older do not outweigh the expected harm.

The American Urological Association and the American Cancer Society recommend shared decision-making between patient and physician before prostate cancer screening is ordered. Men should address their concerns and priorities with their doctors to facilitate informed decisions about prostate cancer screening and improve patient satisfaction and outcomes.

It is beneficial for health systems to ensure that providers and their communities understand the risks and benefits of PSA screening. Organizations can develop screening guidelines that align with their communities' needs and providers' preferences. It is important to provide decision-support tools for providers and patients to guide informed decision making.

Coverage for PSA screening varies among Highmark's benefit plans. Please use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility. Also, visit our online Provider Resource Center to view the age-appropriate Highmark Preventive Health Guidelines for screening recommendations. (On the Resource Center, choose **Education/Manuals** and **Clinical Practice and Preventive Health Guidelines**.)


If your patients who are Highmark members have questions about coverage, please direct them to call the Member Service number on the back of their Highmark ID card to verify coverage.

Sources:

American Urological Association: [auanet.org/guidelines/early-detection-of-prostate-cancer-\(2013-reviewed-and-validity-confirmed-2015](http://auanet.org/guidelines/early-detection-of-prostate-cancer-(2013-reviewed-and-validity-confirmed-2015) 

American Cancer Society: cancer.org/cancer/prostate-cancer/early-detection/acs-recommendations.html



Urology Care Foundation: urologyhealth.org 



Make Sure Patients Can Find You

The sign in front of your office helps patients find their way to you. So does your contact information in the online Highmark provider directory — if you keep it up to date and accurate.

If you want Highmark members to be able to find you, make sure your practice name, physician team, locations, and contact information are correct in the Highmark provider directory. These are the facts members use to make informed decisions on where to seek care. That's why it's essential that the practice information you have on file with Highmark is up to date and is attested to on a quarterly basis.



Reviewing data is vital for you

The Centers for Medicare & Medicaid Services (CMS) requires Highmark to reach out to you every quarter and ask you to validate your provider information. We use this information to populate our provider directory and to help ensure correct claims processing.

Providers who don't confirm and attest that their data is accurate will be immediately removed from the directory, and their status within Highmark's networks may be impacted.

Your thorough review of your directory information confirms:

- Each practitioner's name is correct and matches the name on his/her medical license.
- The practice name is correct and matches the name used when you answer the phone.
- All specialties are correctly listed and are, in fact, currently being practiced.
- Practitioners listed at a location actually see patients and schedule appointments at that office on a regular basis. All practitioners listed must be affiliated with the group. (Practitioners who cover on an occasional basis are not required to be listed.)
- The practitioner is accepting new patients — or not accepting new patients — at

the location.

- The practitioner's address, suite number (if any), and phone number are correct.

Change happens

It's vital that you review and update your information as soon as a change occurs. Go to **Provider File Management** within NaviNet® to check these fields:

- Current address
- Phone number
- Fax number

Remember to review data at least once a quarter to ensure it's accurate.

Detailed instructions are available in the **Provider File Management NaviNet Guide**, which is available on the Provider Resource Center under **Education/Manuals**.

Highmark and its designated agent, Atlas, are currently making outreach calls to providers to verify the accuracy of provider data. If you receive a call, please help our agent to gather the right information.



Watch for Updates to Highmark's List of Procedures Requiring Authorization

During the year, Highmark makes adjustments to the List of Procedures/DME Requiring Authorization, which includes outpatient procedures, services, durable medical equipment (DME), and drugs that require authorization for our members.



These changes are announced in the form of Special Bulletins that are posted on our online Provider Resource Center (PRC). These Special Bulletins are communicated as Hot Topics on the PRC and are archived under **Newsletters/Notices > Special Bulletins & Mailings**.

The list includes services such as:

- Potentially experimental, investigational, or cosmetic services
- DME
- Select injectable drugs
- Oxygen
- Not Otherwise Classified (NOC) procedure codes
- Certain outpatient procedures, services, and supplies

To search for a specific procedure code within the List of Procedures/DME Requiring Authorization, press the Control and "F" keys on your computer keyboard, enter the procedure code, and press Enter.

For up-to-date information on procedures that require authorization or to view the current list of procedure codes, visit the PRC, accessible via NaviNet[®] or under **Helpful Links** on our website.

Remember, the Highmark member must be eligible on the date of service, and the service must be a covered benefit in order for Highmark to pay your claim.

You may use NaviNet or the applicable HIPAA electronic transactions to:


- Check member benefits and eligibility
- Verify if an authorization is needed
- Obtain authorization for services

If you don't have NaviNet or access to the HIPAA electronic transactions, please call Clinical Services to obtain authorization for services.



Quarterly Formulary Updates Available Online

We regularly update our prescription drug formularies and related pharmaceutical management procedures. To keep our in-network physicians apprised of these changes, we provide quarterly formulary updates in the form of Special eBulletins.

These Special eBulletins are available [online](#) . Additionally, notices are placed on the Provider Resource Center's **Hot Topics** page to alert physicians when new quarterly formulary update Special eBulletins are available.

Providers who don't have internet access or don't yet have NaviNet[®] may request paper copies of the formulary updates by calling our Pharmacy area toll-free at 1-800-600-2227.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures — including providing information for exception requests; the process for generic substitutions; and explanations of limits/quotas, therapeutic interchange, and step-therapy protocols — please refer to the **Pharmacy Program/Formularies** page, which is accessible from the main menu on the Provider Resource Center.



About This Newsletter

Provider News is a newsletter for health care providers who participate in our networks. It contains valuable news, information, tips and reminders about our products and services.

Do you need help navigating the *Provider News* layout? [View](#) a tutorial that will show you how to access the stories, information and other links in the newsletter layout.

Important Note: For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the monthly publication [Medical Policy Update](#).

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Comments/Suggestions Welcome


Joe Deemer, Copy Editor

Adam Burau, Editor

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments or ideas for articles in future issues, please write to the editor at adam.burau@highmarkhealth.org.



Contact Us

Providers with Internet access will find helpful information online at highmarkbcbsde.com . NaviNet® users should use NaviNet for all routine inquiries. But if you need to contact us, below are the telephone numbers exclusively for providers.

Provider Service

1-800-346-6262

Convenient self-service prompts available.

Member Service

1-800-633-2563

Pharmacy Services

1-800-600-2227

Medical Management & Policy

1-800-572-2872

BlueCard

1-800-676-BLUE (2583)



Legal Information

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NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies. Highmark Health is the parent company of Highmark Inc.

The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

Freespira is a separate and independent company that provides a service to eligible Highmark members. eviCore is an independent company that supports Highmark's Musculoskeletal Surgery and Interventional Pain Management program. Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark.

VITAL, in conjunction with Allegheny Health Network, provides its technology partners with access to an integrated clinician network in a real patient care environment that includes clinicians, independent physicians, and other strategic partners, as well as access to claims and other longitudinal data of eligible members that participate in the program from Highmark Inc. (Highmark).

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