


NEW Address Change Form



As part of the No Surprises Act and Highmark's Provider Directory requirements, you must verify your information with Highmark every **90 days** to remain in our directory. Highmark members looking for a provider will not have access to providers who are no longer listed in our directory.

Beginning January 1, 2022, Highmark will have a new form for professional providers to fill out for name, address, phone, specialist, website, and terming practitioners from a group changes. Facility/Ancillary providers should continue to use the existing form. Once received, Highmark will update our directory with your information within two business days.

Additionally, we will be announcing a new [NaviNet®](#)  function in early 2022 that will allow you to verify and edit your information online without having to submit a form or call us. Once this is live, you should use NaviNet to make changes whenever possible. Watch Plan Central and the Provider Resource Center for more information regarding this function in the coming weeks.

There will be a new form for professional providers to fill out for name, address, phone, specialist, website, and terming practitioners from a group changes.

For more information on this change and other changes Highmark is making in regards to the No Surprises Act, review the **No Surprises Act** section of the **Provider Resource Center**.



Welcome Highmark's New Vendor CareVio for Case and Disease Management in Delaware

Highmark and ChristianaCare will be partnering with CareVio (a comprehensive and innovative population health program) to provide case management and disease management for our Freedom Blue PPO Distinct and Freedom Blue PPO Signature Medicare Advantage members in Delaware.

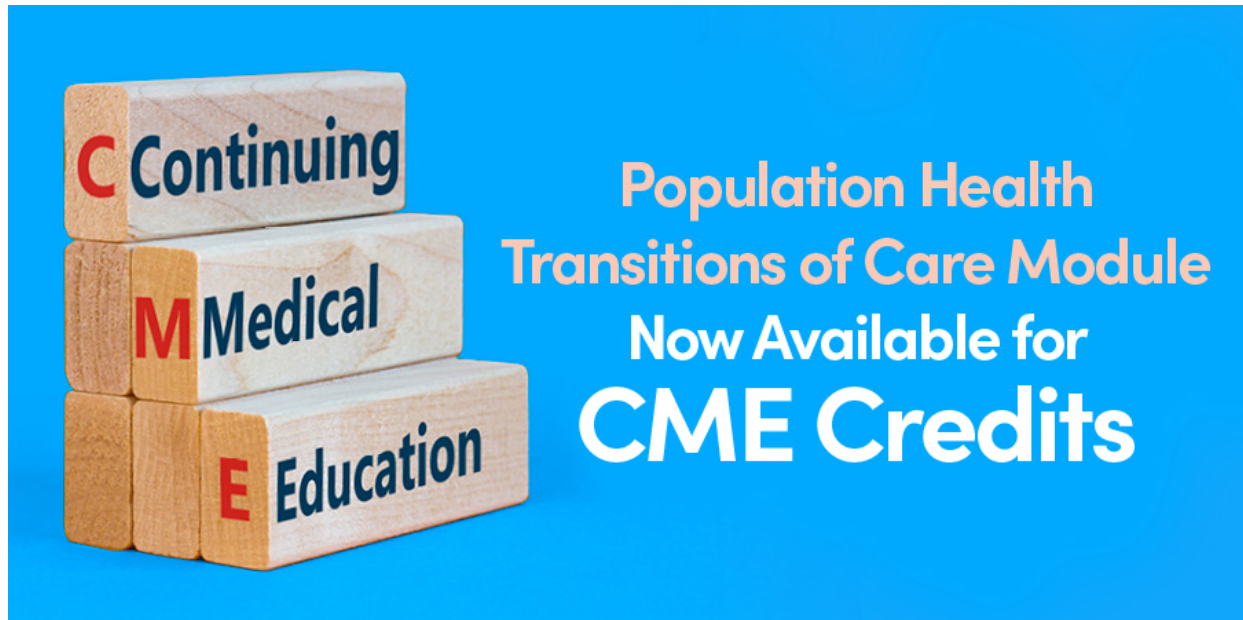
Members with
Comprehensive Case
Management, Complex
Community Team
(community based social
workers and nurses),



Acute Care and Post Acute Support (Transition of Care), Self-Management Support, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, and/or Heart Failure may choose to work with CareVio. CareVio will then improve quality outcomes and member experience by linking health needs to the appropriate resources so members can receive the right care in a timely manner to meet their physical, social, and behavioral health needs.

CareVio includes an interdisciplinary team of Medical Directors, Case Managers, Social Workers, Pharmacists, Respiratory Therapists, and support staff to connect with members by phone, video, in-person visits, secure texting, and email.


To set up a patient who would benefit from CareVio, you can contact them at **(844) 227-3565** or **(302) 320-5600**.



Transitions of Care (TOC) is an important topic for the transformation of health care. It is the movement of a patient from one care setting to another involving a set of proactive actions. Many patients leave the hospital, rehabilitation facility or long-term care setting often in a vulnerable state with little understanding of what comes next.

As part of Highmark's Population Health University, we held a panel discussion to highlight why effective transitions in care are important and discuss collaborative efforts to support care coordination. We also discussed how improvements to patient care have a positive effect on the patient, physician experience and readmission rates. Highmark and our Population Health University team are happy to announce that you can now earn Continuing Medical Education (CME) credits for completing the [Transitions of Care module](#)  either in part or in whole.

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All CME credits are obtained through the Allegheny Health Network (AHN) CME platform. To earn CME credits, you must register for an account [here](#) . Once an account is created you will not need to re-register in the future for Highmark/AHN CME offerings.







You will be eligible to receive partial CME credit for the individual components of the module that you complete, or full credit for completing the entire module. You are only able to apply for CMEs for the Transitions of Care Module one time, so ensure you complete all components you want credit for prior to submitting CME credit.



New and Updated Reimbursement Policies

Highmark Delaware regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center home page for eBulletins announcing new policies and the Reimbursement Policy page for policy updates.

The following reimbursement policies have been updated and should be reviewed:

- [RP-010: Incident To Billing Services and Advanced Practice Provider Reductions](#) 
- [RP-053: Gene and Cellular Therapy](#) 
- [RP-064: Government Supplied Vaccinations and Antibody Treatments](#) 
- [MRP-001: Microsurgery \(Medicare Advantage\)](#)  **NEW!**
- [MRP-002: Reporting Clinical Pathology Services \(Medicare Advantage\)](#)  **NEW!**
- [MRP-004: Prolonged Services \(Medicare Advantage\)](#)  **NEW!**




To access Highmark reimbursement policy bulletins, select **CLAIMS, PAYMENT & REIMBURSEMENT** from the Provider Resource Center main menu, and then click on **REIMBURSEMENT POLICY**.



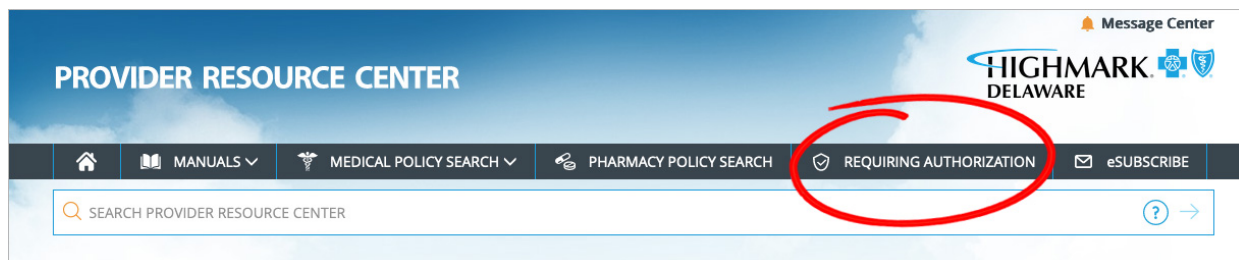
Watch for Updates to Highmark's List of Procedures Requiring Authorization

During the year, Highmark adjusts the List of Procedures and Durable Medical Equipment (DME) **Requiring Authorization**. For information regarding authorizations required for a member's specific benefit plan, providers may:

1. Call the number on the back of the member's card,
2. Check the member's eligibility and benefits via [NaviNet®](#) , or
3. Search BlueExchange through the provider's local provider portal.




These changes are announced in the form of Special eBulletins that are posted on Highmark's Provider Resource Center (PRC). To view the List of Procedures/DME Requiring Authorization, click **Requiring Authorization** in the gray bar near the top of the PRC homepage.



Please note that the Highmark member must be eligible on the date of service and the service must be a covered benefit for Highmark to pay the 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 are not signed up for [NaviNet](#)  or do not have access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services:

- [Delaware Contact Information for Providers](#) 

Quarterly Formulary Updates Available Online



Highmark regularly updates our prescription drug formularies and related pharmaceutical management procedures. To keep our network physicians apprised of these changes, we provide quarterly formulary updates on the **Formulary Updates** page under **Pharmacy Program/Formularies**.






Providers who do not have internet access or do not use [NaviNet®](#)  may request paper copies of the formulary updates by contacting Highmark's Pharmacy department at **800-600-2227**.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures refer to the **Pharmacy Program/Formularies** pages, accessible from the main menu on the Provider Resource Center.

This page includes information on:

- Providing information for exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange and step-therapy protocols


 PHARMACY PROGRAM/FORMULARIES 
 Formulary Information
 Formulary Updates
 List Of Procedure Codes Requiring NDC Information
 Medical Injectable Drugs Program
 Pharmacy Information
 Pharmacy Policies - SEARCH

Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

The FEP specific drug formularies are available [online](#) . Providers who don't have internet access may obtain formulary information via phone by using the below toll-free

numbers and following the prompts for *Pharmacy*:

- **Delaware:** 800-721-8005
- **Pennsylvania:** 866-763-3608
- **West Virginia:** 800-535-5266
- **New York:** 1-800-234-6008

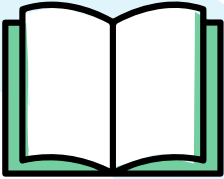
To learn more about the FEP exception request processes for non-formulary drugs, click [here](#) .




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Staying **Up to Date** with the Highmark Provider Manual



Ensure you are regularly reviewing the [Highmark Provider Manual](#)  for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage



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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](#).

Note: *This publication may contain certain administrative requirements, policies, procedures or other similar requirements of Highmark Delaware (or changes thereto) which are binding upon Highmark Delaware and its contracted providers. Pursuant to their contract, Highmark Delaware and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.*


Comments/Suggestions Welcome

Arielle Reinert, 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 ResourceCenter@Highmark.com.



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.

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Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark.

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