Blue Cross Blue Shield Association
Board of Directors Elects

HIGHMARK CEO DAVID HOLMBERG

as Chairman

On Dec. 3, the Blue Cross Blue Shield Association (BCBSA) announced that David Holmberg, president and CEO of Highmark Health, has been elected chairman of the BCBSA board of directors. He will serve as chairman until the annual BCBSA board of directors meeting in November 2020.

BCBSA is the national federation of 36 independent, community-based, and locally operated Blue Cross and Blue Shield (BCBS) companies that together cover one in three Americans.

As chairman, Holmberg will assume leadership of BCBSA's governing body and will preside over quarterly meetings of the Association's board of directors. This governing body provides strategic guidance and oversight for the Association. Holmberg will work with his predecessor, Paul Markovich, president and CEO of Blue Shield of California, to conduct a national search for BCBSA President and CEO Scott P. Serota's successor. Serota announced his intention to retire at the end of 2020 earlier this year.

For more information, read the BCBSA press release ⧉.

David Holmberg recognized as one of the 100 Most Influential People by Modern Healthcare

David Holmberg has also been recognized by Modern Healthcare as one of 2019's 100 Most Influential People.

The complete ranking is a main feature in this week's issue of Modern Healthcare magazine, along with a feature article and profiles of the winners. Congratulations to those who have been designated with the industry's highest honor.

Congratulations, David!

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

During the year, Highmark adjusts 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 *e*Bulletins that are posted on our online Provider Resource Center (PRC). These Special *e*Bulletins are communicated as Hot Topics on the PRC and are archived under **Newsletters/Notices** > **Special Bulletins & Mailings**.

To view the List of Procedures/DME Requiring Authorization, click **Requiring Authorization** in the gray bar near the top of the PRC homepage. To search for a specific procedure code within the list, 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.

Please note that 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 an authorization for services.

Highmark Products: Learn What's New for 2020

A new benefit year is about to begin for your patients with Highmark coverage so now is a great time to learn what will be changing with Highmark's commercial and Medicare Advantage products in 2020.

A new benefit year is about to begin for your patients with Highmark coverage so now is a great time to learn what will be changing with Highmark's commercial and Medicare Advantage products in 2020.

To help you prepare, we have published an overview of product changes ⬀ on our online Provider Resource Center (PRC), which is accessible via NaviNet or through our website under Helpful Links. Please share this important information with your staff so they can be ready for the Highmark product changes, enhancements, and innovations coming in 2020.

Since members' drug formularies often change with the new benefit year, please see the related story, Prepare for Highmark Members' Pharmacy Requests, in this issue of *Provider News*.

Thank you for caring for our members, and we wish you great success in the new year.

Important Preventive Schedule Updates for 2020

Whether our members need a regular physical or an important health screening, Highmark wants to help them get the most out of their preventive care benefits.

That's why we maintain a Preventive Schedule* of services to help members stay as healthy as possible.

By publishing the schedule on the Provider Resource Center (PRC), we make it easy for you and your patient care staff to keep up with these recommendations as we work to keep our members healthy.

We revise and update our Preventive Schedule and Preventive Health Guidelines** periodically to ensure that they reflect the latest evidence-based, nationally recommended clinical guidelines for care. Some of these changes simply clarify certain guidelines, so they are clear and understandable.

Please note the following important update which will take effect Jan. 1, 2020:

Depression Prevention Counseling for Pregnant and Postpartum Women

The U.S. Preventive Services Task Force (USPSTF) recommends depression prevention counseling for pregnant and postpartum women at risk of developing depression.

These women would not currently have a diagnosis for depression, but may have a history of depression. The counseling may be obtained from in-network primary care providers or behavioral health specialists.

Although there is no current screening tool to identify risk of developing depression; however, there are risk factors to look for in determining if the counseling would be beneficial.

Learn more about these risk factors and recommendations ⬀.

For the Current Guidelines

To access the guidelines, visit the PRC via NaviNet® or under **Helpful Links** on our main website. On the PRC, choose **Education/Manuals** and **Preventive Health Guidelines**.

We encourage you to consult our Preventive Health Guidelines when planning care for your patients with Highmark coverage, and we thank you for your commitment to addressing their health needs.

*Please note that most, but not all, of our customer groups follow the Highmark Preventive Schedule, meaning not all members may have coverage for services on the schedule. Therefore, when providing services for our members, please remember to check members' benefits via NaviNet or by using the appropriate HIPAA electronic transactions to determine if services are covered and if any associated member cost sharing applies. (If you do not have access to NaviNet, please call Provider Service to obtain benefits and eligibility information.)

**These guidelines are for information only. The physician or other health professional will advise the member of the applicable guidelines and any related advice, testing, diagnosis, or treatment. Health plan coverage is subject to the terms of the member's health plan benefit agreement.*

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Prepare for Highmark Members' Pharmacy Requests

Starting Jan. 1, 2020, some of our members may be switching to another Highmark health plan. As a result, their prescription drug formulary might be changing as well.

That means these members may be making pharmacy-related requests when they call or visit your office. Such requests may include writing prescriptions for a 90-day supply of medication or for mail-order delivery so members can save money.

Please alert your patient care staff that they may receive an increased number of such requests once the new year arrives. Thank you for your support and patience.

Reminder: Use online tools for easy reference

We offer these online tools to make your interactions with Highmark and our members as easy and fast as possible:

- Visit our online Provider Resource Center (PRC) and click on **Pharmacy Program/Formularies** to look up drugs, pharmacy policies, and more.
- Use NaviNet® to confirm members' specific benefits and eligibility.

New NaviNet® Feature: Submitting Automated Case Management Referrals

You can now submit automated referrals for Clinical Care and Wellness (CC&W) case management programs via NaviNet. This feature will help to:

- Ensure that patients with chronic conditions and complex medical needs are connected with the right clinical support for their needs.
- Simplify and expedite the overall case management referral process.
- Reduce administrative burden.

How It Works

To access this new feature:

- Log into NaviNet and access Plan Central.
- 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.
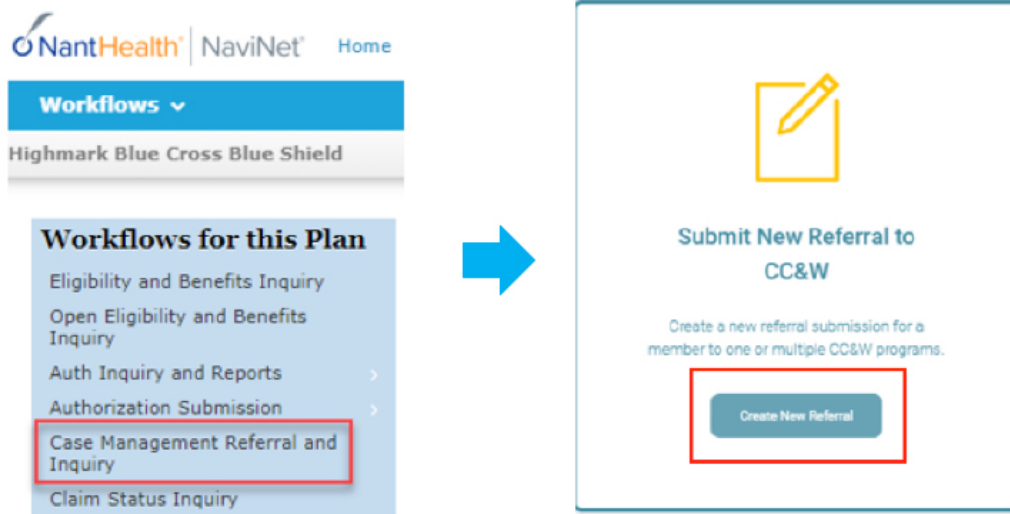
Review the Highmark Member Clinical Programs and Services Catalog

Please remember that the Highmark Member Clinical Programs and Services catalog (complete with useful information and helpful resources) is available to further your understanding of the full range of programs and services available to Highmark members in all service areas for all lines of business.

We encourage you to review this catalog to help you identify members who can benefit from the programs and services we offer.

To access the Highmark Member Clinical Programs and Services catalog on the Provider Resource Center:

- Click **EDUCATION/MANUALS**
- Click **Clinical Programs and Services for Highmark Members**
- Click the link to the Catalog Reference Guide

Are You Signed Up for NaviNet?

This feature is available to providers who use NaviNet. If you have not yet signed up for NaviNet, visit www.NaviNet.net ⬚ and click the **Providers: Sign Up for NaviNet** tab.

Protect Your Network Status:
Ensure Your Directory Information Stays Current

When Highmark members are looking for a PCP or specialist, they expect that our online provider directory presents information that is accurate and current.

That's why it is essential to ensure that your practice information on file with Highmark remains up to date.

Please be aware that providers who don't validate their data quarterly will be immediately removed from the directory and their status within Highmark's networks may be impacted.

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.

Your thorough review of your directory information confirms:

- Each practitioner's name is correct and matches the name on their medical license.
- The practice name is correct and matches the name used when the office staff answers 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 your 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**.

Providers will receive outreach calls to verify the accuracy of provider data. If you receive a call, please help our agent to gather the right information.

For Behavioral Health Providers

Beginning in January 2020, we will begin conducting a quarterly outreach to all Behavioral Health Providers. Behavioral Health providers should be prepared to provide any requested information.

Notifications for Providers

The following notification is for your information and reference.

New and Updated Reimbursement Policies Issued

Highmark recently issued new reimbursement policies for ambulance services.

Reimbursement Policy Bulletin RP-054 Ambulance Services
Effective January 1, 2020, Highmark Reimbursement Policy Bulletin RP-054 provides the Plan's reimbursement direction for ground ambulance services provided for a member in which services have been approved as medically necessary.

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

Quarterly Formulary Updates
Available Online

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

These Special *e*Bulletins are available online ⬀. Additionally, notices are placed on the Provider Resource Center's (PRC) **Hot Topics** page to alert physicians when new quarterly formulary update Special *e*Bulletins 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 (PRC).

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.

- *Classic Blue*
- *Direct Blue*
- *EPO Blue*
- Freedom Blue PPO
- *Keystone Blue*
- Security Blue HMO
- *PPO Blue*
- *Advance Blue*
- *Simply Blue*
- *Choice Blue*
- *Community Blue*
- *Connect Blue EPO*

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

Bryce Walat, 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 **Bryce.Walat@highmark.com**.

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Contact Us

Providers with internet access will find helpful information online at **highmarkbcbs.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.

HIGHMARK
1-800-547-3627

   Convenient self-service prompts available.

1-866-588-6967 — Freedom Blue℠ PPO Provider Service Center

1-866-675-8635 — Freedom Blue PFFS Provider Service Center

1-888-234-5374 — Community Blue Medicare HMO Provider Service Center

1-866-634-6468 — Requests for Medical Management and Policy peer-to-peer conversations

1-800-992-0246 — EDI Operations (electronic billing)

1-800-600-2227 — Option 2 — Pharmacy (prescription authorizations)

Legal Information

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Highmark Senior Health Company and Highmark Coverage Advantage are service marks of Highmark Inc. 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.

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

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.

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