

JULY 2024

Highmark Health Options Newsletter

for Providers | WEST VIRGINIA



FEATURED ARTICLES:

Welcome to Highmark Health Options West Virginia

Lifestyle Management Programs

Cultural Competency Education Tool

Help your patients get rewarded.

...And More

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Contact us.

We're here to help. Provider Relations can answer any questions you may have about working with Highmark Health Options West Virginia and can be reached at HHOWVPR@highmarkhealth.org. You can also call Provider Services with administrative questions at **1-833-957-0020 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m.



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Welcome to Highmark Health Options West Virginia

What you need to know when caring for our members starting August 1.

Highmark Health Options (HHO) West Virginia is excited to welcome you to our provider network! While we're new to Medicaid in West Virginia, Highmark cares for half a million Medicaid members across Delaware, New York, and Pennsylvania. You may be familiar with Highmark Blue Cross Blue Shield, which has served the people of West Virginia for many years. HHO understands the unique health care challenges and concerns in West Virginia and provides coverage you can trust.

HHO West Virginia President Jason Landers, who was raised in West Virginia and has generational family ties to the State, is passionate about moving health care forward for the community's Medicaid members. "Our relationship with our HHO West Virginia network providers is a top priority," says Landers, who has worked with providers in the region for nearly 30 years. "We know our network providers need a managed care partner that listens—and focuses on 'care' rather than 'managed.' We plan to be in the community and address social needs—hunger, poverty, and so much more."



As an HHO provider, you have access to resources that will help us work together for your patients. You can find our provider manual, care standards, medical and reimbursement policies, newsletters, and more on our **provider website**. The **Annual Provider Training** can also be found on our website and includes information you need about caring for our HHO Medicaid members.

One important difference is that unlike Highmark West Virginia, NaviNet® will continue to be our HHO provider portal. This will allow you to complete self-service tasks such as eligibility and benefits verification and claims search inquiry. To learn more about the Enhanced Provider Features within NaviNet, see Highmark Health Options West Virginia Will Utilize NaviNet on page 5.



For questions about working with HHO, please contact Provider Relations at **HHOWVPR@highmarkhealth.org**. You can also call **Provider Services at 1-833-957-0020 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m. We look forward to working with you now and in the future to provide the best possible care for our HHO West Virginia members.

Member ID Cards

Recipients approved by the Bureau for Medical Services (BMS) are added to the Highmark Health Options West Virginia information system with the effective date assigned by BMS. Newly enrolled members receive a welcome letter and ID card.

All providers are responsible for verifying an enrollee’s eligibility and enrollment and should do so through NaviNet.

Sample Medicaid ID Card



Sample CHIP ID Card



Highmark Health Options West Virginia will utilize NaviNet.



As previously mentioned, Highmark Health Options West Virginia will utilize NaviNet as our provider portal. You can use NaviNet to verify member eligibility and benefits information and can conduct claims search inquiries.

Our Enhanced Provider Features tab within the NaviNet portal is where you can submit provider appeals and claims disputes, conduct batch claims search, and utilize secure messaging. You can also connect to our GuidingCare authorization portal through NaviNet. NaviNet and the Enhanced Provider Features will be available beginning on August 1.



If you have questions about how to utilize any of the Enhanced Provider Features or are interested in a demo, please contact Provider Relations at **HHOWVPR@highmarkhealth.org**.





Services requiring prior authorization.

Participating providers must submit authorizations electronically through GuidingCare, via NaviNet for all services requiring authorization from our Utilization Management Department.

The GuidingCare user guide can be found under the Forms and Reference Material page on our website.

You can utilize the Code Authorization Lookup Tool on **our provider website** to determine if a code requires prior authorization. The Authorization Tool is updated regularly.



NaviNet, GuidingCare, and the Code Authorization Lookup Tool will be available to providers on **August 1**.



Prior authorization contacts and resources:

Who is Authorizing	Services	Phone Number/Website
Highmark Health Options West Virginia Medical Management (Utilization Management)	Services requiring authorization include but are not limited to: Inpatient admissions, certain outpatient procedures, acute inpatient rehabilitation facility, hospice services. For members under age 18: Sleep studies and radiation oncology.	Submit electronically through GuidingCare, via NaviNet. If the portal is unavailable please contact UM via phone at 1-833-957-0020 or fax.
Pharmacy Prior Authorization	Outpatient physician administered drugs	Submit electronically through GuidingCare, via NaviNet. If the portal is unavailable please contact UM via phone at 1-833-957-0020 or fax.
Care Management	Private duty nursing	Submit electronically through GuidingCare, via NaviNet. If the portal is unavailable please contact Care Management via phone at 1-833-957-0020 or fax at 1-833-559-2849 .
HealthHelp	Outpatient imaging services, physical therapy, occupational therapy, speech therapy, trigger point injections, interventional pain management services and musculoskeletal surgery (MSK) services, cardiology services. For members ages 18 and older: Sleep studies and radiation oncology.	Submit electronically to HealthHelp via NaviNet. Providers are not able to submit any authorization requests through the HealthHelp provider landing page. Phone: 888-209-2763 Expedited Fax Line: 877-637-6935 Click here to register for HealthHelp training webinars.

Utilization Management fax numbers:

Services	Fax Number
Behavioral Health (BH)	1-833-547-2023
Neonatal Intensive Care Unit (NICU)	1-833-547-2024
Durable Medical Equipment (DME)	1-833-547-2025
Maternity	1-833-547-2026
Inpatient/Outpatient/Special Procedures Unit (IP/OP/SPU)	1-833-547-2027
Chiropractic	1-833-547-2028
Acute IP	1-833-559-2848
Pharmacy	1-833-547-2030



Lifestyle Management Programs

Highmark Health Options West Virginia offers Lifestyle Management Programs to our members that are a multidisciplinary, continuum-based holistic approach to health care delivery. The programs focus on improving the health status of members and keeping them healthy.



Our Lifestyle Management Programs support the following conditions:

- Asthma
- Cardiac Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Hypertension
- Pregnancy

Newly identified members receive notification of programs by mail.

The welcome mailing includes a welcome letter, condition specific brochure, information on how they were identified, Case Management and Wellness Coach Services, and how to contact and opt out of the program.



For more information or to refer a patient into a program, call **1-833-957-0020**.



Dental and vision services for Highmark Health Options West Virginia members.



The Highmark Health Options (HHO) dental benefit provider is **United Concordia Dental**.

When a member joins our Plan, the member may self-refer to any participating United Concordia Dental dentist directly without a referral from the primary care provider (PCP). Should specialty dental care be needed, the dentist can refer the member to a dental specialist.



United Concordia is available Monday–Friday, 8 a.m.–8 p.m. at **1-866-568-5467**.

Certain oral surgery procedures, such as removal of partial or total bony impacted wisdom teeth, and procedures which involve cutting of the jaw, are covered by HHO through our panel of oral surgery providers.

Members requiring these services must be referred by their PCP to a HHO participating oral surgeon. The primary care dentist may need to provide x-rays or other information to the PCP to facilitate the referral.

The oral surgeon is responsible for authorizing surgical procedures with HHO prior to rendering the service (procedures provided in the oral surgeon's office are not subject to the authorization process).

When a dental procedure requires the use of a special procedures unit (SPU), the dental provider must contact United Concordia Dental for authorization prior to the services being rendered.

The HHO vision benefit provider is **VSP Vision**.

Our members may self-refer to any VSP Vision participating provider for a routine eye exam. Corrective lenses and frames may be obtained through any participating optician, optometrist, or ophthalmologist.

Should the member require additional medical services, rendered by a participating ophthalmologist or optometrist, the member should coordinate with the PCP.



VSP Vision is available Monday–Saturday, 9 a.m.–8 p.m. at **1-844-789-1722**.





Claims Information

Highmark Health Options (HHO) West Virginia is required to cover all services that are covered under West Virginia Medicaid and WV CHIP. HHO follows claims payment policies which are national in scope, simple to understand, and aligned with current industry and medical society standards.

Medical and Reimbursement Policies are made available via the **provider page of our website** under the For Providers tab.

Claims coding software.

HHO utilizes a fully automated coding review product that programmatically evaluates claim payments to verify the clinical accuracy of professional claims in accordance with clinical editing criteria. This coding program contains complete sets of rules that correspond to CPT, HCPCS, ICD-10, AMA, and CMS guidelines as well as industry standards, medical policy and literature, and academic affiliations.

The program used at HHO West Virginia is designed to assure data integrity for ongoing data analysis and reviews procedures across dates of service and across providers at the claim, practitioner, and practitioner-specialty level.



Claims submissions.

Electronic claims are accepted through any clearinghouse. Claims can be submitted with or without the Alpha character prefix appearing on the member's ID card.

For submission of professional or institutional electronic claims for HHO, our Payer ID is RP118.

The mailing address for paper claims submission is:

Attention: Claims Processing Department
Highmark Health Options WV
PO Box 211349
Eagan, MN 55121

HHO will be the payer of last resort for services provided to patients when any commercial or Medicare plan covers them. This excludes EPSDT, early intervention services for children ages 0 to 3, and prenatal visits. If an Explanation of Benefits (EOB) is attached, then coordination of benefits will be applied. For additional information, please see the **Provider Manual**.

Timely filing guidelines.

Providers must submit a complete, original CMS-1500 or UB-04 claims form within 12 months from the date of service.

When Medicare is the primary payer, providers must bill with an EOB within 12 months from the date of Medicare remittance. For all other primary payers, providers must bill with an EOB within 12 months from the date of service.

Corrected claims or requests for review must be received within 120 calendar days from the date of service on the claim. Claims submitted after these deadlines will be denied for untimely filing.

Cultural Competency Education Tool

HHO West Virginia believes a strong patient-provider relationship is the key to reducing the gap in unequal health care access and health care outcomes due to cultural and language barriers. HHO is continuously working to close the gap in health outcomes by focusing on education and prevention.



Participating providers are required to view our Cultural Competency training annually, which is available on the **provider page of our website**.



Receive electronic payments through PNC's ECHO Health.

Highmark Health Options (HHO) West Virginia will work with PNC Healthcare to provide electronic payment methods through their Claims Payments & Remittances (CPR) service via ECHO Health.

There are a number of payment options available to you and your office.

Please see details and how you can use each option.

Virtual Card Payments: You do not need to take any action to start receiving virtual credit card payments along with your Explanation of Payments (EOP) if you have not previously registered to accept electronic payments from Highmark. This will be sent by a fax notification or by mail if your office does not have a HIPAA certified fax number on file and will contain a virtual card number unique to the specific transaction.

- To process these payments, you can enter the information the same as how you manually enter card payments. Ensure you enter the full amount of the payment prior to the expiration date. Normal transaction fees apply and are based on your merchant-acquirer relationship.
- You are not required to use the virtual card you receive to process a payment, and you can instead use one of the other payment methods listed below. To elect a different payment method, visit the **ECHO website**.

Electronic Funds Transfer (EFT) Payments: You can also receive EFT payments through ECHO Health. You will need to provide your bank account information, ECHO payment draft number, and payment amount to enroll.

Sign up to receive EFT payments from HHO only by **clicking here**. No fees apply. To receive EFTs from all payers processing payments on the ECHO platform, visit the **ECHO website**. A fee may be required.

Medical Payment Exchange (MPX): You can also receive payments in your MPX portal account. To receive payments in this manner, you can enroll for MPX and opt out of Virtual Card and EFT payments on the **ECHO website**.

Paper Check: You can also receive paper checks and EOPs in the mail by opting out of Virtual Card and EFT payments on our **ECHO website** and not enrolling in an MPX portal account.

You can click here to access EOPs for your payment transactions for all ECHO payers. Additional information can be found in the **PNC ECHO UI Users Guide on our HHO provider website**.

If you have any questions, you can reach ECHO Health by calling **800-851-7614**.





Ensuring quality care and service through our Quality Improvement Program.

The Highmark Health Options (HHO) West Virginia Quality Improvement (QI) Program strives to ensure excellent health care and services are provided to our members.

HHO West Virginia will continuously monitor how well we're helping our members:

- Get preventive care.
- Get care for long-standing health problems.
- Understand the medicines they take.
- Stay out of the hospital.
- Have appropriate access to practitioners.
- Make and keep doctor appointments.
- Share health information with their doctors.
- Receive care in a culturally competent manner.

The Quality Program will leverage results from member surveys, medical record reviews, the Healthcare Effectiveness Data Information Set (HEDIS[®]), and other tools to measure how we are doing and to help set goals for future quality activities. We also plan to work closely with you, our network providers, to monitor the care and services our members receive and determine what we can do to better serve them. HHO maintains a QI Work Plan to monitor activities conducted as part of the QI Program.



This Work Plan will be evaluated every three months to identify issues and ensure that actions have been taken to address them.

We will also conduct an annual review of our QI Program to see how well we've met the health care and service needs of our members. The review will tell us if we accomplished our QI Program goals, evaluate the effectiveness of new and innovative programs implemented, identify areas for improvement, and define plans to address or mitigate improvement opportunities in the future.



Please call Provider Services if you would like to request more information about our 2024 Quality Program or QI Work Plan.

Provider Services:
1-833-957-0020 (TTY: 711)

Accessibility Standards

Highmark Health Options (HHO) West Virginia maintains standards and processes for ongoing monitoring of access to health care. To help ensure our members receive services in a timely manner, practice sites are contractually required to follow these standards.

Please take a few minutes to review the accessibility standards and share with your office staff that schedule member appointments, including off-site central scheduling and call centers staff.

These standards and additional resource information related to accessibility are available on our HHO provider website.

You can access the standards [here](#).



Help your patients get rewarded.

At Highmark Health Options (HHO), nothing is more important than the health and wellbeing of our members. That is why we are rewarding our West Virginia Medicaid members for taking action to get well and stay well. You can help by educating your patients on our rewards program!

It pays to be healthy.

With the Healthy Rewards Program, members can earn a reward each time they complete an eligible health activity. Rewards are sent through a reloadable rewards card.

Members should receive their rewards card within eight weeks of completing their eligible health activity. Members can call **1-888-682-2400** or go to **mybenefitscenter.com** to see the value of their rewards card and find a complete list of participating retailers in their area.

Help your patients enroll in the Healthy Rewards Program!

Call **1-833-957-0027 (TTY: 711)**, Monday–Friday, 7 a.m.–7 p.m. EST and let us know that your HHO patient would like to enroll in the program.

Eligible health activities include:

Healthy Activities	Reward Details	Award Amount
A1c Test for Members With Diabetes	Members who have diabetes and are ages 18 and older can earn \$25 once per year by completing an A1c test in 2024 while enrolled with Highmark Health Options.	\$25
Retinal Eye Exam for Members with Diabetes	Members who have diabetes and are ages 18 and older can earn \$50 once per year by completing a Retinal Eye Exam in 2024 while enrolled with Highmark Health Options.	\$50
Prenatal Visit in First Trimester	Members who are pregnant in 2024 can earn \$50 by completing a visit during their first trimester. The visit must occur in 2024 while enrolled with Highmark Health Options.	\$50



Healthy Activities	Reward Details	Award Amount
Completion of Six Prenatal Visits	Members who are pregnant in 2024 can earn \$100 by completing six total prenatal visits. The visits must occur in 2024 while enrolled with Highmark Health Options.	\$100
Postpartum Visit	If members have given birth, members can earn \$25 by having a postpartum visit within 7-84 days after birth. The visit must occur in 2024 while enrolled with Highmark Health Options.	\$25
Well-Child Visits	Members between ages 3-21 can earn \$25 by completing a wellness exam in 2024 while enrolled with Highmark Health Options.	\$25
Well-Baby Visits in First 15 Months	Infant members can earn a \$50 reward once they complete all six well-baby visits with their PCP before their 15th month of life in 2024. The sixth visit must occur in 2024 and their 15th month of life must occur in 2024 while enrolled with Highmark Health Options.	\$50
Health Risk Assessment	Members ages 18 and older can earn \$10 once per year by completing a Health Risk Assessment in 2024, while enrolled with Highmark Health Options.	\$10
Two HPV Vaccines by 13 Birthday	Members between ages 9-12 can earn \$25 if they complete their second HPV vaccine prior to their 13th birthday, with their second vaccine occurring in 2024 while enrolled with Highmark Health Options.	\$25
Mammogram	Female members ages 40 and older can earn \$50 once per year for completing a mammogram. The visit must occur in 2024 while enrolled with Highmark Health Options.	\$50
Flu Vaccine	Members ages 18 and older can receive one Hunting and Fishing License activation code for receiving their flu vaccine in 2024 while enrolled with Highmark Health Options.	Hunting and Fishing License digital code





Plan Contact Information

For questions about contracting with Highmark Health Options (HHO) West Virginia, connect with Provider Contracting at 304-424-0365 or HHOWVContracting@highmark.com.

For questions about working with HHO, contact Provider Relations at HHOWVPR@highmarkhealth.org.



Call Provider Services with administrative questions at **1-833-957-0020 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m.





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

HealthHelp is a separate company that offers education and guidance from specialists in sleep, cardiology, radiation oncology, physical medicine, diagnostic imaging, and musculoskeletal and interventional pain management for Highmark Health Options.

United Concordia Dental is a separate company that administers dental benefit(s) for Highmark Health Options.

VSP is a separate company that administers Vision Benefits for Highmark Health Options.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.