PROVIDER NEWS
A newsletter for the Highmark Blue Cross Blue Shield providers in western New York

HIGHMARK. WESTERN NEW YORK
Issue 2, 2022

Interview With DR. THOMAS LUNDQUIST

Chief Medical Officer,
Highmark Health Plans &
Senior Vice President, Integrated Care
Delivery for Highmark Health

"I sincerely believe that when health systems and health plans collaborate and partner in unique ways, that it makes a profound positive difference to clinical outcomes, to the patient experience, to the provider experience and ultimately the overall cost of healthcare," said Thomas Lundquist, MD, MMM, FAAP, FACPE, Highmark's new Chief Medical Officer.

Dr. Lundquist was hired in January 2022 as CMO of Highmark Health Plans and Senior Vice President of Integrated Care Delivery for Highmark Health. As Chief Medical Officer, Dr. Lundquist leads Medical Policy and Quality Management, and works closely with Care Management, Disease Management and Utilization Management leadership. He will also be collaborating with the analytics teams to further enhance provider reporting in support of evolving value-based agreements and anchor partnerships.

"I sincerely believe that when health systems and health plans collaborate and partner in unique ways, that it makes a profound positive difference to clinical outcomes, to the patient experience, to the provider experience and ultimately the overall cost of healthcare."

Dr. Thomas Lundquist, Highmark's new Chief Medical Officer

He said his entrepreneurial spirit combined with Highmark's reputation of growth and innovation were what interested him in the position.

"Highmark has a strong reputation for developing deep, collaborative partnerships between health plan and health systems and that was certainly what was attractive to me joining Highmark," he said.

Before coming to Highmark, Dr. Lundquist served for eight years as SVP and Chief Medical Officer for Sentara Health Plans where he led all clinical and pharmacy care services including care management, disease management, utilization management, medical policy, pharmacy utilization, as well as quality management, population health management, healthcare analytics and informatics and network contracting and management. He was also instrumental in driving value-based care agreements with key clinical integrated networks for Sentara Health Plans across Virginia.

After earning his MD from The Johns Hopkins School of Medicine and completing his residency at Johns Hopkins, Dr. Lundquist began his career as a physician with Bellevue Pediatrics in the North Hills of Pittsburgh, Pennsylvania. The practice was closely affiliated with Allegheny General Hospital when he joined the group.

“Our practice was one of the first primary care practices that was brought into Allegheny Health Network back in the mid-’90s, so it’s great to be coming home and reconnecting with so many great providers and leaders across the community as I get myself up to speed on the great progress that has been made towards building a truly great healthcare delivery system,” he said.

Dr. Lundquist said he’s built his career around creating value for patients as well as for practicing physicians. He believes working together as a team comprised of innovative-thinking providers, integrated health systems, and a collaborative health plan can significantly impact health for our members. That’s what Living Health is all about.

“Living Health is going to help us as a health plan really lean in and partner with physicians and patient care teams in new and very unique ways to help them care for our members,” he said. “My commitment, as part of the great team at Highmark, is to further create and build upon innovative ways to close healthcare gaps, provide members with a more seamless navigation of the healthcare environment to meet their healthcare needs, and to do all of that while supporting and encouraging our network providers.”

Dr. Lundquist said one of the big ways Highmark aims to support our providers and care teams is to focus on administrative simplification: reducing administrative burden related to how providers interact with Highmark, thereby helping them to spend more time on outreach and interaction with our members, and less time doing paperwork.

"This does take mutual commitment and accountability," he said. "But isn't that at the heart of true collaboration focused on the best interest of our members?"

The COVID-19 pandemic led to an increase in the utilization of telehealth technologies as well as home monitoring and home care. Dr. Lundquist said he believes truly partnering with providers will help us think about the best ways to leverage these new technologies and opportunities for the betterment of our members.

"Physicians should feel good about how we expand the use of telehealth and home-based healthcare tools."

Dr. Thomas Lundquist,
Highmark's new Chief Medical Officer

"Physicians should feel good about how we expand the use of telehealth and home-based healthcare tools," he said. "They should be valued as the leaders of the care team for their patients in our communities. We want to hear from them about how to best apply new technologies and methods of patient engagement in a highly reliable, high quality and cost-efficient way. Thinking together about how to use innovation in healthcare to positively impact patients' well-being and clinical outcomes is a great opportunity that should bring great satisfaction to all involved."

Dr. Lundquist said he knows firsthand the many pain points that exist at the front lines of healthcare, but he also believes many of the great ideas for improvement exist there as well. He's hoping to keep an open dialogue with providers and care teams so that they may share their ideas on what they believe needs to be improved.

Highmark Health, through its Living Health strategy, is committed to provider success.

When asked to define provider success, Dr. Lundquist said, "at the end of the day, at the end of every week and the end of every month – providers should feel that they have done their very best in caring for their patients and they should feel that they have valuable partners in doing that from Highmark Health. Provider success means there will be tangible clinical outcome measures and right care validation that demonstrates their best performance, all leading to their greater satisfaction as a provider of care. To get to that state of success and satisfaction will take further innovation. It's stepping back together as providers to plan and think creatively and innovatively about how we provide care effectively and efficiently for the very best patient experience and outcomes."

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Beginning **August 1, 2022**, all Highmark Blue Cross Blue Shield of Western New York providers will be required to follow Highmark's credentialing and recredentialing policies:

- Credentialing Policy for Professional Providers
- Credentialing Policy for Facility/Organizational Providers

While providers will be required to follow Highmark's credentialing/recredentialing policies beginning August 1, 2022, the process for credentialing with Highmark Blue Cross Blue Shield of Western New York will not change on that date. You should continue following the current process. Details on the Universal Credentialing Application and network credentialing process can be found here.

Your recredentialing timeline will not change. Highmark Blue Cross Blue Shield of Western New York will mail you a letter notifying you when it is time for recredentialing.

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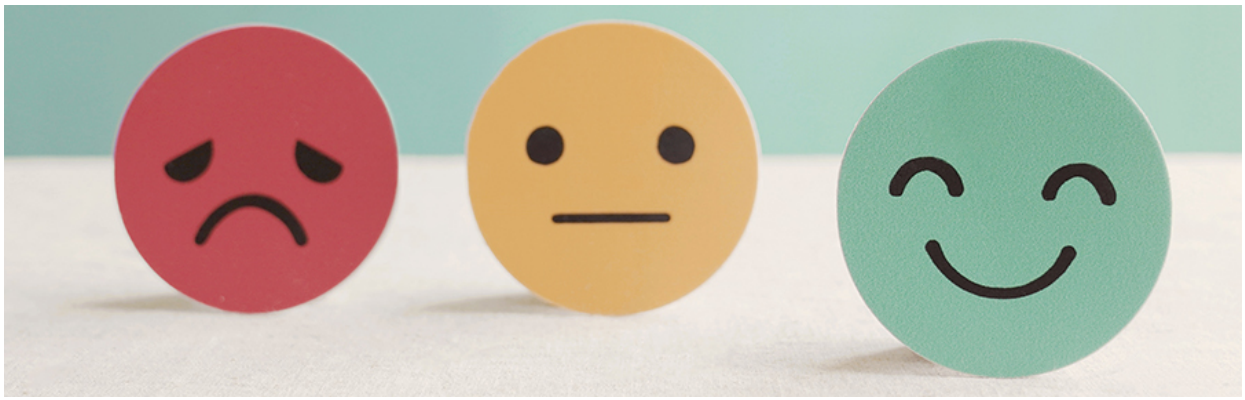
Mental Health Awareness Month



May is Mental Health Awareness Month, and Highmark Blue Cross Blue Shield of Western New York wants to use this time to remind you to regularly screen your patients for mental health disorders.

A 2020 report from the Substance Abuse and Mental Health Services Administration (SAMHSA) contains some concerning statistics on mental health diagnoses and a lack of treatment.

According to the report:

- **40.3 million individuals** ages 12 or older have a Substance Use Disorder (SUD) but **only 1.4% received treatment**
- **52.9 million adults** ages 18 or older have Any Mental Illness (AMI) but **only 46.2% received treatment**
- **14.2 million adults** ages 18 or older have been diagnosed with Serious Mental Illness but **only 64.5% received treatment**
- **17 million adults** ages 18 or older have been diagnosed with Co-Occurring AMI and SUD but **only 50.5% received treatment**
- **4.1 million adolescents** ages 12 to 17 have been diagnosed with Major Depressive Episode but **only 41.6% received treatment**
- **21 million adults** ages 18 or older have been diagnosed with Major Depressive Episode but **only 66% received treatment**

Follow-up care is especially important for those who have been seen in an emergency department for mental illness and/or substance use. It's essential to make sure that they are receiving appropriate care following that ED visit.

Now is a good time to review the Highmark Provider Manual sections on Behavioral Health:

- Chapter 5, Unit 4 – Care and Quality Management (Behavioral Health)
- Chapter 4, Unit 2 – Provider Responsibilities and Guidelines (Behavioral Health Providers)

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Quarterly Provider Directory Validation

The sign in front of your office helps members find their way to you. Your contact information in the online Highmark provider directory does the same.

You are required to supply Highmark with your practice name, clinical team, locations, and contact information for our provider directory. It is essential that Highmark has your up-to-date information in order to help our members make informed decisions on where to seek care. You are required to supply Highmark with your information 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.

Per the No Surprises Act, providers who don't confirm and attest that their data is accurate will be immediately removed from the provider 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 currently being practiced.
- Practitioners listed at a location currently see members 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 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.

Atlas is an independent company that performs outreach to physicians on behalf of Highmark.

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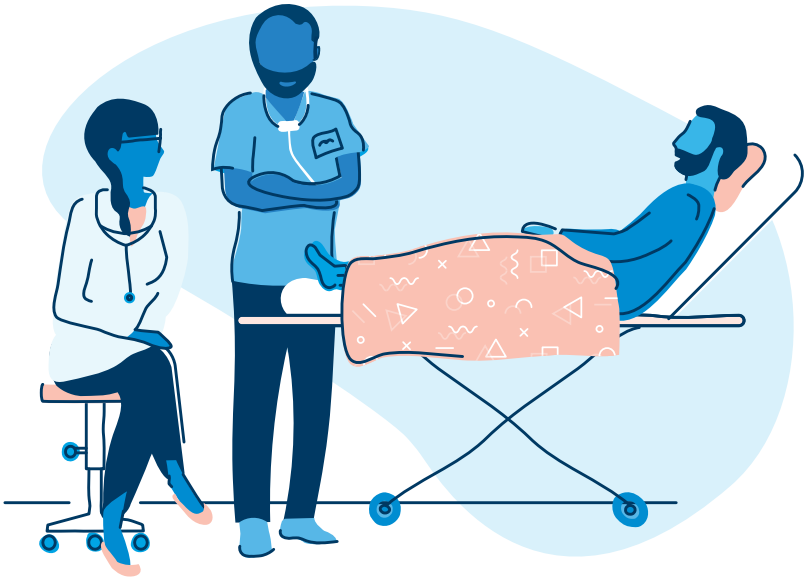

Case Management Referrals

You can submit automated referrals for Clinical Care and Wellness (CC&W) case management programs via NaviNet®. This feature will help connect members with chronic conditions and complex medical needs with the right clinical support.

To access this feature:

- Log into NaviNet and select the appropriate Health Plan.
- Click the **Case Management Referral and Inquiry** link under **Workflows for this Plan** to go to the **Clinical Care & Wellness** page.
- Click the **Create New Referral** button under **Submit New Referral to CC&W**.
- Follow the steps to create and submit the referral.

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Preventive Health Guidelines Available Online

Highmark and participating network physicians annually review and update the Preventive Health Guidelines, which are distributed to the practitioner community as a reference tool to encourage and assist you in planning your patients' care.

To help make the information more accessible and convenient for you, we post the complete set of guidelines online. Just visit the Provider Resource Center, go to Education/Manuals, and then select Preventive Health Guidelines.

The Preventive Health Guidelines include:

- Adult (under and over 65)
- Pediatrics
- Prenatal/perinatal

Please ask your clinical support staff to bookmark this web page as a handy reference tool to help plan your patients' care. To obtain a paper copy of the guidelines, write to:

Highmark
Director, Health Plan Quality
Fifth Avenue Place
120 Fifth Avenue, Suite P4425
Pittsburgh, PA 15222

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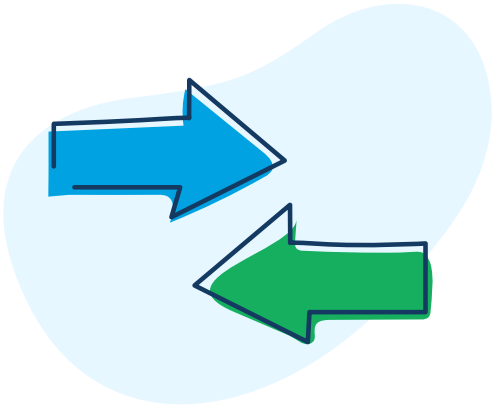
New and Updated Reimbursement Policies



Highmark Blue Cross Blue Shield of Western New York regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center homepage for eBulletins announcing new policies and the Reimbursement Policy page for policy updates.

Some recent Reimbursement Policies (RP) that have been updated and should be reviewed include:

- RP-011 – Procedure Codes Not Applicable to Commercial Products
- RP-016 – Physician Laboratory and Pathology Services
- RP-041 – Services Not Separately Reimbursed
- RP-051 – Multiple Procedure Payment Reduction for Therapy Services
- RP-064 – Government Supplied Vaccinations and Antibody Treatments
- RP-067 – Specific Service Daily Maximum

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

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Quality Program Information

Highmark's Quality Program has been designed to improve the quality, safety, and equity of the clinical care and services providers render to our members. To do this, we continually review aspects of the program that affect the quality of the member care experience and satisfaction and look for ways to improve them.

Highmark works closely with the physician community in our efforts to address both the quality of the clinical care and service our members receive, as well as plan management to address the services provided by Highmark (i.e., authorizations, claims handling, appeals, etc.). We also use member satisfaction surveys and other tools to get feedback on how we're doing. These results are used to guide our future quality improvement activities and programs supporting such focuses as the clinical care and service received by our members, the provider network, member safety and health equity.

For more information about the Quality Program, including information on program goals and a report on progress toward meeting those goals, please visit our online Provider Resource Center via NaviNet®. Once on the Provider Resource Center, from the gray navigation bar at the top, select **Highmark Provider Manual**. See "Chapter 5: Care & Quality Management, Unit 6: Quality Management."

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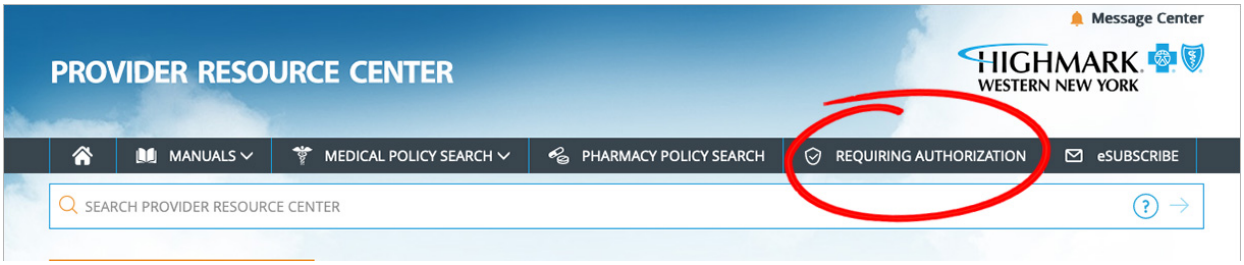
Updates to Highmark's List of Procedures Requiring Authorization

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:

- Highmark Blue Cross Blue Shield of Western New York

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Quarterly Formulary Updates

Highmark Blue Cross Blue Shield of Western New York 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**.

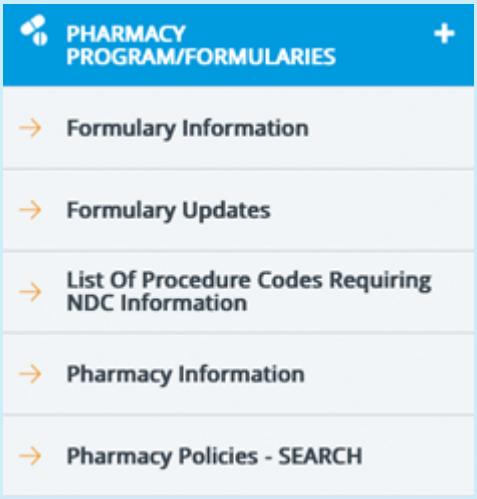
Providers who do not have internet access or do not use NaviNet® may request paper copies of the formulary updates by contacting Highmark's Pharmacy department at **800-600-2227**.

Pharmaceutical Management Procedures

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

This section includes information on:

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



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:** 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 members who have moved onto Highmark's systems.

- 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 healthcare 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 (or changes thereto) which are binding upon Highmark and its contracted providers. Pursuant to their contract, Highmark 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.

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Contact Us

Providers with internet access will find helpful information online at hwnybcbs.highmarkprc.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.

Western New York: **1-800-950-0051** or **(716) 884-3461**

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Legal Information

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Information on this website is issued by Highmark BCBSWNY, which serves the 8 counties in western New York.

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 BCBSWNY has adopted Highmark Inc. medical policies as its own policies applicable to Highmark BCBSWNY members who have moved to the "Highmark System" (i.e., *information systems of Highmark Health and/or its subsidiaries/affiliates*). Please note that for providers with Highmark BCBSWNY members who remain on the BCBSWNY Legacy System (i.e., have not yet moved to the Highmark System), certain BCBSWNY Legacy System medical protocols (found at bcbswny.com) shall apply and control until the earlier of such time as such member is no longer on the BCBSWNY Legacy System or Highmark BCBSWNY communicates otherwise to you.

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