

# Shield



A Newsletter for Highmark  
Blue Shield Providers in Central  
Pennsylvania and the Lehigh Valley

## Important FreedomBlue<sup>SM</sup> and BlueRx<sup>SM</sup>

### Changes for 2008

As communicated to PremierBlue<sup>SM</sup> Shield physicians in a Special Bulletin dated October 2007, Highmark will expand its Medicare Advantage and stand-alone prescription drug options in 2008. Among the changes for 2008, Highmark's BlueRx product will feature an incentive formulary and lower generic copays. Highmark will also introduce a new Medicare Advantage PPO plan (FreedomBlue PPO HD).

Also new for 2008 will be FreedomBlue PFFS, a Medicare Advantage Private-Fee-for-Service (PFFS) product. Although it shares the name FreedomBlue with our Medicare Advantage PPO product, FreedomBlue PFFS is a non-network plan with no contracted providers. FreedomBlue PFFS allows a member to see any licensed Medicare-eligible professional provider and be treated at any facility that is eligible to receive Medicare payment, as long as the provider and/or facility has not opted out of the Traditional (Original) Medicare program and accepts Highmark's Terms and Conditions of Participation. For more information, please see the story on Page 2 or refer to the Special Bulletin dated November 2007 and titled "Medicare Advantage Private Fee for Service: What You Need to Know." You can also learn more from the "Important Provider Information About FreedomBlue PFFS" flier that was mailed recently and is available via the Plan Central page of NaviNet.<sup>®</sup>

#### FreedomBlue PPO Adds New Plan, Expands to More Counties

FreedomBlue PPO will expand into the following counties: Centre, Columbia, Franklin, Fulton, Juniata, Mifflin, Montour, Northumberland, Schuylkill, Snyder and Union. With this expansion, FreedomBlue PPO will be available in all 21 counties of central Pennsylvania and the Lehigh Valley.

Further, in the 21-county central Pennsylvania and Lehigh Valley region, Highmark will introduce one new PPO plan — FreedomBlue PPO HD.

For specific FreedomBlue PPO benefits-related changes, including 2008 premium rates, please refer to the Special Bulletin dated October 2007 and titled "Important FreedomBlue and BlueRx Changes for 2008."

#### BlueRx Plans to Include Specialty Drug Coverage, Incentive Formulary

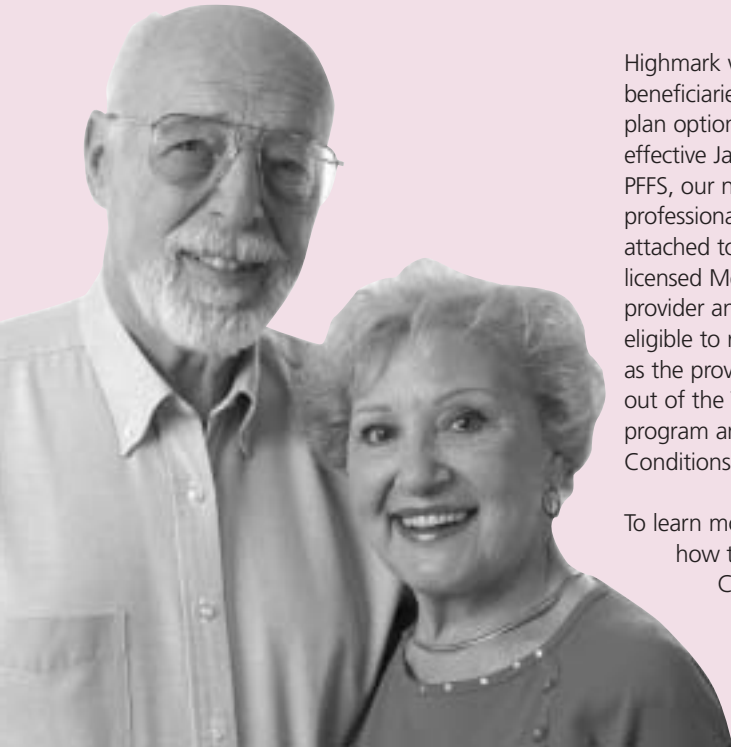
All BlueRx offerings will include coverage for specialty drugs, those medications that cost more than \$600, with the member paying 25 percent of the cost until he or she reaches \$4,050 in out-of-pocket costs. BlueRx plans will also use an incentive formulary, which expands drug coverage to include drugs that are not on Highmark's formulary. These drugs will be available at a higher member copayment.

For specific BlueRx benefits-related changes, including 2008 premium rates, please refer to the Special Bulletin dated October 2007 and titled "Important FreedomBlue and BlueRx Changes for 2008."

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# Highmark Launching FreedomBlue<sup>SM</sup> PFFS



Highmark will soon offer Medicare-eligible beneficiaries another Medicare Advantage plan option, Private-Fee-for-Service (PFFS), effective Jan. 1, 2008. Called FreedomBlue PFFS, our new product has no separate professional or facility provider network attached to it. Instead, members can see any licensed Medicare-eligible professional provider and be treated at any facility that is eligible to receive Medicare payment, as long as the provider and/or facility has not opted out of the Traditional (Original) Medicare program and accepts Highmark's Terms and Conditions of Participation.

To learn more about FreedomBlue PFFS, how to view Highmark's Terms and Conditions of Participation, the process for accepting FreedomBlue PFFS patients and receiving reimbursement, and

which major employer groups' retirees are switching to FreedomBlue PFFS for 2008, please refer to the Special Bulletin dated November 2007 and titled "Medicare Advantage Private Fee for Service: What You Need to Know." You can also learn more from the "Important Provider Information About FreedomBlue PFFS" flier that was mailed recently and is available via the Plan Central page of NaviNet.<sup>®</sup>

Watch NaviNet's Plan Central page, as well as the Provider Resource Center (available via NaviNet or at [www.highmarkblueshield.com](http://www.highmarkblueshield.com)) for additional details on FreedomBlue PFFS, including the Terms and Conditions of Participation document. If you have any questions about FreedomBlue PFFS, please call the FreedomBlue PFFS information line at 1-866-675-8635.

## Medicare Advantage Participating Providers to be Considered "In-Network" for Pennsylvania and West Virginia FreedomBlue<sup>SM</sup> PPO Members

For dates of service on and after Jan. 1, 2008, providers participating\* in any Highmark (Pennsylvania) or Highmark Health Insurance Company [HHIC] (West Virginia) Medicare Advantage network will be considered "in-network" for all FreedomBlue PPO members. As a result, a FreedomBlue PPO member receiving services from a Highmark or HHIC Medicare Advantage participating provider within or outside his or her home region will be responsible for only in-network cost-sharing. The provider rendering the services will be paid at the normal Medicare Advantage contracted rate.

Highmark anticipates that members in all regions will take advantage of the expanded network available to them through this initiative. As a result, providers in all regions have the potential for an expanded patient base and should be aware of the arrangement.

For additional information, please watch your mail and the NaviNet<sup>®</sup> Plan Central page.

*\*Some providers may opt out of the expanded network.*



# Highmark Introducing Maternity Education and Support Program:

# Baby BluePrints®

## to Debut January 2008

To help expectant families better understand and enjoy every stage of pregnancy and make more informed care and lifestyle-related decisions, Highmark is introducing the Baby BluePrints Maternity Education and Support Program, effective January 2008.

The free program will offer Highmark members educational information on all aspects of pregnancy through multiple printed and online resources. Baby BluePrints will also provide program participants access to individualized support throughout their pregnancy from a nurse Health Coach. Outreach calls will be made to all enrolled participants, with the frequency of calls based on individual needs.

“We’re very excited about this new program,” states Highmark’s senior vice president and chief medical officer Donald Fischer, MD, MBA. “It will give members in-depth educational materials and ongoing support. Highmark is committed to Baby BluePrints because we truly believe that it can be life-changing. The program will help establish healthy attitudes and behaviors from day one.”

### Comprehensive Information for Expectant Mothers

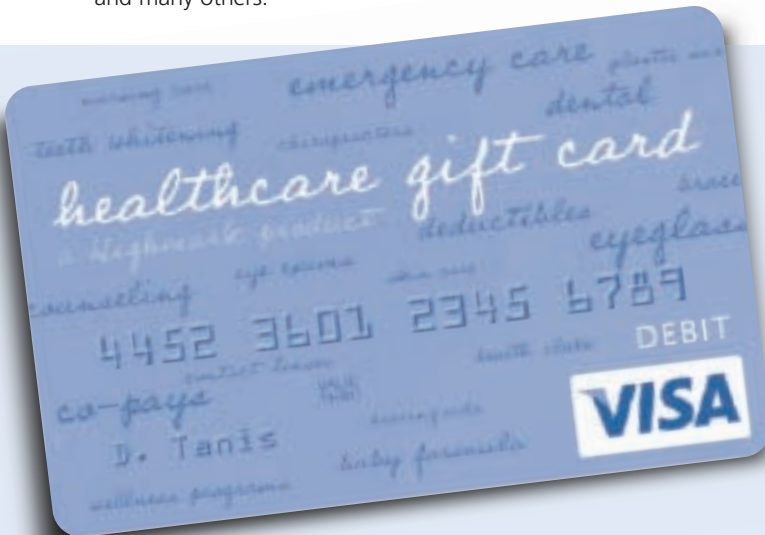
The Baby BluePrints program covers a wide range of issues that expectant mothers should know about during each trimester of pregnancy. These include things such as prenatal care, proper use of medications, avoiding alcohol and tobacco, working, travel considerations, nutrition and weight gain, exercise, body changes and many others.

### Easy, No-Cost Enrollment to Encourage Participation

Enrolling in Baby BluePrints will be convenient. Expectant mothers can enroll at no cost over the phone starting in mid-January by calling toll free, **1-866-918-5267**. They will then receive a welcome package that includes the following items:

- ▶ a comprehensive maternity brochure that covers all phases of pregnancy and provides important health information and guidelines
- ▶ directions for using various educational resources and online support programs found on the Highmark member Web site
- ▶ fliers describing available discount programs
- ▶ Childbirth Education Class Reimbursement Form
- ▶ Child Immunization and Preventive Care Pamphlet
- ▶ vouchers for the three free gifts included in the program:
  - voucher #1, to mail in immediately, allows the mother-to-be to order the pregnancy/childcare book of her choice from a list of options;
  - voucher #2, to mail in at the end of the second trimester, entitles the participant to receive a baby picture album;
  - and voucher #3, to mail in after delivery, provides the new mother with a child’s dish set and children’s emergency and first-aid book.

**Attention Ob-Gyn and midwife practices:** Please watch your mail in January for more information about how you can remind your patients about enrolling in the Baby BluePrints program.



## Introducing A New Kind of Gift Card

The Healthcare Gift Card is a new tool consumers can use, either to cover the costs associated with health-related purchases and procedures, or to give as a gift to others. Highmark and its partners have launched promotional activities starting in November to generate awareness and use of the card, so you can expect to start seeing some of your patients present this card for payment at your office site. The card is accepted anywhere that Visa debit cards are accepted and is intended to be used for a variety of health and wellness-related purchases, including copays for doctor visits and prescriptions or for vision care, dental care, health club memberships and elective procedures. For complete details, see the NaviNet® Plan Central page or [www.givewell.com](http://www.givewell.com).





# 2007 PPO Member Satisfaction Survey Results

## Questions?

Providers with Internet access will find helpful information online at [www.highmarkblueshield.com](http://www.highmarkblueshield.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

- 1-866-731-8080 – Option 2 – Professional Providers
  - Option 1 – Network application and credentialing
  - Option 2 – Authorization other than outpatient advanced imaging service
  - Option 3 – BlueCard® out-of-area claims
  - Option 4 – Radiology Management Program
  - Option 5 – Forms orders
  - Option 6 – Provider Service/Provider Relations
- 1-866-588-6967 – FreedomBlue<sup>SM</sup> PPO Provider Service Center
- 1-866-675-8635 – FreedomBlue PFFS Provider Service Center
- 1-866-488-0548 – Questions concerning Medicare Part B
- 1-866-634-6468 – Requests for HMS peer-to-peer conversations
- 1-800-992-0246 – EDI Operations (electronic billing)
- 1-800-600-2227 – Option 2 – Pharmacy (prescription authorizations)



Margaret LeMasters, Managing Editor  
 Adam Burau, Senior Editor  
 Matthew Clark, Contributing Editor

## Comments/Suggestions Welcome

We want *Behind the Shield* 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 senior editor at:  
*Behind the Shield*  
 Highmark Blue Shield  
 Fax: 412-544-5234  
[adam.burau@highmark.com](mailto:adam.burau@highmark.com)

## For More Information



For NaviNet users, this icon following an article means that the material/information is conveniently accessible from Plan Central. Just click on *Resource Center*.



For providers who don't yet have NaviNet access, this icon means that the material/information is available on Highmark's Web site at [www.highmarkblueshield.com](http://www.highmarkblueshield.com). Just click on the *Providers* tab at top right.

Highmark annually gathers data on member satisfaction using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, a tool developed by the National Committee for Quality Assurance (NCQA). The survey includes key aspects of member satisfaction, such as the relationship between the patient and physician and the service provided by the health plan. The CAHPS® survey results are part of the Pennsylvania Department of Health managed care regulations and the NCQA requirements. The survey of PPO members was conducted in the spring of 2007 with a sample of 1,100 members and a response rate of 28.5 percent.

## Summary of Results

Category	PPO Results	
	2007	2006
Getting Needed Care	89.8%	88.4%
Getting Care Quickly	87.4%	83.5%
How Well Doctors Communicate	93.9%	93.6%
Customer Service	86.0%	75.6%
Claims Processing	91.9%	91.8%
Rating of Personal Doctor	83.1%	78.2%
Rating of Specialist	81.0%	82.3%
Rating of Health Care	77.6%	79.9%
Rating of Health Plan	65.5%	70.4%

All of the above categories scored at or above the national average for PPO plans. The high scores in these areas are a reflection of the commitment of each network practitioner and office staff member to the care and service of every patient. We appreciate the ongoing support and service you provide to our members and thank you for the many ways you and your staff contribute to our member satisfaction ratings!

The following categories were new in 2007:

Category	Scores	
	Plan Summary Rate	Book of Business Mean*
Shared Decision Making	94.0%	93.6%
Plan Information on Costs	70.8%	66.6%
Health Promotion and Education	67.8%	59.3%
Coordination of Care	82.1%	77.7%

\*The *Book of Business* consists of 21 non-Federal Employee PPO samples that conducted surveys with *The Myers Group* (our survey vendor) in 2007.

In an effort to assist physicians and their practice staff in improving patient accessibility to physician services, we continue to provide customer service tips through our online Provider Resource Center, which is accessible via NaviNet® and at [www.highmarkblueshield.com](http://www.highmarkblueshield.com), as well as in the *Quality Management Resource Binder* that is available from your Network Quality Management Specialist — the registered nurse who visits your office for credentialing purposes and clinical quality initiatives.

We work hard to ensure that our members receive quality care and that the health plan provides high-quality and timely service. Your participation in this effort is greatly appreciated!

## Observing World Diabetes Day

# Highmark Programs Offer Support, Encouragement for Your Diabetes Patients

In observance of the first ever World Diabetes Day — which was held Wednesday, Nov. 14, 2007 — Highmark is taking this opportunity to remind our network physicians of the free support and information programs we have available to help members with diabetes to manage their condition properly and follow your treatment plan.

### Personal Nutrition Coaching

Offered at 70 sites across Pennsylvania, Highmark's Personal Nutrition Coaching program provides one-on-one nutrition coaching by a registered dietitian or licensed nutritionist to address diabetes, weight management or heart health. This nutrition expert creates an individualized plan that can be easily integrated into your patient's lifestyle. Participants receive an initial consultation and six follow-up visits. Children are eligible if accompanied by a parent or guardian. There is no fee for Highmark members to participate in this program. To find a site in their community, members should call 1-800-879-2217.

### HealthMedia® Online Programs

Available via Highmark's Web site at [www.highmarkblueshield.com](http://www.highmarkblueshield.com), the HealthMedia online programs offer support and education for your Highmark members with diabetes. These self-guided programs include:

- ▶ **HealthMedia Care™ for Diabetes:** newly available in October 2007; a simulated one-on-one session with a nurse counselor that promotes acceptance and better understanding of diabetes, improved compliance with medication and overall treatment, pursuit of social support and improvement of associated medical, emotional and personal issues while also providing an enhanced, in-depth education on the disease
- ▶ **HealthMedia Care for Your Health:** a self-management program designed to help individuals take charge of their chronic conditions, such as diabetes,

asthma and high cholesterol and, through a personalized plan, provides assistance with medication compliance, emotional issues, symptom management and lifestyle behavior management

- ▶ **HealthMedia Nourish®:** an eight-week program that offers personalized techniques for making healthy food choices when dining out, shopping and preparing meals and includes a 16-page action plan and three follow-up tailored action plans delivered at two, four and eight weeks

To access these and additional HealthMedia programs on other health topics, members must log into Highmark's Web site, click on the *Your Health* tab at top and then click on *Improve Your Health* at left before enrolling in the program of their choice.

### Blues On Call<sup>SM</sup> Programs and Services

All Highmark members — including those with diabetes and other chronic conditions — have access to Blues On Call services 24 hours a day, seven days a week. By calling, toll-free, 1-888-BLUE-428 (1-888-258-3428), members can speak to a Health Coach (a registered nurse licensed in Pennsylvania) who can help answer health care questions and provide support between members' physician office visits. Blues On Call also offers educational videos on a variety of health topics.

And members with diabetes who access Highmark's Web site at [www.highmarkblueshield.com](http://www.highmarkblueshield.com) can tap into the Healthwise® Knowledgebase, which offers a comprehensive diabetes learning center and information about diabetes support groups. To access this valuable database, members must click on the *Health Topics* tab at the top of the screen and then click on the *Healthwise Knowledgebase* link. The Healthwise Knowledgebase also is available in Spanish.

## World Diabetes Day: A Closer Look

On Dec. 20, 2006, the General Assembly of the United Nations passed a landmark Resolution recognizing diabetes as a chronic, debilitating and costly disease. The resolution designates World Diabetes Day as a United Nations Day to be observed every year, starting in 2007, according to the event's Web site.

World Diabetes Day strives to bring together millions of people in nearly 200 countries to raise awareness of diabetes, including children and adults affected by the disease, health care professionals, health care decision-makers and the media, the event's Web site notes. While many events took place on or around November 14, the World Diabetes Day campaign continues year-round. Passage of the U.N. Resolution ensures a worldwide reach for awareness-raising activities focusing on diabetes, according to the event's Web site. Visit [www.worlddiabetesday.org](http://www.worlddiabetesday.org) for more information about World Diabetes Day.

### Addressing Diabetes in Pennsylvania

In 2005, the most recent year for which data was available, an estimated 764,000 Pennsylvania adults ages 18 and older — representing roughly 8 percent of adults in the Commonwealth — reported that they had ever been diagnosed with diabetes, according to a recent state report. Nationally for 2005, the state average was 7 percent, and Pennsylvania ranked 16th in the nation for the percent of adults who had ever been told by a physician that they had diabetes, the report adds.

Pennsylvania has an action plan for addressing diabetes on a statewide level. To access "The Pennsylvania Diabetes Action Plan 2007," visit [www.health.state.pa.us/diabetes](http://www.health.state.pa.us/diabetes). A report titled "The Burden of Diabetes in Pennsylvania 2007" is also available on the site.

Diabetes disproportionately affects individuals in certain racial and ethnic groups. For information on how Highmark is working to address this and other health disparities, see Page 10 ("Improving the Quality of Care for All") of the Spring/Summer 2007 issue of *Clinical Views*.

## Dr. Patricia A. Reddy Joins Highmark

Patricia A. Reddy, MD, was recently appointed as a medical director serving Highmark's 21-county central Pennsylvania and Lehigh Valley region.

In her new role, Dr. Reddy will serve in Highmark's medical management area, provide physician support for provider claims review staff and assist medical policy staff.

A native of Berks County, Pa., Dr. Reddy completed her medical degree and residency training at the Milton S. Hershey Medical Center in Hershey, Pa., and went on to practice obstetrics and gynecology for 24 years in central Pennsylvania. Her areas of expertise include surgical gynecology, infertility and reproductive endocrinology. Throughout her career, Dr. Reddy has held many administrative physician roles, trained ob-gyn residents and spearheaded health education programs in the community.

Please join Highmark in welcoming Dr. Reddy.



Patricia A. Reddy, MD

# Flu Season 2007-2008 Update

As our network physicians prepare for another influenza season, Highmark offers the following news and reminders.

### Vaccination Promotion Letters and CDC Poster Information Mailed to Providers

In October and November, Highmark mailed letters to all network pediatricians, family practitioners, general practitioners, internal medicine physicians and ob-gyns asking them to please promote flu immunization among their Highmark patients. Included with each letter was a flier showcasing the flu vaccination promotional posters and other related informational materials available free via the Centers for Disease Control and Prevention (CDC) Web site. The posters, many of which are new for 2007-2008, can be easily downloaded and printed for display in your office reception areas, exam rooms and staff-only areas.

As a reminder, the CDC posters, patient education fliers and vaccine dosage charts are available at [www.cdc.gov/flu/professionals/flugallery/index.htm](http://www.cdc.gov/flu/professionals/flugallery/index.htm).

### CDC Web Site Offers Latest Vaccine Updates

For the latest updates on vaccine availability, along with immunization guidelines and news about priority groups, you may want to check the CDC's Web site regularly at [www.cdc.gov/flu](http://www.cdc.gov/flu).

### FluMist Now Covered

Highmark recently updated its medical policy to cover FluMist (intranasal virus, live) for members in approved age groups. FluMist is approved for children and adults ages 2 to 49 years. For dates of service of Oct. 15, 2007, and beyond, FluMist is now covered for members who have coverage for immunizations.

Please be advised, however, that not all Highmark members may have coverage for FluMist, as their benefits may not cover immunizations, or other restrictions may apply, such as whether a member's employer group (through which he or she receives coverage) covers the FluMist vaccine. To verify your Highmark patients' benefits, please check NaviNet®.

For more information, see Highmark Medical Policy I-8 on Immunizations under the *Medical Policy* link on the Provider Resource Center, which is available via NaviNet® or [www.highmarkblueshield.com](http://www.highmarkblueshield.com).



# Highmark Offers Coverage for Your Uninsured Patients

## Informational Brochures for Patients Available Free to Provider Offices

Highmark's community mission is to provide access to affordable, quality health care, enabling individuals to live longer, healthier lives.

That is why Highmark offers a comprehensive selection of health insurance products, including those geared to meet the needs of uninsured and low-income residents in our communities. Highmark offers a host of direct-pay products that are designed for people who are in various stages of life and may have no access to care — from children and recent college graduates, to families and seniors, to those who have recently become unemployed. These direct-pay products include:

### Income-based programs

- ▶ Children's Health Insurance Program (CHIP) PPO: for all uninsured children and teens under 19 years of age, regardless of income
- ▶ adultBasic PPO: for adults ages 19 through 64 whose household income falls within certain limits (This program currently has a waiting list.)
- ▶ SpecialCare<sup>SM\*</sup>: provides basic health care benefits to individuals whose household income falls within certain limits when network providers and facilities are used

### Guaranteed-issue programs (health coverage available regardless of current health)\*

- ▶ ClassicBlue<sup>®</sup> comprehensive major medical program

- ▶ PPOBlue<sup>SM</sup> individual high-deductible program

### Programs requiring a medical evaluation\*

- ▶ DirectBlue<sup>®</sup> individual PPO
- ▶ PPOBlue individual high-deductible program

### Programs for Medicare-eligible consumers<sup>+</sup>

- ▶ FreedomBlue<sup>SM</sup> PPO
- ▶ BlueRx<sup>SM</sup> Medicare Part D prescription drug plan
- ▶ MedigapBlue<sup>SM</sup> Medicare supplemental program

*\*These direct-pay products are available to individuals from birth to age 64 who are not eligible for Medicare.*

Highmark offers informational brochures with additional details about our direct-pay products, and you can obtain them for free to distribute to your patients who lack medical coverage. If you wish to order copies of the brochures for display or distribution at your office, please contact Provider Service and reference the brochure's inventory number, which is 23801.

You can also direct your patients to visit [www.highmarkblueshield.com](http://www.highmarkblueshield.com). In the blue box titled Find Insurance, they can click on *Individuals & Families* for more information.

*+ Effective Jan. 1, 2008, Highmark will begin to offer Medicare-eligible beneficiaries a new Medicare Advantage plan option called FreedomBlue<sup>SM</sup> PFFS (Private-Fee-for-Service). This product isn't featured in the direct-pay product brochures noted here that are available free to provider offices.*

## Recent Updates to Highmark Blue Shield Office Manual

### NPI Registry Link Now Available Via HBSOM

On Sept. 4, 2007, the Centers for Medicare and Medicaid Services (CMS), through its National Plan and Provider Enumeration System, released the National Provider Identifier (NPI) Registry. For the convenience of our providers, Highmark has added a link to the NPI Registry to our *Highmark Blue Shield Office Manual*, which is available via the Provider Resource Center under *Administrative Reference Materials*. To access the *NPI Registry* link, simply access the office manual and scroll down to "Chapter 8: Appendix, Unit 1: NPI Registry." Use the *NPI Registry* instead of the Facility ID list formerly included in the *Highmark Blue Shield Office Manual*.

**Please note:** Although CMS established NPI contingency guidelines last spring, Highmark encourages HIPAA-covered entities to forge ahead with their own efforts to be HIPAA NPI compliant as soon as possible. NPI information resources, including details about how to obtain your NPI and how to report it to Highmark, are available in the Provider Resource Center under the *HIPAA* link.

### Manual Now Includes Updated Member Rights and Responsibilities

Recently, Highmark updated its Member Rights and Responsibilities for commercial product members and has made the information easily available online via the *Highmark Blue Shield Office Manual*. Previously, different Highmark commercial products each had specific Member Rights and Responsibilities; however, this new universal Member Rights and Responsibilities document now applies to all Highmark commercial products.

Members Rights and Responsibilities for Medicare Advantage members also are included in the online manual. To obtain these commercial and Medicare Advantage member documents, simply access the office manual (via the Provider Resource Center and under *Administrative Reference Materials*) and scroll down to "Chapter 3: Products, Networks, and Payment, Unit 2: How to Identify Highmark Members." These documents appear on Pages 4 and 6 of this Unit.

## Wright & Filippis Now DMEnson<sup>SM</sup> Benefits Management, Inc.

Wright & Filippis, the company that manages pre-authorization and claims adjudication services for durable medical equipment (DME), orthotics and prosthetics (O&P), respiratory care and medical and diabetic supplies for Highmark's Medicare Advantage (FreedomBlue<sup>SM</sup> PPO) line of business has changed the name of its DME and O&P benefits management division. The new name is DMEnson Benefits Management, Inc.

The address, telephone and fax information for DMEnson has not changed. Claims can be

mailed to DMEnson at P.O. Box 81460, Rochester Hills, MI 48308-1460.

To contact DMEnson via telephone, please call 1-877-345-4774, toll-free. While standard business hours are from 8 a.m. to 5 p.m., DMEnson accepts urgent and emergent pre-authorization calls 24 hours a day, seven days a week, via the same telephone number.

You can also contact DMEnson via fax at 1-248-844-8614 or through NaviNet<sup>®</sup>.

# Attention Behavioral Health Providers and Doctors of Chiropractic:

## Highmark's Free Electronic Information Tools Offer Time Savings, Faster Payment for Providers

In April 2007, Highmark appointed Provider Relations Representative Elaine McEvoy Rebman to serve the unique needs of behavioral health providers and doctors of chiropractic in the 21-county central Pennsylvania and Lehigh Valley region. One of Ms. Rebman's key duties is to act as a resource to help these providers get connected electronically with Highmark via the free Web-based NaviNet® system, electronic claims submission, electronic funds transfer (EFT) and other useful information tools.

Recently, Ms. Rebman took a few minutes to provide answers to some commonly asked questions that providers may have about these technologies and how practitioners can benefit from integrating them into their practice.

### **Q: For providers who have always done business on paper and via telephone, why should they "go electronic?"**

**A:** "It's no secret that virtually every other industry — from banking, to retail, to overnight shipping — has migrated its administrative functions to electronic information systems. Health care, however, has been slow to adopt such systems, but the tide is turning. With systems like NaviNet, health care providers are seeing that they can get information on their Highmark patients in seconds with the click of a button instead of wasting time on the telephone. And by submitting claims and receiving reimbursements electronically, these same providers are getting paid in nearly half the time as when they performed the same functions on paper."

### **Q: Why should health care providers get NaviNet?**

**A:** "Initially, the most significant benefit would be time savings for office staff. Providers who have adopted NaviNet have reported savings of 100 hours per month on administrative processes because the system connects them directly into Highmark's databases. The tasks that were once handled by telephone or fax — from member eligibility and benefits verification, to authorization requests, to claim investigations and even recredentialing — all can be handled in a fraction of the time via NaviNet. And, NaviNet is more accessible than calling Provider Service, since NaviNet is available from 5 a.m. to 3 a.m., Monday through Saturday, and from 5 a.m. to 5 p.m., Sunday. Plus, free training and user support are provided for NaviNet users."

### **Q: What NaviNet functions in particular would be attractive to doctors of chiropractic and behavioral health practitioners?**

**A:** "Along with the many other time-saving NaviNet features, the member eligibility and benefits verification functions are great conveniences for doctors of chiropractic and behavioral health specialists, as they often need to verify Highmark members' copays and deductibles and check on their annual visit limits. Additionally, NaviNet's Accounts Receivable Dashboard shows them a snapshot of their pending claims in Highmark's processing system and the payments that are on their way to them."

### **Q: Why are electronic claims better than paper claims?**

**A:** "Simply put, your claims will be paid much faster when submitting them electronically versus on paper — usually



Elaine McEvoy Rebman

within 10 days for electronic claims and up to 25 days for paper claims. So why wouldn't you make the switch? Plus, paper claims often encounter delays because of missing or incorrect information, whereas that is less likely to happen with electronic claims because they won't be accepted in the first place without the required information upfront."

### **Q: What is electronic funds transfer (EFT), and why should practices consider EFT?**

**A:** "EFT is essentially direct deposit of providers' reimbursements securely into their business bank accounts — just as many employers do today with payroll checks for their employees. Providers who have EFT no longer have to wait on paper checks to arrive in the mail from Highmark, and they don't have to worry about getting to the bank to make deposits. It saves lots of time and is very convenient for them. Plus, there is no worry about providers misplacing or losing paper checks — which does happen. In order to sign up for EFT, providers will need to first get connected to NaviNet."

### **Q: How can doctors of chiropractic and behavioral health practitioners get on board with all of these systems?**

**A:** "The first step is to get connected with NaviNet, and these providers can do that by contacting me via Provider Service at 1-866-731-8080 and selecting Option 2, then Option 6. Technology can revolutionize your practice, so it's definitely worth making that call."



# Notifications FOR PROVIDERS

Several times annually, Highmark notifies providers of important policies and guidelines. The following notifications are for your information and reference.

## Preventive Health Guidelines and Clinical Practice Guidelines Available Online

Highmark's Quality Management Department and participating network physicians annually review and update the Preventive Health Guidelines and Clinical Practice 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 [www.highmarkblueshield.com](http://www.highmarkblueshield.com) and click on the *Providers* tab at top right. You'll find the guidelines under *Clinical Reference Materials*. (NaviNet® users, simply click on *Resource Center* from the Plan Central page.)

The Preventive Guidelines include:

- ▶ adult (under and over 65)
- ▶ pediatrics
- ▶ prenatal/perinatal

There are Clinical Practice Guidelines for the following conditions/patient needs:

- ▶ ADHD
- ▶ asthma
- ▶ chest pain
- ▶ heart failure
- ▶ cholesterol management
- ▶ depression
- ▶ diabetes



- ▶ hypertension
- ▶ smoking cessation
- ▶ substance abuse

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:

### Quality Management Department

Highmark Blue Shield  
Fifth Avenue Place  
120 Fifth Avenue, Suite P4501  
Pittsburgh, PA 15222



## Quality Management

Our quality improvement efforts are designed to ensure quality care and member satisfaction. To do this, we continually review the aspects of our plan that affect member care and satisfaction and look for ways to improve them.

We work closely with the physician community, and our quality efforts also extend to other internal areas, such as Member Service. In both clinical and administrative areas, we use member surveys and other tools to get feedback on how we're doing; then, we use these results to guide our future quality efforts.

For a detailed description of Highmark's Quality Management Program, an update on our progress toward meeting our goals, information on our clinical practice/preventive health guidelines or to provide input, please write to:

### Quality Management Department

Highmark Blue Shield  
Fifth Avenue Place  
120 Fifth Avenue, Suite P4501  
Pittsburgh, PA 15222



## Health Care Quality

Highmark has joined together with eight other leading health insurance companies to form the National Health Plan Collaborative. Participating health insurance companies are identifying and exploring ways in which the quality of care can be improved for minority populations.

# End of the Paper Trail

## Solo Practitioner Makes Successful Leap to Electronic Claims Submission, EFT

When it comes to managing his practice, psychologist Philip J. Lawlis, PhD, isn't only in charge of providing behavioral health care to patients.

As a solo practitioner who also happens to be the office's only employee, he manages all of the billing, accounts receivable, banking and related duties for his part-time practice.

"I do everything, including running the vacuum cleaner," jokes Dr. Lawlis, who maintains a home-based office in Lewisberry, York County, where he's been counseling patients for 20 years.

Because he is so active in the administrative side of his practice, Dr. Lawlis is continuously looking for ways to make the office's business operations function as efficiently as possible. "Patient care matters to me most," he says. "If my energies become divided between patient care and paperwork, I certainly wouldn't want patient care to suffer."

So, to make billing and its associated tasks easier and faster — thus providing more time for patients — Dr. Lawlis decided two years ago to try his hand at submitting electronic claims to Highmark.

### Making the Leap from Paper Claims

Paper-based claims submission was just one back-office function that seemed to move slowly and often resulted in claims literally piling up on Dr. Lawlis' desk to await mailing to insurers.

"I'd wait until I completed a few sessions with one patient before submitting claims, and it just didn't make sense," he says. "But, with me being my only employee, it would have been impractical and overwhelming to submit a claim after each and every session."

As a result, after mailing paper claims to Highmark in small batches, Dr. Lawlis usually waited up to 30 days to receive payment for those claims.



**Practice name:** Philip J. Lawlis, PhD

**Office location:** Home-based office in Lewisberry, York County

**Staff:** Solo practitioner and sole employee

**Services:** Complete psychology services

**Patients:** 10 to 15 per week (part-time practice)

He first learned about electronic claims submission options for smaller practices at a Highmark Blue Connections® provider office staff meeting in spring 2005. "Submitting claims electronically always seemed like something for high-volume practices, and I'm a small-fry, so to speak," jokes Dr. Lawlis, who sees 10 to 15 patients per week. "But Highmark staff were great at answering my questions and helping me to overcome my initial resistance to the idea."

By that fall, he had decided to begin submitting claims electronically to Highmark.

"I was a little paranoid about going into the electronic claims business," says Dr. Lawlis, who works full time as Director of Counseling and Health Services at Messiah College in nearby Grantham, Pa. "I had thought it was a little more involved than paper. I'm not a big risk taker, but I thought I'd give it a try."

"When I processed that first claim electronically and hit the 'send' button, I was amazed at how easy it was," he says. "I expected something bad to happen, some ripple effect to come back and tell me that I was doing something wrong. But it didn't."

In fact, the process went so smoothly that payment for the first claim that Dr. Lawlis submitted electronically arrived in his mailbox within 10 days — roughly one-third of the time that it took for his paper-based claims to be processed and paid.

### **“I Can’t Imagine Doing It Any Other Way”**

Unlike paper-based claims, electronic claims have a low likelihood of errors, since electronic submissions won’t even be accepted in most cases if key information is missing, such as a patient’s birth date or member identification number. Electronic claims submission “almost precludes errors,” Dr. Lawlis says.

And, Dr. Lawlis says, sending claims electronically eliminates the hassles and costs of submitting paper-based claims: printing claim forms, folding and stuffing them into envelopes, affixing postage and dropping them in the mail. He estimates that submitting a paper claim had cost him an average of one dollar, not counting the value of his time.

Now, Dr. Lawlis submits claims electronically to Highmark roughly every other day, so there is no longer a logjam of claims accumulating for his Highmark patients.

“Each time I turn on my computer, I can’t imagine doing it any other way now,” says Dr. Lawlis, who began using NaviNet® roughly four years ago to check patients’ benefits and eligibility.

### **The Next Step: Electronic Funds Transfer**

After he began submitting electronic claims to Highmark, Dr. Lawlis saw Highmark’s electronic funds transfer (EFT) service as the logical next step; he signed up for EFT just a few months after submitting his first electronic claim to Highmark. EFT enables network providers to have their Highmark reimbursements securely deposited directly into their practices’ bank accounts — and usually within a week. EFT payments are disbursed each Wednesday (if providers have claims processing in Highmark’s systems), and practitioners who are set up to view explanation of benefit (EOB) statements online can view electronic remittances in NaviNet the Monday before the payments arrive.

The transition to electronic interaction with Highmark took some getting used to and required fresh thinking on his part, Dr. Lawlis says.

But the changes have been well worth it — even for a solo practitioner — and have motivated him to become an advocate of electronic connectivity between insurers and health care practitioners. Dr. Lawlis has even told his colleagues how making the switch could help them, too. “I’m somewhat of an evangelist with this with my colleagues,” he jokes. “Some of them remain hesitant, even though they have billing staff to help.

“It’s a painless process, compared to paper billing,” Dr. Lawlis says. “I do not miss paper billing at all. Why would you go back? Why would you not do this?”

To learn more about how electronic claims submission can help your practice, contact your Highmark Provider Relations representative via Provider Service.



York County psychologist Philip J. Lawlis, PhD, a solo practitioner who serves patients out of his home-based office, began submitting electronic claims to Highmark two years ago. “It’s a painless process, compared to paper billing,” he says.

# Highmark's Networks Include CEM Providers

Highmark's provider networks include practitioners who offer cardiac event monitoring (CEM) services in the facility and physician office settings.

The following CEM companies, along with their telephone numbers, are currently in Highmark's provider networks (as of Nov. 1, 2007):

- ▶ AMI Cardiac Monitoring, 1-800-785-4354
- ▶ Cardiac Telecom, 1-800-355-2594
- ▶ Cardio Labs, 1-800-304-1098
- ▶ CardioNet, 1-866-426-4404
- ▶ PDS Heart, 1-866-689-8996

**Please note:** When CEM services are provided on an inpatient or outpatient basis in a health care facility (such as a hospital) in Highmark's service area, Highmark considers the services to be a purchased service for the facility, which will bill Highmark for both the technical and professional components of the service. However, if CEM services are provided in a physician office setting at the request of a participating network physician, the CEM practitioner is permitted to bill Highmark directly for the technical component of this service, and the physician may bill Highmark separately for providing the professional component.

If you have questions or need further clarification of Highmark's policy regarding delivery of and payment for CEM services, please call Provider Service at 1-866-731-8080.

# QualityBLUE<sup>SM</sup> A Physician Pay-for-Performance Program

## 2007 UPDATE

## Annual Program Evaluation Shows Significant Strides in Quality

Highmark's QualityBLUE physician pay-for-performance program enables eligible PCPs to earn an incentive for improving care outcomes for their Highmark patients.

Recently, Highmark completed its annual evaluation of the voluntary QualityBLUE program in our 21-county central Pennsylvania and Lehigh Valley region, with the following general findings:

- ▶ Currently, 300 practices and more than 1,300 physicians are voluntarily participating in the program.
- ▶ In the fourth quarter of 2007, 64 percent of the participating practices are receiving QualityBLUE incentive payments, which are awarded over and above usual reimbursement.

Also noted were the following clinical highlights:

- ▶ Implementation of electronic health record (EHR) systems increased from 22 percent of eligible practices to 34 percent.
- ▶ The generic drug prescribing rate jumped from 52 to 63 percent overall, resulting in improved patient compliance and a significant savings for the health care system based on the average cost per prescription

of \$108 for brand drugs versus an average cost of \$22 for generic. (See related story regarding the MedVantx generic dispensing program, on Page 13.)

- ▶ Fifty-six percent of practices are engaged in a Best Practice initiative. Through this QualityBLUE component, participants can earn additional points for identifying an opportunity for improvement in their clinical practice and implementing corrective action using a recommended structured approach. Initiatives focused on such topics as BMI documentation and counseling, screening for colon cancer (colonoscopy), diabetic foot screening and diabetic counseling classes.
- ▶ Nearly all Clinical Quality Network Averages increased for QualityBLUE clinical indicators, with the Acute Pharyngitis indicator (patients receiving throat cultures) increasing from 69 to 71 percent, Diabetes A1c increasing from 78 to 82 percent, and Adolescent Well Care increasing from 44 to 49 percent.

For more information about the QualityBLUE program, or to find out if you are an eligible PCP, please contact your Provider Relations representative via Provider Service.

## Community Contributions

A  
Spotlight  
On ...

Highmark offers free of charge a service to the community known as The Caring Place, where children who have lost a parent, sibling or close family member can receive grief support.

# No-cost Generic Drug Dispensing Program Available to Physicians

## Voluntary Participation Can Help QualityBLUE<sup>SM</sup> Participants Earn Points

In an effort to keep health care as affordable as possible, to support patient compliance, and to better manage prescription drug costs, health insurers like Highmark are encouraging physicians to consider prescribing generic medications to members whenever possible.

For these reasons, Highmark offers an automated generic dispensing program in cooperation with MedVantx that makes prescribing lower-cost medications easier and more convenient than ever for physicians. Through the program, eligible patients can receive a free initial course of clinically appropriate samples of widely used generic medications during their office visit.

MedVantx is an independent company that specializes in promoting generic medication use in partnership with physicians, patients and health insurers.

### Which Patients and Physicians Are Eligible?

Along with saving costs, a primary goal of the program is to show patients that less expensive generic drugs can be as effective as brand-name medications. The program is open to all patients — not just Highmark members — and gives them the opportunity to sample generics without any out-of-pocket costs.

Highmark and MedVantx are offering the voluntary program to family practice, general practice and internal medicine physicians who meet minimum volume and dispensing criteria. Currently more than 600 practitioners and more than 120 office sites across Pennsylvania are participating in the program.

By participating in this initiative, eligible Highmark network physicians can work toward earning points for the QualityBLUE program, of which 30 points relate to generic prescribing.

### How Are Medications Dispensed?

Computer-automated Sample Center cabinets stocked with more than 20 common generics at various dosage levels are provided to physician offices at no cost. The medications cover first-line therapies for a broad range of conditions, including diabetes, ulcers, depression and cardiovascular conditions.

A full course of initial therapy is offered through the Sample Center. This typically means that a member may obtain up to a 30-day supply of sample medication. The computerized Sample Center records data on each sample dispensed and automatically transmits data to MedVantx for reporting and inventory tracking. Medication expiration dates also are monitored. So, physicians and patients are assured of an ongoing, predictable supply of medications.

New medications may be added to the dispensing cabinets as brand-name medications become available in generic forms and if they meet program requirements.

Sample Centers also generate chart labels for patients' medical records, along with patient education sheets about the specific generic medication dispensed. Additionally, the Sample Centers can interface with your office's electronic health record system.

### Physicians, Patients Realizing Success

Highmark network practices participating in the MedVantx program have experienced an increase in their generic prescribing rate and have received positive patient feedback. Because patients save money on their medications, they may be more inclined to adhere to their physician-prescribed drug therapies.

### To Learn More

For more information about the MedVantx generic drug dispensing program, please contact your Highmark Medical Management Consultant or your Highmark Provider Relations Representative.

## Highmark P.O. Boxes 2700 and 3600 No Longer in Service

Please be advised that if you send 1500 or Major Medical claims to Highmark through Post Office Boxes 2700 or 3600 that these P.O. boxes were closed out of service as of Aug. 24, 2007.

In recent months, Highmark has been closing P.O. boxes that have been receiving a low volume of correspondence from providers in order to streamline incoming mail. Mail received at P.O. Boxes 2700 and 3600 is being automatically forwarded to another P.O. box — 890393 — for one year. However, if you routinely send mail to Highmark through P.O. Boxes 2700 or 3600, please begin to send correspondence to the following address instead, effective immediately:

**Highmark Major Medical**  
P.O. Box 890393  
Camp Hill, PA 17089-0393

# Behavioral Health News

## Seasonal Affective Disorder



“When the clocks were turned back in the fall, I could almost feel my normal mood just slip away.”

The quote above reflects a common experience of people describing the onset of Seasonal Affective Disorder (also called SAD). SAD is a type of depression related to the change in seasons. The most common type of SAD is sometimes referred to as “winter depression,” with onset in late fall or early winter and remission by spring or summer. Most people who report this seasonal mood disorder report normal mental health for the remainder of the year.

SAD may be related to changes in the amount of available daylight during different times of the year. Researchers have estimated that the prevalence of SAD in adults in the United States is between about 1.5 percent (in Florida) and about 9 percent (in the northern U.S.).

The symptom constellation in SAD sufferers may resemble dysthymia or major depression and, therefore, should be carefully assessed to ensure accurate diagnosis. As with any mood disorder, an individual with SAD may experience symptoms severe enough to warrant hospitalization. Providers are encouraged to thoroughly explore any indications of suicidal thoughts or plans and initiate an appropriate course of action.

### How common is SAD?

As many as half a million people in the United States may have “winter depression,” with another 10 to 20 percent experiencing milder symptoms of SAD. SAD is more common in women than in men. SAD is

generally a condition of adulthood, and isn’t usually seen in children and teenagers.

### What to look for

Common symptoms of SAD include the following:

- ▶ a change in appetite, especially a craving for sweet or starchy foods
- ▶ weight gain
- ▶ a heavy feeling in the arms or legs
- ▶ a drop in energy level
- ▶ fatigue
- ▶ a tendency to oversleep
- ▶ difficulty concentrating
- ▶ irritability
- ▶ increased sensitivity to social rejection
- ▶ avoidance of social situations

Symptoms of SAD return year after year and tend to come and go at about the same time every year.

### Are there treatments for SAD?

Yes. Most current research suggests that SAD is probably caused by the body’s reaction to a lack of sunlight. Light therapy is one option for treating winter depression.

Light therapy can be provided by a specially made light box or a light visor that you wear on your head like a cap. The person sits in front of the light box or wears the light visor for a certain length of time each day. Light

therapy usually takes about 30 minutes each day throughout the fall and winter. Light therapy is continued until enough natural sunlight is available, typically in the springtime. Note: Many people stop using light therapy because it is “inconvenient.” Therefore, it is important to establish a schedule of regular usage that does not compete with other activities.

Many Highmark products now have a “rent-to-own” procedure available to members under their durable medical equipment (DME) benefit. This benefit provides for an initial rental and eventual purchase of the phototherapy light box. Highmark does not currently provide this option for the light visor, which is considered to be investigational and, therefore, not covered under Highmark Medical Policy. (This process was described in the January/February/March 2007 edition of *Behind the Shield*, but providers can inquire directly about the process by calling 1-800-258-9808.)

When used properly, light therapy seems to have very few side effects. Side effects may include eyestrain, headache, fatigue, irritability and inability to sleep (if light therapy is used too late in the day). For people who have manic depressive disorders, skin that is sensitive to light or medical conditions that make their eyes vulnerable to light damage, light therapy should be used with caution.

Tanning beds should not be used to treat SAD. The light sources in tanning beds are high in ultraviolet (UV) rays, which can be harmful to both eyes and skin.

Some research has suggested that pharmacotherapy and behavioral therapy in conjunction with light therapy can produce positive outcomes.

Providers are welcome to contact Highmark’s Behavioral Health Unit for consultation with specific member issues related to SAD or other behavioral health concerns. The toll-free Behavioral Health Unit contact number is 1-800-258-9808.

# 2007 HEDIS® Results Show Improvement in Care Quality

HEDIS, the Healthcare Effectiveness Data and Information Set, is the most widely used set of performance measures in the managed care industry. Developed and maintained by the National Committee for Quality Assurance (NCQA), this set of measures is part of an integrated system to establish accountability in health care and to ensure that the public has the information it needs to reliably compare performance among managed health care plans. These measures address a broad range of important health issues, including cancer, heart disease, smoking, asthma and diabetes. The measures span all types of care (preventive, early detection and screening, maternity, acute, chronic and behavioral health) and populations (children, adolescents, adults and seniors). The HEDIS measures represent one component of a larger accountability system and complement the NCQA Accreditation program.

Highmark annually gathers data on its SelectBlue<sup>SM</sup> point-of-service (POS) members on measures across the following domains of care:

- ▶ Effectiveness of Care
- ▶ Access/Availability of Care
- ▶ Satisfaction With the Experience of Care
- ▶ Health Plan Stability
- ▶ Use of Services
- ▶ Cost of Care
- ▶ Informed Health Care Choices
- ▶ Health Plan Descriptive Information

The results in the chart at right represent a portion of the overall measures and provide a comparison based on services received in 2006 and 2005 for the HEDIS 2007 and 2006 reporting years.

When compared with National Thresholds, this year's commercial POS rates met or exceeded the 90th percentile for:

- ▶ Beta Blocker Treatment After a Heart Attack
- ▶ Prenatal and Postpartum Care — Timeliness of Prenatal Care
- ▶ Prenatal and Postpartum Care — Postpartum Care

- ▶ Childhood Immunization Status (Combo 2)
- ▶ Adolescent Immunization Status (Combo 2)
- ▶ Appropriate Use of Appropriate Medication for People with Asthma
- ▶ Comprehensive Diabetes Care — Nephropathy Monitoring
- ▶ Antidepressant Medication — Acute and Continuation Phase
- ▶ Cholesterol Management After Acute Cardiovascular Events — LDL Screening

The high scores in these areas are reflective of the quality of practitioners in Highmark's provider networks and the commitment of each practitioner to the care of each individual patient.

## Clinical Quality Improvement Committees Play Key Role

In an effort to assist practitioners in the ongoing improvement of the Effectiveness of Care measures, Highmark continues to support Clinical Quality Improvement Committees. These committees are physician-based, multidisciplinary groups that include Highmark network physicians from the specialties of Internal Medicine, Family Practice, Endocrinology, Cardiology, Geriatrics, Women's Health, Pulmonology, Pediatrics, Infection Control and Behavioral Health, among others. These committees review the annual HEDIS results, along with other pertinent data, to determine clinical quality improvement opportunities and initiatives to best impact the quality of care our members receive from the practitioner network. For example, the use of speech recognition technology to place outreach telephone calls to targeted members that provide education on a variety of clinical issues and/or reminders of the need for preventive screenings is one of the interventions that have been developed through these committees.

Highmark works hard to ensure that our members receive quality care, and partnering with our network physicians to develop and implement such improvement initiatives is vital in achieving that goal. Your participation in these efforts is greatly appreciated!

Measure	2007	2006
Childhood Immunizations DTaP,OPV,MMR,HepB,Hib + VZV <sup>1</sup>	81.02%	81.02%
Adolescent Immunizations MMR,HepB + VZV <sup>1</sup>	84.43%	84.43%
Appropriate Treatment of Children with URI	<b>82.55%</b>	81.44%
Appropriate Testing of Children with Pharyngitis	<b>78.66%</b>	76.55%
Breast Cancer Screening	71.14%	72.59%
Cervical Cancer Screening	78.21%	78.71%
Timeliness of Prenatal Care	95.17%	96.35%
Checkups After Delivery	84.06%	86.37%
Chlamydia Screening Combined Rate	<b>27.17%</b>	22.48%
Colorectal Cancer Screening <sup>1</sup>	63.26%	63.26%
Beta Blocker Treatment After Heart Attack <sup>1</sup>	96.15%	96.15%
Persistence of Beta Blocker	<b>85.87%</b>	75.54%
Cholesterol Mgmt After Acute Cardiac Event		
• LDL Screening <sup>2</sup>	<b>87.59%</b>	82.00%
• LDL Level, <100mg/dl <sup>2</sup>	58.64%	53.28%
Use of Appropriate Meds for Asthma Combined Rate	<b>94.71%</b>	91.47%
Controlling High Blood Pressure <sup>2</sup>	61.80%	73.24%
Comprehensive Diabetes		
• HbA1c Screening	86.13%	87.10%
• Poorly Controlled HbA1c Level	26.76%	25.79%
• Diabetic Retinal Eye Exam	53.04%	54.99%
• LDL Screening <sup>2</sup>	81.27%	89.54%
• LDL Level, <100mg/dl <sup>2</sup>	35.77%	47.20%
• Nephropathy Screening <sup>2</sup>	<b>77.37%</b>	61.31%
Follow-up After Hosp for Mental Illness		
• 7 day	49.16%	49.20%
• 30 day	75.17%	70.59%
Antidepressant Medication Management		
• Optimal Medication Management	17.95%	16.77%
• Acute Phase Treatment	68.27%	69.49%
• Continuation Phase Treatment	52.58%	52.16%
Use of Imaging Studies for Low Back Pain	75.70%	76.73%
Advising Smokers to Quit	NR	NR

NR = Not Reported due to less than 100 responses/results not comparable

<sup>1</sup> Measures rotated in 2007, prior year rates reported

<sup>2</sup> Not trendable due to changes in measure specifications for 2007

**BOLD Rates** indicate a statistically significant improvement from prior measurement year.



Camp Hill, Pennsylvania 17089  
www.highmarkblueshield.com

This newsletter is primarily geared toward medical practitioners and their office staff, with information about:



## Blues On Call<sup>SM</sup> Link Added to Provider Resource Center

Highmark recently added a *Blues On Call* link to its online Provider Resource Center in order to centralize information about the program for providers.

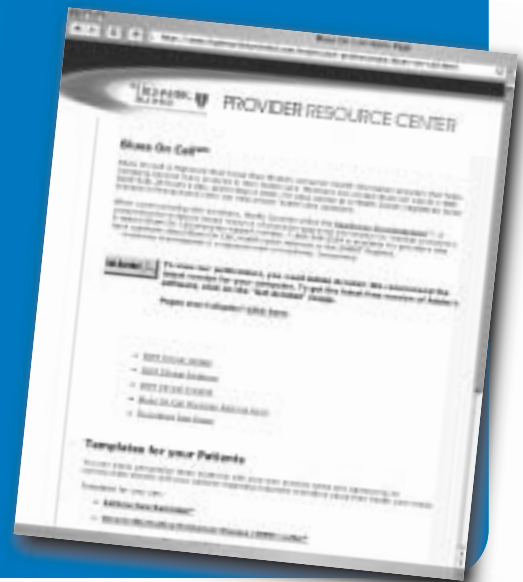
Previously, Blues On Call information for providers was available under different Resource Center links. But now, this information is neatly organized into Practice Resources under the *Blues On Call* link so it's more convenient for you and your staff.

Featured under the new link are the Blues On Call Annual Update; Clinical Evidence and Clinical Insights documents for 2007; the Blues On Call Physician Referral Form that is used to refer Highmark members to Health Coaches; a Flu Initiative Fact Sheet;

and several template letters that your practice can use to remind patients with specific chronic conditions about tests they should receive and how to manage their conditions.

We encourage you to check the *Blues On Call* link often for new and updated Practice Resources.

Highmark members can contact Blues On Call at 1-888-BLUE-428 (1-888-258-3428), 24 hours a day, seven days a week, for easy access to a Health Coach (a registered nurse licensed in Pennsylvania) who can help answer health care questions. For more information about Blues On Call, providers may call 1-866-348-3504.



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HAVE A GREATER HAND IN YOUR HEALTH