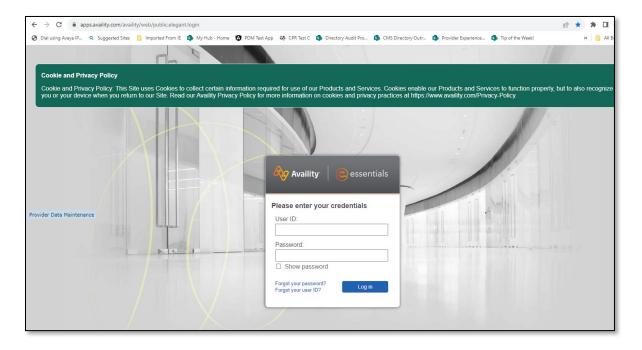
# PROVIDER DATA MAINTENANCE - PDM

**Application Guideline** 

May 2024

# <u>Availity</u>

Enter your credentials to log into Availity.



"Click" on Payer Spaces.

Availity   esser	ntials 🕋 Home 🛛 🐥	Notifications	♥ My Favorites	*			Delaware 🗸
Patient Registration ~	Claims & Payments	<ul> <li>Clinical </li> </ul>	My Providers ~	Reporting ~	Payer Spaces ~	More ~	
Notification Cer	nter						Му Асс
You have no notifications.						<ul> <li>My Accol Manage</li> <li>'How To'</li> <li>Enrollme</li> </ul>	
My Top Applications							EDI Com
ЕВ		CS		A&F	ર	PC	
Eligibility and Bei Inquiry	nefits	Claim Status		Authorizat Referra		Professional Claim	
News and Announce	ements						
	sentials Providers: New new claim entry form to su					09/18/2023 a consistent data entry workflow.	_

"Select" the appropriate health plan.

Availity essentials # Home A Notifications	♡ My Favorites ∨			Delaware 🗸 📀 Help & Training 🗸 🚯 Am
Patient Registration $\lor$ Claims & Payments $\lor$ Clinical $\lor$	My Providers ~ Reporting	<ul> <li>Payer Spaces </li> </ul>	More ~	
N Notification Center				My Account Dashboard
Yo.	ou have no notifications.	HIGHMARK		My Account     Manage My Organization     'How To' Guide for Dental Providers     Enrollments Center     EDI Companion Guide
My Top Applications	L			
EB Eligibility and Benefits Inquiry	s Authori:	&R zations & errals	PC Professional Claim	Available Now New Claims Entry Exp Elegant, easy-to-navigat and more.
News and Announcements				7.0
Available Now for Essentials Providers: New Claims Entry El You can now use the new claim entry form to submit to over 50 h More			09/18/2023 a consistent data entry workflow.	See What's New

Scroll Down the page and "Click" on Provider Data Maintenance.

Availity   🗲 essential	s 🖶 Home 🌲 Notifications 🛛 🌣 My Favorites 🗸		Delaware 🗸 🛛 Help & Training 🗸 🛃 Amy's Account
Patient Registration ~	Claims & Payments < Clinical < My Providers <	Reporting $\lor$ Payer Spaces $\lor$ More $\lor$	Ke
	C ECHO Health Enroll in/view EFT payments and ERAs	Free Market Health Matches specially medication referrals and pharmacies in real time.	Predictal Utilization mgmt. tool to submit, update, and inquire on authorization requests.
	Provider Data Maintenance Providers can view and make updates to their provider file records	Provider Facing Analytics Access specialist efficiency reports	Provider File Management View and make updates to provider file records
	Provider Resource Center Access Highmark policies, procedures, provider manual, education materials, etc.	Quality Blue View/download clinical quality and incentive data	True Performance Lite Point of care digital platform to support practices in gap closures

"Select" an Organization and "Click" Submit.

Home > Highmark Blue Cross Blue Shield (DE) > Prov	ider Data Maintenance
Provider Data Maintena	ance
Select an Organization Highmark	×   ~
Cancel	Submit

That will take you into the PDM platform.

## Select Provider

This is the first page you will see when you sign into PDM from Availity.

For larger entities, more than one account will display on this page. Select the practice/provider you want to view/update by clicking on the **"Select"** button to the left of the practice/provider's name.

PROVIDER	R DATA MAINTENANCE
	Select Provider
	You have access to update and maintain the providers listed below. Please select a provider to begin.
	Provider Name Tax ID NPI Blue Shield ID Last Date of Validation
	Select         Snyder Family Practice         123456789         005102126         3/06/2023

Once you log in, you will see the name of the practice, Blue Shield ID, NPI, and Group Effective Date. The message below the practice information contains important information regarding the due dates for your data validation. The <u>No Surprises Act</u> requires that you validate your data every 90 days. This message will tell you when you last validated your data and when the next validation is due.

There is a series of nine questions that you must answer throughout the application to enable the validate button at the top of the screen.

Snyder Family Practice MEDICAL PRACTICE				Validate Select Provider Help
Blue Shield # 005102126	0	NPI	0	Vendor Status Active
Group Effective Date 3/01/2023	0	Group Term Date	0	
	es that you c	onfirm the accuracy of your gro	up and practitioner	rectly, and that our Provider Directory rinformation every 90 days. The last ore 6/04/2023.

# **General Group Information**

The question, "*Is this general group information listed below correct*," needs to be answered Yes to validate the record. If the information is incorrect, select No and click on the "**Edit General Group Information**" button.

General Group Information An update made in this section applies to the main loc	ation only. If updates are needed to	o other locations, plea	ase use the General Group Address s	Edit General Group Information
Is this general group Information listed below of Group Name Snyder Family Practice	orrect? Yes No	0	Patient Age Range 0 YEAR - 125 YEAR	0
Website	0	Email Address	0	

Once you click "Edit General Group Information," you can update practice name, practice doing business as (DBA) name, website, and email address. The website and email address will update for the main location only. If email and website addresses for other locations need to be updated, you will need to update the contacts section within those addresses (*See Edit Contacts section of this guide for more details*.)

To update your information, simply type over the current information and click "**Save Changes**." You can cancel any updates prior to hitting the "**Save Changes**" button. If you click "**Cancel**" and confirm you want to abandon the changes, the application will take you back to the previous page.

		Hello, 💌 Logout
PROVIDER DATA MAINTENANCE	Pended Resuests	
	Snyder Family Practice MEDICAL PRACTICE	Save Changes Cancel Help
	Edit General Group Information	
	Group Name Snyder Family Practice Required	Group DBA Name
	Website	Email Address

#### **General Group Address**

To edit address information, click on the ellipsis to the left of the address you want to update.

The question, "*Is the Group's location information correct,*" needs to be answered Yes to validate the record.

Group	s location infor	mation correct?	O Yes O No					
U.	Address	City	State	Zip	Status	Address Type	Effective Date	Affiliated Practitioner
	123 ABC lane	Pittsburgh	Pennsylvania	15228	A	Check, Credenti	3/01/2023	2

To edit the street address, suite, city, state, and ZIP code, click on the **"Edit General Group Address Information"** button.

Blue Shield # 005102126	NPI	Vendor Status Active	Group Effective Date 3/01/2023	Group Term Date
Messages				
validation date for Snyd	er Family Practice was on 3/06/	2023. The next validation is du	e on or before 6/04/2023.	
General Group A	Address for - 123 ABC la	ne		Edit General Group Address Information
General Group A	Address for - 123 ABC la	Ne Handicapped Accessible	Parking	Edit General Group Address Information
Address Effective Date			Parking <b>Free</b>	
12. 	Patient Age Range	Handicapped Accessible		Edit General Group Address Information

To edit this screen, type over the information you want to change. If you are adding a suite or room number, please type in the full word Suite or Room before the actual number. For instance, for Suite 302 you would enter Suite 302.

\*Please do not abbreviate, spell everything out: Drive, Street, Court.

#### Click on "Save Changes."

Most address changes are real time updates. If you enter an address that is not in your current region or state, the update will pend for Highmark review.

Edit Group Address Information			Save Changes	Cancel	Help
To Edit: Click on the cell containing the data you wish t	o update				
Building	Street 123 ABC lane Required	Suite			
City Pittsburgh	State PA	Zip 15228			
Address Type Main, Check, Mailing, Practice, Credential 💌	Effective Date 3/01/2023	Required Status A			
S					

To edit practice patient age ranges, handicap accessibility, parking, public transportation, electronic medical records, and accepting walk-in appointments, please click on the **"Edit Group Information"** button.

General Group A	Address for - 123 ABC la	ane		Edit General Group Address Information
Address Effective Date 3/01/2023	Patient Age Range 0 YEAR - 125 YEAR	Handicapped Accessible	Parking Free	Edit Group Information
Public Transportation NO	Electronic Medical Records	Accepts Walk-in Appointments		

#### Click "Save Changes."

Edit Group Add	ress Information			Save Ch	anges	Cancel	Help
To Edit: Click on the cell co	ontaining the data you wish to up	date					
General Group A	Address for - 123 AB	C lane					
Address Effective Date	Patient Age Begin	Patient Age Type Begin		Patient Age End	Patient	t Age Type End	
3/01/2023	0	YEAR	•	125	YEAF	· · ·	-
Handicapped Accessible	Parking	Public Transportation		Electronic Medical Records		Accepts Walk-in-Appointr	nents

		Title		Contact Method		Туре		Member Acces	s Number Indicator	
	T		Τ.		Τ.		T			•
				717-888-3040		PHONE		YES		
cole Snyder		Credentialing		717-888-3040		PHONE		NO		

To edit contact information, click on "Edit Contacts."

Click "Add New Contact" and enter the individual's name, his or her title, the contact method (phone number, website, or email address), and type of contact (email, phone, fax, website address).

It is important that we receive email addresses so we can communicate more effectively with your group. It is especially important that we receive a directory contact name, phone, and email. Highmark does <u>not</u> publish provider email addresses.

it: Click o	on the cell containing the	e data you	wish to update.					+ Add New	Cont
	Name		Title		Contact Method	Туре		Member Access Numb Indicator	er
		Τ.		Ŧ	τ		τ		T
Î	Susie Springer		Directory Contact		susie.springer@snyder.com	E-MAIL	•	NO	
	Nicole Snyder		Credentialing		717-888-3040	PHONE		NO	
Î					717-888-3040	PHONE		YES	

## **Office Hours - Weekly**

To edit office hours, click "Edit Office Hours: Weekly."

Day	Start Time	Stop Time	Frequency	
	Τ	τ	<b>T</b>	τ
MONDAY	08:00AM	05:00PM	WEEKLY	
TUESDAY	MA00:80	05:00PM	WEEKLY	
NEDNESDAY	08:0080	05:00PM	WEEKLY	
THURSDAY	08:008M	05:00PM	WEEKLY	
FRIDAY	08:00:80	05:00PM	WEEKLY	

To remove office hours, click on the trash can symbol to the left of the row to be deleted, then click on "**Save Changes.**"

To add office off hours, click "Add Office Hours" and fill in the day, start time, stop time, and frequency.

#### Click "Save Changes."

	e Hours: Week					Save Change	es Cancel	Help
it: Click on	the cell containing the d	ata you wish to up	odate.				Ð	Add Office Hou
	Day		Start Time		Stop Time		Frequency	
		•		•		τ		τ
Î	MONDAY		08:00AM		05:00PM		Weekly	
Î	TUESDAY		08:00AM		05:00PM		Weekly	
Î	WEDNESDAY		08:00AM		05:00PM		Weekly	
Î	THURSDAY		08:00AM		05:00PM		Weekly	
ī	FRIDAY		08:00AM		05:00PM		Weekly	

# **Office Hours - Variant**

To add variant office hours, click "Edit Office Hours: Variant."

ay	Start Time	Stop Time	Frequency	
	<b>T</b>	▼ []	T	
		No Records are found.		

To add office off hours, click "Add Office Hours" and fill in the day, start time, stop time, and frequency.

Click "Save Changes."

Office Hours: Variant Schedu	lle		Save Changes Can	cel Help
: Click on the cell containing the data you wish to	update.			Add Office Hour
Day	Start Time	Stop Time	Frequency	
<b>T</b>	Ţ		Υ [	<b>T</b>
	No Records are	e found.		

#### Plans and Patient Acceptance

To edit patient acceptance and which addresses are listed in directory, click "Edit Plans and Patient Acceptance."

Network Name is a non-editable field.

Network Name	Accepting Patients	List in Directory	
	Υ [	Υ [	τ
Medicare Advantage Central	Open to New Patients	Yes	
Traditional Indemnity Participating	Open to New Patients	Yes	
PremierBlue Shield	Open to New Patients	Yes	

To edit Accepting Patients or List in Directory, click on the field you want to change, and a dropdown arrow will appear on the right side of the box. Select the appropriate answer.

Click "Save Changes."

**NOTE**: Only list addresses to appear in the directory if the group is accepting appointments to see patients at the location.

t: Click on the cell containing the data yo	u wish to update	9.			
letwork Name		Accepting Patients		List in Directory	
	•		τ		T
Nedicare Advantage Central		Open to New Patients		Yes	
raditional Indemnity Participating		Open to New Patients		Yes	
remierBlue Shield		Open to New Patients		Yes	

# **Other Clinical Staff at Location**

Click "Edit Clinical Staff" to update this section.

Other Clinic	al Staff at this Loc	ation		Edit Clinical Staff
Mid-Wife	Nurse Practitioner	Physician Assistant	RN	

Select the appropriate providers and click "Save Changes."

Save Changes	Cancel	Help
	Save Changes	Save Changes Cancel

# Practitioners at Location

Click "Edit Practitioners at this Location" to edit E-Prescribe.

Practi	tioners at this Location		Edit Practitioners at this Location
	Name	NPI	E-Prescribe
	Shirey, Sally		NO
	Snyder, Susan Lynn		NO

Practitioner name and NPI are not editable fields.

To change E-Prescribe, click on the field and a drop-down arrow will appear – allowing you to make a change.

#### Click "Save Changes."

lit Practitioner at this	Location	Save Changes Can	el Help
Edit: Click on the cell containing the d	ata you wish to update.		
Name	NPI	E-Prescribe	
	τ	τ [	τ
Shirey, Sally		NO	
Snyder, Susan Lynn		NO	

#### Click "**Back**" to return to the main page.

Blue Shield # 005102126	NPI	Vendor Status Active	Group Effective Date 3/01/2023	Group Term Date
Aessages		Active	3/01/2023	Gloup Term Date
	Rectored the rectored by the state of			h
General Group A	Address for - 123 ABC L	ane		Edit General Group Address Information
	Address for - 123 ABC L	ane Handicapped Accessible	Parking	Edit General Group Address Information
Address Effective Date			Parking Free	
General Group A Address Effective Date 3/01/2023	Patient Age Range	Handicapped Accessible		Edit General Group Address Information

#### Patient Appointment Schedule Phone Number

To update the phone number for patients to call for appointments, click **"Edit Schedule Phone Number."** 

The question, "*Is the telephone number for patients to schedule appointments correct,*" needs to be answered Yes to validate the record.

When updating the member access number on the main page, only the main address will be updated. If phone numbers for other locations need to be updated, you will need to update the contacts section within those addresses.

Patient Appointment Schedule Phone Number An update made in this section applies to the main location only. If updates are needed to other locations, please use the General Group Address	Edit Schedule Phone Number
Is the telephone number for patients to schedule appointments correct? O Yes O No	
717-888-3040	

#### Enter the new phone number by typing over the existing number and click "Save."

Snyder Family Practice MEDICAL PRACTICE	Save	Cancel	Help
Edit Patient Appointment Schedule Phone Number			
Member Access Number 717-888-3040			
(Required)			

# **Groups Patient Acceptance Status**

To view network details, click on the ellipsis to the left of the network.

If the practice patient acceptance status is not correct, edit it under the General Group Address section.

The question, "*Is the group's patient acceptance status for each network below correct*," needs to be answered Yes to validate the record.

	atient Acceptance Status		
Is the group's p	patient acceptance status for each network listed belo	w correct?  Yes No	
	Network name	Patient Acceptance	
		τ [	<b>T</b>
	Medicare Advantage Central	Open to New Patients	
	Traditional Indemnity Participating	Open to New Patients	
	PremierBlue Shield	Open to New Patients	

View Only – This information cannot be edited.

ue Shield # 05102126	NPI	Vendor Stat Active		Group Effective Date 3/01/2023	Group Term Date	2
ssages						
nains accurate, High idation date for Sny	mark requires that you der Family Practice was	ate information, that cla confirm the accuracy of on 3/06/2023. The nex	your group and pract t validation is due on	itioner information eve		
Status	Specialty	Role	Taxonomy	List in Directory	Effective Date	Max Assign
Status	Specialty	Role	Taxonomy	List in Directory	Effective Date	Max Assign
Status           •           •           •						

					Loaded 2/2
Status (PAR Non-PAR)	Name NPI	Practitioner Specialty	Role	List in Directory	Effective Date
•	<b>T</b>	τ	<b>T</b>	τ	
	Shirey, Sally	Cardiology (Cardiova	Specialist	Yes	3/01/2023
	Snyder, Susan Lynn	Family Practice	PCP	Yes	3/01/2023

#### **Telehealth Services**

To edit Telehealth Services, click "Edit Telehealth."

The question, "*Is the group's telehealth information correct,*" needs to be answered Yes to validate the record.

Telehea	alth Services		Edit Telehealth
Is the Grou	up's Telehealth information correct? O Yes O No Address	Telehealth	
	123 ABC lane, Pittsburgh, Pennsylvania, 15228-		

Click on the Telehealth field you want to edit, and a drop-down arrow will appear. Make the change and click **"Save Changes."** 

ROVIDER DATA M	AINTENANCE				Pended Requests
dit Telehealth Services			Save Changes	Cancel	Help
Edit: Click on the cell containing the data you w	vish to update.				
Edit: Click on the cell containing the data you w	vish to update.	Telehealth			
	vish to update.	Telehealth			τ

## Handicapped Accessible

To edit Handicap Accessibility, click "Edit Handicap Accessible."

The question, "*Are the group's locations handicapped accessible information correct*," needs to be answered Yes to validate the record.

	pped Accessible Information			Edit Handicapped Accessible
Are the Gro	up's locations handicapped accessible informat	ion correct? O Yes O No Accessible Indicator	Access Type	
	123 ABC lane, Pittsburgh, Pennsylvania, 15228-	No		

To edit, check the boxes that apply to the location and click "Save Changes."

ROVIDER DAT	A MAINTEN	ANCE		Pended Requests
dit Handicapped Acc	cessible		Save Changes	Cancel Help
dit Handicapped Acco eck the box to add an Access Type check the box to remove an Acces	1			
Address	Handicapped Accessible	Handicapped Accessible – Equipment	Handicapped Accessible – Exam Rooms	Handicapped Accessible – Office/Parking/Entry
<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>	<b>T</b>
123 ABC lane, Dillsburg, Penns				
·			·	
å				

## **General Practitioner Information**

Add Practitioner (Not applicable for Highmark BCBSWNY and Highmark BSNENY.) NY Providers should use the addition form on the PRC to add practitioners to their groups.

To add a practitioner, click" Add Practitioner."

The question, "*Is the practitioner's general information correct*," needs to be answered Yes to validate the record.

This section currently does not have a search by practitioner name function, but it is marked for a future enhancement. We will alert you when the new functionality is available. UPDATE: You can now search by name. To search by name, begin typing the practitioner's name in the cell below the name. Select the provider when the name is displayed.

			Yes 🔿 No				
							Loaded 2/2
N	lame	NPI	BSID	Status	Primary Affiliation	Effective Date	Practitione
	T	τ	τ	τ	τ	τ	
••• si	hirey, Sally			А	YES	3/01/2023	MEDICAL DO
••• Si	nyder, Susan Lynn	1		А	YES	3/01/2023	MEDICAL DO

After you click **"Add Practitioner,"** you can search for an existing Highmark practitioner by NPI or Blue Shield ID. Medical License will be released at a later date.

Click "Search."

Add Practiti	oner		Save Changes Cancel Help
Search by	National Provider ID (NPI) Blue Shield	123456789	Search
	Medical License		

After your practitioner is displayed, click "Add."

d Practitio	ner			Save Changes Cance	el Help
Search by*	Blue Shield	<b>*</b>		Search	Clear
Practitioner Nar	ne Blue Shield	State	Specialty	Effective Date	Action
1		PA	Orthopedic Surgery	4/4/2023	Add

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The two screens below will display.

Select the location you want to affiliate the practitioner to and select the appropriate list in directory indicatory.

**Note**: For a practitioner to be listed in the directory, they should be accepting appointments to see patients at the location listed. If a practitioner does not directly schedule appointments with patients, the list in directory indicator should be **No**. Examples include covering practitioners, practitioners who read test results, practitioners who only see patients in nursing homes, practitioner who oversee residents, and hospitalists.

Address and Phone Number	List in Directory
23 ABC lane , Pittsburgh, PA 717-888-3040	Yes No

Check the appropriate box(es) to affiliate the practitioner to the networks they accept.

#### Click "Save Changes."

	r the specialities shown below.Atleast one is required. hat are listed or about additional networks, please call our regional Provider Service number found in Office Manual on the Provide
Center	
Select All	Network / Specialty - Role
	PremierBlue Shield : Orthopedic Surgery Specialist
	Medicare Advantage Central : Orthopedic Surgery Specialist
	Traditional Indemnity Participating : Orthopedic Surgery

After clicking **Save**, this box will appear. By clicking the box, you are agreeing to the assignment account requirements. To review the requirements, click on the link called **"Assignment Account Requirements."** 

Click "**OK**" after checking the box.

Submit New Practitioner ?		×
By clicking OK, I approve this request and agree to the and all applicable network contracts and regulations		nts
	Ok	Cancel

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#### **Delete Practitioner**

To delete a practitioner from your group, click on the ellipsis to the left of the practitioner's name that you want to delete. Click **"Delete."** 

**IMPORTANT:** If you decide to resign from the Highmark network(s), the resignation will trigger automatic letters to Highmark members, who are your patients, via U.S. Mail, notifying them you have terminated and are no longer in network. Please take this into an account before completing this action.

the Pra	ctitioner's ge	neral info	rmation corre	ect? () \	/es 🔿 No						
											Loaded 83/83
	Name		NPI		BSID		Status		Primary Affiliation	Effective Date	Practition
		τ		τ.		T		T	τ	<b>T</b>	
			-				A		YES	3/01/2022	OSTEOPAT
۲	View Details	к					Α		YES	5/03/2021	PHYSICIAN
î	Delete	: S					А		NO	7/29/2019	MEDICAL D
	Edit Name	arie					А		NO	9/25/2023	PHYSICIAN
	Luit Hallie	Kay					A		YES	11/08/2021	PHYSICIAN

Click "**OK**" to proceed with the deletion.

Delete Practitio	oner		×
Name	NPI/Blue Shield Id	Deletion Date	
		10/04/2023	
Are you sure you want to	delete this practitioner from this group?		
ок	Cancel		

After clicking **"OK**," you will receive a confirmation message stating that the practitioner has been removed from your group.

# **Edit General Practitioner Information**

The fields that you are able to edit in this section are Name, Education, Hospital Affiliations, Locations Where the Practitioner Works, and Languages Spoken by the Practitioner.

To edit Practitioner Name, please click on the ellipsis to the left of the name, then select **Edit Name.** 

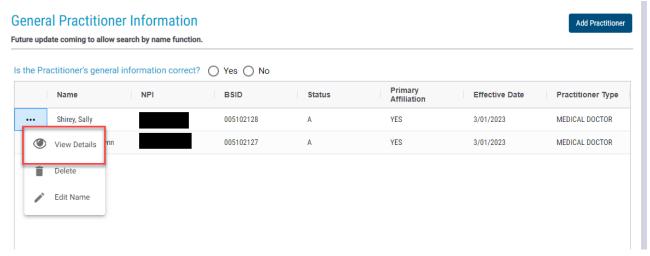
General Practiti	llow search by name fun	ction.				Add Practitioner
Is the Practitioner's ge				Primary		
Name	NPI	BSID	Status	Affiliation	Effective Date	Practitioner Type
••• Shirey, Sally		005102128	А	YES	3/01/2023	MEDICAL DOCTOR
View Details	nn	005102127	А	YES	3/01/2023	MEDICAL DOCTOR
Delete						
🎤 Edit Name						

To edit the data, click on the cell you wish to change and type over the existing data. Name changes will pend for Highmark review.

PROVIDER DAT	A MAINTENANCE		Pended Requests
Edit General Practition	er Information	Save Changes Cancel	Неір
To Edit: Click on the cell containing the	data you wish to update.		
First Name		Last Name	
Sally	Middle Name	Shirey	
	Status	Primary Affiliation	
Suffix	Α	Yes	
Effective Date	Practitioner Type		
3/01/2023	MEDICAL DOCTOR		

# View Details General Practitioner Information

To view general practitioner information, click on the ellipsis to the left of the practitioner, then select **View Details**.



To edit Gender, Race and Ethnicity, click "Edit General Group Practitioner."

General Group	Practitioner for - Shire	y, Sally		Edit General Group Practitioner
Blue Shield ID 005102128	Name Shirey, Sally	Gender Female	Race	Ethnicity
NPI	Degree MD - Medical Doctor	Practitioner Type MEDICAL DOCTOR	Practitioner Effective Date 3/01/2023	Medical License Number MD23456

Click on the drop-down arrows to edit. Click **"Save Changes"** when completed. The other data elements on this screen are not editable.

Edit General Group	Practitioner for - Sh	irey, Sally	Sa	ve changes Cancel	Help
To Edit: Click on the cell containi	ng the data you wish to update.				
Blue Shield ID	Name	Gender		C	
005102128	Shirey, Sally	Female	Race	Ethnicity	$\bigcirc$
			Select upto 2 races.	0	$\cup$
NPI	Degree	Practitioner Type	Practitioner Effective Date	Medical License Number	
	MD - Medical Doctor	MEDICAL DOCTOR	3/01/2023	PA - MD23456	

Blue Shield #	NPI	Vendor Status	Group Effective Date	
05102126		Active	3/01/2023	Group Term Date
essages				
	ghmark requires that you confirm th			90 days. The last
	Nyder Family Practice was on 3/06/		ue on or before 6/04/2023.	
General Group	Practitioner for - Shire	<i>ı</i> , Sally	ue on or before 6/04/2023.	<u>h</u>
neonnaithean Díona			ue on or before 6/04/2023.	Ethnicity
General Group	Practitioner for - Shire	<b>r, Sally</b> <sub>Gender</sub>		<u>~</u>

Tiered benefit levels will be displayed at a later date.

Network Name	Effective Date	
	Υ [	<b>T</b>
	No Records are found.	

The Network, Specialty, Role, and Effective Date in the Network are view only.

Network Name		Specialty	Role	Effective Date	in Network
	•	<b>T</b>		<b>T</b>	T
Medicare Advantage Central		Cardiology (Cardiovascular	Specialist	3/01/2023	
Traditional Indemnity Participating		Cardiology (Cardiovascular		3/01/2023	
PremierBlue Shield		Cardiology (Cardiovascular	Specialist	3/01/2023	

# **Education**

To add practitioner education, click "Add Education."

Educat	tion			[	Add Education
	Туре	Institution	From (Date)	To (Date)	
	<b>T</b>		τ	τ	
	MEDICAL SCHOOL	South Carolina State University	1/01/2000	6/30/2003	
	RESIDENCY	Alamance County Hospital	7/01/2004	6/30/2008	
4					

Enter the type of education by clicking on the down arrow and selecting the appropriate training. Enter the institution name by adding the name and clicking on the search button. This will bring up a list of institutions to choose from. Once you have selected an institution, enter the From and To dates of the program, and click **"Save Changes."** 

Add Education		Save Changes	Cancel	Help
To Add : Click on the cell containing the data you wish to update				
Туре	Institution Name		Q	
	● Starts With ○ Contains			
From (Date)	To (Date)		Ē	

To edit or delete education, click on the ellipsis to the left of the training you wish to edit and select either **Edit** or **Delete**.

Туре		Institution	From (Date)		To (Date)
	•		) <b>T</b>	•	
MEDICAL SCHOOL		South Carolina State University	1/01/2000		6/30/2003
🖍 Edit		Alamance County Hospital	7/01/2004		6/30/2008
Delete					

To edit, change the fields that need to be updated and click "Save Changes."

			Save Changes	Cancel	Help
To Edit : Click on the cell containing the data you wish to update					
Type MEDICAL SCHOOL	•	Institution Name		Q	
		Starts With ○ Contains			
From (Date)		To (Date)			
1/1/2000		6/30/2003		Ē	

To delete education, click on the ellipsis to the left of the training and click "**Delete**." You will need to confirm the deletion.

ducation		Add Education
Туре		Date).
	Confirmation	×
···· MEDICAL SCHOOL	Are you sure you want to remove this Education information ?	/2003
*** RESIDENCY	Yes	No /2008

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#### **Hospital Affiliations**

Any changes to hospital affiliations will pend for Highmark review.

Click "Add Hospital Affiliation" to add a hospital to a practitioner.

Hospit	al Affiliations						A	dd Hospital Affiliation
	Name	Hospital Status	Affiliation Type	Affiliation Level	Full Admission	Status	Effective Date	Termination Date
	τ	τ	τ	τ	τ	τ	τ	<b>T</b>
	Penn State Hea	А	Hospital	ACTIVE	YES	A	4/03/2023	

Enter the hospital information by adding the name and clicking on the search button (eyeglass icon). This will bring up a list of hospitals to choose from. Use the down arrows to choose the affiliation level and admission type.

Click "Save Changes."

Add Hospital Affiliation		Save Changes	Cancel Help
To Add: Click on the cell containing the data	you wish to update		
Note: Updates to hospital affiliation will pend	. Check the status of your request	in the above pended request link before submitting additional re	quests.
Name	٩	Address	
● Starts With ○ Contains			
Affiliation Level	*	Affiliation Type Hospital	
	15		
Full Admission	✓ Effective Date		

To edit an existing affiliation, click on the ellipsis to the left of the hospital that needs to be updated.

T T T T T T T T T T T	
Penn State Hea A Hospital ACTIVE YES A 4/03/2023	

Update the fields that need to be changed and click "Save Changes."

Edit Hospital Affili	ation	Save Changes Cancel Help
To Edit: Click on the cell contai	ning the data you wish to update	
Note: Updates to hospital affili	ation will pend. Check the status of your request in the a	bove pended request link before submitting additional requests.
Name	Addres	35
Penn State Health	Hers	hey, PA 17033
Affiliation Level	Affiliat	ion Type
ACTIVE	▼ Hosp	jital
Full Admission	Effective Date	
Yes		

To delete a hospital affiliation, click on the ellipsis to the left of the hospital and select "Delete."

	Name	Hospital Status	Affiliation Type	Affiliation Level	Full Admission	Status	Effective Date	Termination Date
	τ	•	Τ.	<b>T</b>	τ	<b>T</b>	•	
•••	Penn State Hea	A	Hospital	ACTIVE	YES	A	4/03/2023	

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You will need to confirm the deletion.

ospita	l Affiliation:	5	Add Hospital Affiliat
	Name	Hospital Affiliation Affiliation Full Date	Termination Date
	Penn State Hea	Confirmation X	
		Yes No	

#### **Locations Where this Practitioner Works**

To edit a practitioner's E-Prescribe, patient age ranges, or list in directory indicator for a specific location, click **"Edit Locations Where This Practitioner Works."** 

cations where	e this Practitione	er Work		Edit Locations where this Pract	itioner Wor
Address	City	E-Prescribe	Primary Affiliation indicator	Patient Age Range List in Direct	ory?
	τ	τ	τ	· · · · · · · · · · · · · · · · · · ·	T
123 ABC lane	Pittsburgh	NO	YES	0 YEAR - 125 YEAR No	

Click on the fields you want to edit and click "Save Changes" when you are finished updating.

Primary Affiliation is not an editable field. You will need to scroll to the right of the edit the list in directory indicator.

**Note:** For a practitioner to be listed in the directory, they should be accepting appointments to see patients at the location listed. If a practitioner does not directly schedule appointments with patients, the list in directory indicator should be **No**. Examples include covering practitioners, practitioners who read test results, practitioners who only see patients in nursing homes, practitioner who oversee residents, and hospitalists.

dit Locations	where this Practit	ioner Work		Save Changes	Cancel	Help
Address	City	E-Prescribe	Primary Affiliation indicator	Patient Age	Range	
	τ [	<b>T</b>	<b>T</b>	<b>T</b>		
123 ABC lane	Pittsburgh	NO	YES	Age Begin 0	Age Begin Incre YEAR -	Age End

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# Languages Spoken

Click "Edit Language" to add or delete languages spoken by the practitioner.

L	anguages Spoken	Edit Languages
	A list of all languages the practitioner speaks	<b>T</b>
	No Records are found.	

To add a new language, click "**Add New Language**." Begin typing the language in the cell below the filter and select the language when it appears. If you want to delete a language, click on the trash can to the left of the language.

Click "Save Changes" when you are finished updating the languages.

Edit Languages Spoken	Save Changes	Cancel	Help
To Edit: Click on the cell containing the data you wish to update.		Add 1	New Language
A list of all languages the practitioner speaks			
			Τ.
spanish spanish			
Spanish			

#### Practitioner's Practicing Specialty

To edit a practitioner's specialty information, click on the ellipsis to the left of the practitioner's name and network.

The question "*Is the Practitioner's practicing specialty listed correctly*," needs to be answered Yes to validate the record.

All specialty and role changes will pend for Highmark review.

ie Pra	ctitioner's practicing sp	ecialty listed correctly? (	Yes O No			
[	Practitioner's Name	Network	Specialty	Taxonomy Code	Role	Effective Date
	Shirey, Sally	Medicare Advantage Ce	Cardiology (Cardiovasc	207RC0000X	Specialist	3/01/2023
۲	View Details	Traditional Indemnity Pa	Cardiology (Cardiovasc	207RC0000X		3/01/2023
1	Edit Details	PremierBlue Shield	Cardiology (Cardiovasc	207RC0000X	Specialist	3/01/2023
	onyacı, ousan Lynn	Medicare Advantage Ce	Family Practice	207Q00000X	PCP	3/01/2023
•••	Snyder, Susan Lynn	Traditional Indemnity Pa	Family Practice	207Q00000X		3/01/2023
	Snyder, Susan Lynn	PremierBlue Shield	Family Practice	207Q00000X	PCP	3/01/2023

To add a new specialty, click "Add New Specialty." Type in the first letter of the specialty you want to add, scroll down to find the correct specialty, and click "Save Changes."

To delete a specialty, click on the trash can to the left of the specialty you want to remove and click "**Save Changes.**"

There must always be at least one specialty attached to a network.

Save Changes Cancel Help
Add New Specialt
τ

To add a new role, click **"Add New Role."** Click on the cell you want to edit and select Primary Care Physician (PCP) or specialist.

#### Click "Save Changes."

To delete a role, click on the trash can to the left of the role you want to delete and click "**Save Changes.**"

There must always be at least one role attached to a network with the exception of the Indemnity Network.

Role	
Select a Role	
PCP	
Specialist	

## Practitioner Accepts Appointments / Patient Acceptance Information

Click "Edit Practitioner's Acceptance Information" to edit patient acceptance and the list in directory indicator for a practitioner's location.

The question *"Is the practitioner's accepts appointments/patient acceptance information correct for each location in which they practice,"* needs to be answered Yes to validate the record.

The	Prac	ctitioner's accepts a	appoin	tments / pa	tient acce	pta	nce information		Edit Practitioner's Accep	tance Information
Is the	e Practi	tioner's accepts appointmen	ts / patier	nt acceptance inf	ormation correc	ct for	each location at which they	/ pract	tice? O Yes O No	
		Practitioner's Name		Address			Patient Acceptance		List in Directory	
			T		τ			<b>.</b>		τ
•••	•	Shirey, Sally		123 ABC lane			Open to New Patients		No	
••	•	Snyder, Susan Lynn		123 ABC lane			Open to New Patients		Yes	

On this screen, you can edit the patient acceptance and list in directory. Click on the cell you want to update, make the change, and click **"Save Changes."** 

**NOTE:** For a practitioner to be listed in the directory, they should be accepting appointments to see patients at the location listed. If a practitioner does not directly schedule appointments with patients, the list in directory indicator should be **No**. Examples include covering practitioners, practitioners who read test results, practitioners who only see patients in nursing homes, practitioner who oversee residents, and hospitalists.

nyder Family Practic	e		Save Changes Cancel	Help
dit Practitioner's Acc Edit: Click on the cell containing th		atient Acceptance Informatior	1	
Practitioner's Name	Address	Patient Acceptance	List in Directory	
	τ [	Τ [	) 🕇 🗌	•
Shirey, Sally	123 ABC lane	Open to New Patients	No	
	123 ABC lane	Open to New Patients	Yes	

## **Validation Process**

After you have answered all nine required questions as Yes, the validation button at the top of the main page will be highlighted.

Click on the "Validate" button when you are ready to attest to your data.

ue Shield # 05102126	0	NPI	0	Vendor Status Active	
oup Effective Date	(?)	Group Term Date	(?)		
oup Effective Date /01/2023	?	Group Term Date	?		

The below screen will pop up after you click Validate asking you to attest to your information.

Click "Attest" to submit your attestation.

Attestation		
I attest that all the information is correct as of 04/12/2023 2:15 PM		
	Attest	Cancel
the most up to date mornation, that damps are paid timely and	concerty, and man	

You will receive this message after the attestation processes.



For large practices you may not get the above message right away. You may receive the below message.

3	Your request is being processed. Please periodically check the Pended Requests queue for status updates.	Close
è.		

If you receive the above message, monitor your pended requests queue. Once the attestation processes, it will show in this queue.

Pended Requests				×
Туре	Status	External User	Summary	
Attestation Update	Closed		Attestation update successful.	~

After you validate the record, you will see that the message below is updated to reflect when the next validation is due.

Snyder Family Practice MEDICAL PRACTICE				Validate Select Provider	Help
Blue Shield # 005102126	0	NPI 1	0	Vendor Status Active	
Group Effective Date 3/01/2023	?	Group Term Date	?		
Messages To ensure your patients have the mos remains accurate, Highmark requires validation date for Snyder Family Prac	that you o	onfirm the accuracy of your gi	oup and practitioner	r information every 90 days. The last	

#### Pended Requests

To view the status of the updates that required Highmark review, click the **"Pended Requests"** link at the top of the page.

PROVIDE	R DATA MA	INTENANCE			Pended Requests	
	Snyder Family MEDICAL PRACTICE	Practice - Shirey, Sally			Back	J
	Blue Shield # 005102126	NPI	Vendor Status Active	Group Effective Date 3/01/2023	Group Term Date	
	remains accurate, Hig validation date for Sn	nts have the most up to date inform ghmark requires that you confirm th yder Family Practice was on 4/12/7 Practitioner for - Shire	he accuracy of your group and 2023. The next validation is d	d practitioner information every		
	Blue Shield ID 005102128	Name Shirey, Sally	Gender Female	Race	Ethnicity	
	NPI	Degree MD - Medical Doctor	Practitioner Type MEDICAL DOCTOR	Practitioner Effective Date 3/01/2023	Medical License Number MD23456	

Below is an example of a pended request. You will see type of request, status, and summary.

nded Requests				×
Туре	Status	External User	Summary	
Add Practitioner	Accepted	lidymam	Add practitioner	~
Address Change	Open	lidymam	123 ABC lane, York, PA 17402	~
Hospital Affiliation	Open	lidymam	Add Shirey, Sally affiliation with WellSpan Health	~

If you click on the down arrow in the summary, you will see the request date, the date processed, and any notes sent by Highmark.

Туре	Status	External User	Summary	
Add Practitioner	Accepted	lidymam	Add practitioner	
Request Date 4/04/2023	Processed Date 4/05/2023			

## **Credentialing Functions**

At the top of the main page, three links have been added beside the Pended Requests: "**Request Credentialing**," "**Review Submitted Change**," and "**Review Credentialing Status**."

Snyder MEDICAL	Family Practice				Validate Select Provider	Help
Blue Shield #		0	NPI	0	Vendor Status Active	
Group Effectiv 3/01/2023		?	Group Term Date	0		
remains a	ccurate, Highmark requires that	at you co		up and practitioner	rectly, and that our Provider Directory r information every 90 days. The last fore 7/11/2023.	

# **Request Credentialing**

To request initial credentialing for a practitioner, Click on the "Request Credentialing Link."

PROVIDER	DATA MAINTENA	NC	Pended Requests Request Credentia	ling Rev	iew Submitted Cf	anges <u>Review Cre</u>	<u>dentialing Status</u>		
	MEDICAL PRACTICE					Validate	Select Provider	Help	
	Blue Shield #	?	NPI	0	Vendor Status Active				
	Group Effective Date 7/30/1998	?	Group Term Date	?					
	Messages To ensure your patients have the most up remains accurate, Highmark requires that validation date for 3	to date t you co	e information, that claims are paid timely a nfirm the accuracy of your group and prac was on 1/01/2022. The next validation	titioner	information	every 90 days.	irectory The last		

On this page, all required fields need to be answered before you can submit the form.

PROVIDER	DATA MAINT	ENANCE	Pended Requests Request Credentialing	g <u>Review Subr</u>	nilted Changes Review Credentialing Status
	Request Credentialin	g			Submit Cancel
	Plan to complete and submit any up submit them at a later session.	odates and new provide	er, address, and credentialing requests you start	during the sa	me session. You will not be able to save updates or requests and
	Provider Demograph	ic			
	First Name Required		Middle Name		Last Name Required
	Suffix	•	Birth Date	Ē	
	ID Numbers		Required		1
	Highmark ID (Individual, not Group)		National Provider ID (Individual, not Group) - Required		CAQH ID Required
	Type of Doctor and D	egree			
	Practitioner Type Required	$\odot$	Degree Required	0	
Specialties an	d Roles				
Primary Specialty Required	$\bigcirc$	Primary Role Required	C		
Secondary Specialty	Ŧ	Secondary Ro	ole 👻	-	
Credentialing	Contact				
Contact name Required		Contact emai	il address	Conta Require	act phone number Ext

For the addresses, you can look up and existing address and select it. This will save time instead of typing the address over again. Also, the suite/room and building name are not required, however, you should add these fields if they are part of your address.

ce
ł
1

Once all required fields are completed, scroll to the top of the page, and click on **"Submit."** If you are ready to submit, click **"OK."** 



Once submitted, you can view the summary in the "Review Submitted Changes" Link.

PROVIDER	DATA MAINT	ENANCE	Pended Requests F	equest Credentialing Revie	ew Submitted Changes Review Credentialing Status	
	MEDICAL PRACTICE				Validate Select Provider	Help
	Blue Shield #	0	NPI 1	0	Vendor Status Active	
	Group Effective Date 7/30/1998	0	Group Term Date	0		
				oup and practitioner	ectly, and that our Provider Directory information every 90 days. The last on or before 4/01/2022.	

You can print the submitted request from this screen. This report is not saved, so you will need to print before you exit PDM.

PROVIDER	DATA MAINTENANCE Pended Requests Request Credentialing Review Submitted Changes. Review Credentialing Status
	Summary of Changes Submitted for Summary of Changes Summary of Changes Summary of Summar
	To retain a record of this report, click the Print button. The report will not be saved and cannot be retrieved after you leave Provider Data Management.
	Credentialing Requests
	Note: Please allow 10 business days for your request to be processed. An email with additional information and instructions will be sent to the credentialing contact email address supplied on your request. This email may include additional documents which must be completed and returned to complete your credentialing application. (In certain instances, this communication may be sent via postal mail to the credentialing mailing address supplied on your request instead of via email.)

To view the status of practitioners in the credentialing process, click on the **"Review Credentialing Status"** link.

PROVIDER	DATA MAINTENAN	CE Pended Requests	Request Credentialing Revi	ew Submitted Changes Review Credentialing Status	
	MEDICAL PRACTICE			Validate Select Provider	Help
	Blue Shield #	2 1 NPI	0	Vendor Status Active	
	Group Effective Date 7/30/1998	Group Term Date	0		
	Messages To ensure your patients have the most up to remains accurate, Highmark requires that yo validation date for S	date information, that claims ar u confirm the accuracy of your of was on 1/01/2022. The	group and practitioner	information every 90 days. The last	

On this page, you can sort by All, Open, or Closed cases. You can also expand all cases or collapse them.

All Open Closed	Expand All/Collapse All			
Practitioner Name	Practitioner Blue Shield	Case Id	Case Status	
> C			CLOSED	
> 0			CLOSED	
> N			CLOSED	
> S			OPEN	
> S			CLOSED	
> T			CLOSED	

Below are examples of what you will see for open statuses.

The first example is a provider in the recredentialing process where the application has not been returned yet.

PROVIDER	DATA MAINTENANCE	<u>Pende</u>	<u>d Requests</u> <u>Request Credentialir</u>	ng <u>Review Submitted Chan</u>	g <u>es</u> <u>Review Credentia</u>	ing Status	
	Credentialing Status for			-		Print Close	
	All Open Closed Expand All/Collapse	e All					
	Practitioner Name Practition	er Blue Shield	Case Id		Case Sta	tus	
	~ <b>—</b> ,				OPEN	*	
	Processing Status	Start Date	Contact Name	Contact Phone	Contact Fax		
	Application needs to be completed by provider and submitted. For providers that utilize CAQH, please visit https://proview.caqh.org/pr to review and complete/update your application. Be sure to select Highmark as a plan authorized to receive your information.	6/09/2023	Credentialing Support				
	<ul> <li>Note: The average processing time is 60 days to compl will delay the credentialing process, please submit miss</li> </ul>			ations may exceed the 6	60 day processing tin	ne. Incomplete applications	

The next example shows where an application was received.

ROVIDER	DATA MAINTENANCE	Pended Requests Request Crede	ntialing Review Submitted Changes. Review Credentialing St	<u>atus</u>
	Credentialing Status for C		P	rint Close
	All Open Closed Expand All/Colla	pse All		
	Practitioner Name Practi	tioner Blue Shield Case	ld Case Status	
	~ <b></b>	-	OPEN	
	Processing Status	Start Date Contact Name	Contact Phone Contact Fax	
	Application has been received	6/14/2023 Credentialing Support		
	~		OPEN	, ,

This example shows the application process is complete and is waiting for a final decision.

PROVIDER	R DATA MAINTENANCE Pended Requests Request Credentialing Review Submitted Chu	anges. Review Credentialing Status
	Credentialing Status for	Print Close
	All Open Closed Expand All/Collapse All	
	Practitioner Name Practitioner Blue Shield Case Id	Case Status
	>	OPEN
		OPEN
	Processing Status Start Date Contact Name Contact Phone	Contact Fax
	Application is complete and awaiting final 4/06/2023 Credentialing Support	
	Note: The average processing time is 60 days to complete initial applications; however, some applications may exceed the will delay the credentialing process, please submit missing information in a timely manner.	2 60 day processing time. Incomplete applications

## Logging Out of PDM

To logout of the application, click on "Logout" at the top of the page.

DATA MAINTI	ENANC	E				Pended Requests	
Snyder Family Praction	се				Validate	Select Provider	Help
Blue Shield # 005102126	0	NPI	0	Vendor Status Active			
Group Effective Date 3/01/2023	0	Group Term Date	0				

Availity is an independent company that contracts with Highmark to offer provider portal services.

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Note: Any provider/practice information included in this guide is fictional and included for educational purposes only.