

Provider Newsletter

for Highmark Health Options | WEST VIRGINIA

FEATURED ARTICLES:

Coming January 1,
2026: Highmark
Health Options Duals
(HMO SNP) Planned
for West Virginia

Gold Card Program:
What Providers Need
to Know

Simplify Care Gap
Management with
the 2025 CGMA

Protecting Your
Patients This
Winter Season

...And more.

Table of Contents

**Coming January 1, 2026: Highmark Health Options Duals (HMO SNP)
Planned for West Virginia 4**

Gold Card Program: What Providers Need to Know..... 5

Simplify Care Gap Management with the 2025 CGMA7

**Upcoming Provider Webinar: Navigating Telehealth—
Best Practices for Virtual Care 8**

2025 Provider Manual10

West Virginia Service Area Population Language Data.....11

Protecting Your Patients This Winter Season.....12

Reminder: Interactive Care Management.....13

Member Rights and Responsibilities14

Policy Updates.....16

Accessibility Standards 20

Cultural Competency Data Form.....21

Notice of Practice/Practitioner Changes..... 22

Encounter Submissions..... 23

Plan Contact Information..... 24



When you see this icon, click it to return to this content list.



Contact Us

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



Coming January 1, 2026: Highmark Health Options Duals (HMO SNP) Planned for West Virginia

We are excited to announce Highmark Health Options will be offering a Dual Eligible Special Needs Plan (D-SNP) for your patients in select West Virginia counties in 2026. This Plan serves those with Medicare Parts A and B, and who qualify for full Medical Assistance.

Highmark Health Options Duals will cover all Medicare-approved services in addition to extra benefits not traditionally covered by Medicare, such as:

- Comprehensive and preventive dental coverage.
- Free hearing exams and hearing aids.
- Additional money to spend on everyday essentials.

Next Steps

You may have received an invitation from us to become a participating provider in the D-SNP network. Please reach out to **HHOWVContracting@highmark.com** to take this important step. Check the provider website often for the latest D-SNP information leading up to January 1.

CMS is taking important steps to address Social Determinants of Health (SDoH) through Special Supplemental Benefits for Chronically Ill (SSBCI). SSBCI benefits can include: flex card values, dental services, home-based palliative care, pest control, and home-delivered meals.

To ensure D-SNP patients receive SSBCI benefits, providers must attest to the patient's eligibility. This can be done by submitting an attestation form for new Highmark D-SNP patients, OR, for existing D-SNP patients, by documenting proper diagnosis codes in the patient's chart for qualifying conditions. More information regarding the form, including instructions for submitting will be communicated soon.

The Highmark Health Options Duals plan will be available in the 18 counties highlighted on the map in blue.

We look forward to working with you to serve West Virginia D-SNP patients.



Gold Card Program: What Providers Need to Know



Highmark Health Options (HHO) West Virginia participates in the Gold Card Program, an exemption-based initiative that streamlines authorizations for eligible providers. To qualify, providers must **meet requirements** as set forth by the West Virginia Bureau for Medical Services (BMS).

Key Facts About the Gold Card Program:

- **Prior Authorization:** The Gold Card Program exempts providers from needing prior authorization for many services. Gold Card providers must follow program guidelines, including:
 - **Pre-Notification Required:** Gold Card providers must pre-notify HHO of upcoming procedures by submitting patient demographic information, NPI, and planned procedure codes.
 - **Submission Method:** Authorization requests and pre-notifications must be submitted via the GuidingCare Authorization portal via NaviNet.
 - **Services Not Included:** Certain services, such as Shift Care (Private Duty Nursing), experimental treatments, non-covered benefits, and out-of-network services, are excluded and require standard pre-authorization.
- **Eligibility:** HHO Medicaid providers qualify based on a consistent record of following HHO requirements, demonstrated through a 90% or higher approval rate for authorization requests, with an average of at least 30 authorizations per year (15 submissions within the review period).
 - **Compliance is Key:** To maintain Gold Card status, providers must comply with HHO policy and medical necessity requirements, as periodically assessed.
 - **Gold Card Status in Other Plans:** Status in other insurance plans, including Highmark commercial plans, does not automatically extend to HHO providers.
 - **Gold Card Status Timeline:** Status runs from July 1 of the notification year through June 30 of the following year (for example, July 1, 2026–June 30, 2027) and is renewed annually, contingent upon review of a 6-month period during each qualifying year.
 - **Potential for Revocation:** Gold Card status is subject to internal auditing and may be revoked for violations or failure to qualify.

Continues on the next page



When Will Providers Be Notified?

HHO will notify eligible providers by mail in spring, 2026.

Questions

For any questions about the program or authorizations, please contact your provider account liaison, or call **1-833-957-0020**. You can also access the Gold Card FAQ via **our provider website**.



Simplify Care Gap Management with the 2025 CGMA



As a reminder, care gap management is easier than ever with the Highmark Health Options Care Gap Management Application (CGMA). **See page 10 of the Q2 2025 Provider Newsletter.** The CGMA is designed to streamline care gap information between your practice and Highmark Health Options.

The CGMA enables your practice to:

- View member care gaps.
- Submit evidence for care gap closure and track your progress in gap closure.
- Access your Highmark Health Options member roster.
- View your Highmark Health Options Practitioner Excellence (HHOPE) Program reporting to identify progress and opportunities.

The CGMA also offers several helpful features to enhance your workflow, including bulk evidence submissions, bulk generation of member-level gap PDF reports (up to 15 members), and multi-provider gap report generation. For detailed instructions and tutorial videos on these features, please refer to the “What’s New” section under the Help Menu within the CGMA.

To maintain a comprehensive record, we recommend downloading and saving your monthly reports, as the CGMA updates with the latest information each month.

To ensure timely processing and resolution, we encourage providers to submit evidence early in the submission window. The deadline to submit evidence for open gaps in the CGMA is Friday, Jan. 9, 2026.

If you do not currently have access to the CGMA, please contact your Clinical Transformation Consultant directly or email us at HHOWVPET@highmarkhealth.org.



Upcoming Provider Webinar: Navigating Telehealth—Best Practices for Virtual Care



Nov. 11, 2025 from 12 to 1 p.m. EST

Mark your calendar for this upcoming Lunch and Learn Webinar, which will explore telehealth care and billing requirements for these services.

Speakers from Financial Investigations and Provider Review (FIPR)

- Anne Lacienski, CPMA; Manager
- Cynthia Scott, CPC; Senior Investigator
- Jayme Patterson, CPC; Senior Investigator
- Sherry Roedersheimer, COC, CPC, CPMA; Lead Investigator

Objectives

- Identify what constitutes telehealth.
- Illustrate telehealth functionality and modality.
- Outline various types of telehealth equipment.
- Identify common areas of potential Fraud, Waste, and Abuse within telehealth.

Registration

Click here to register. After registering, you will receive a confirmation email containing information about joining the webinar. If you have any questions, please contact your designated Provider Account Liaison.

Who Qualifies for CME?

Webinars are free and open to all interested. CME/CEU credits are available for physicians, midlevel practitioners, and nurses.

This webinar is eligible for one CME/CEU credit. To receive credit, create a free account at **CME.AHN.org**. You only need to enroll once to be eligible to receive CME credit for attendance at live webinars. Instructions for claiming CME/CEU credit will be provided during the live webinar. You must also create a free account at **CME.AHN.org** to access your transcript.

Continues on the next page



Accreditation Statement

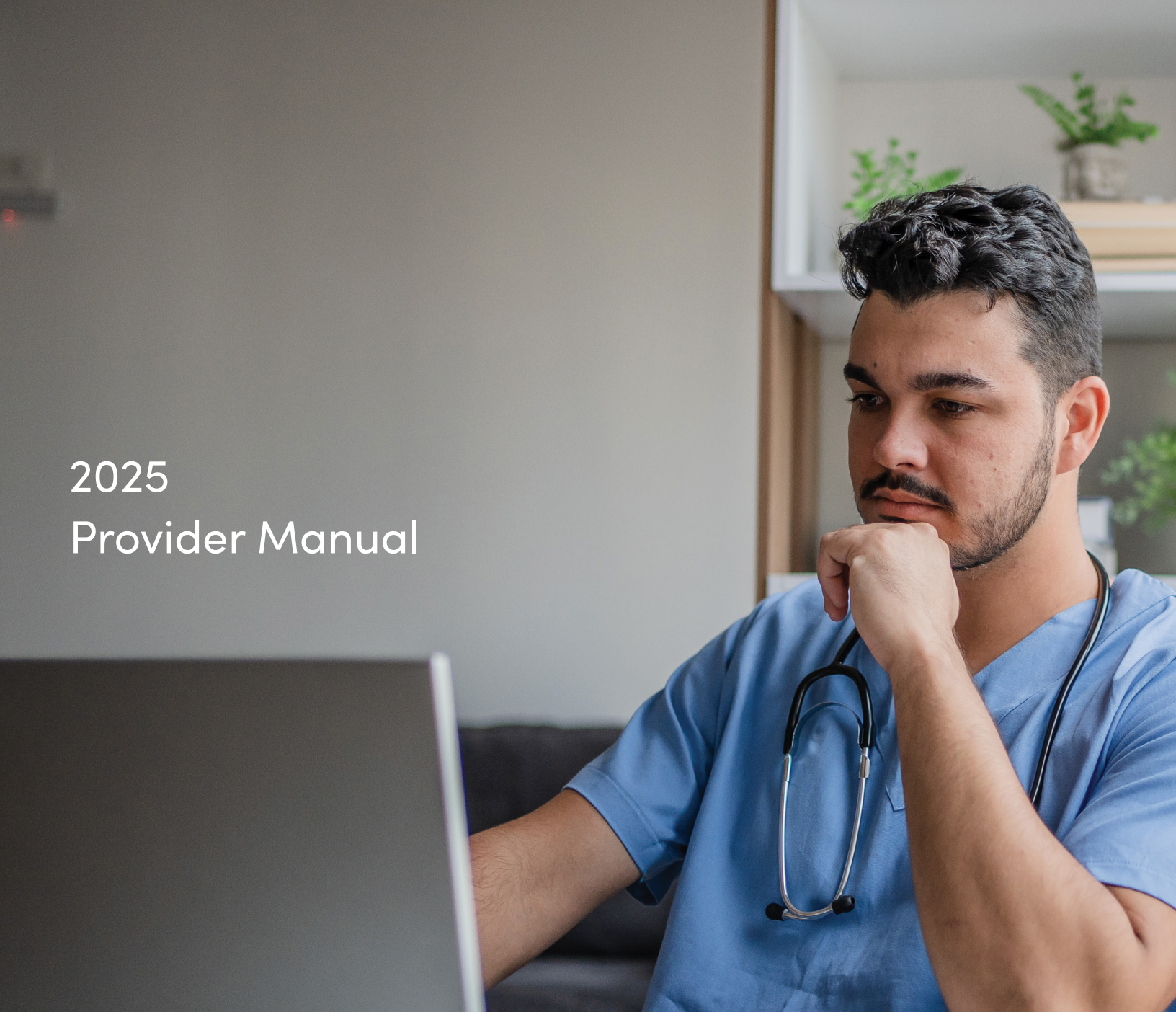
Allegheny General Hospital is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Allegheny General Hospital designates this live activity for a maximum of 1.0
AMA PRA Category 1 Credit™

Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the policy of Allegheny General Hospital, presenters must disclose all relevant financial relationships, which in the context of their presentation(s), could be perceived as a real or apparent conflict of interest, (e.g., ownership of stock, honoraria or consulting fees). Any identifiable conflicts will be resolved prior to the activity. Any such relationships will be disclosed to the learner prior to the presentation(s). Highmark Presenters have no relevant financial relationships with commercial interests to disclose.





2025 Provider Manual

The **2025 Provider Manual** is now available on our provider website!

The manual outlines important procedures and policies that apply to in-network providers. Additionally, you can learn about filing claims, researching patient benefits, important contact information, and joining our network.



West Virginia Service Area Population Language Data

Want to know more about the language profile of your service area? The Highmark Health Options Government Quality Department and the Data Analytics team collect and review data from several sources to identify the language characteristics and patterns of our service area and membership to determine the cultural adequacy of services provided.

This information is also used to anticipate and plan for changes in the language services Highmark Health Options provides to our population. We assess the population's language profile at least annually, using direct reporting from the Bureau for Medical Services (BMS), health risk assessments, and West Virginia state census/community-level data. The language profile of Highmark Health Options West Virginia service area and their membership is very similar when comparing the data below.

Language Profile of Highmark Health Options West Virginia Members as of July 2025

Enrollment Data

- 100% of Highmark Health Options members report speaking English.
- No other languages were reported by the membership.

Language Profile for the Population of West Virginia

2023 Census Data

- 96.50% of West Virginia households speak English.
- 1.44% of West Virginia households speak Spanish.
- All other languages reported are below 1% of the service area population.

For more information, please contact the Government Quality Department.



Protecting Your Patients This Winter Season



As we transition from summer to a busier schedule with work and school, it's important to prioritize health and well-being. Now is a good time to encourage your patients to get vaccinated against common winter illnesses, such as the flu.

The CDC recommends the following vaccines:

- COVID-19 for everyone ages 6 months and older. Updated vaccines will be available from Moderna, Novavax, and Pfizer.
- Flu vaccine for all individuals ages 6 months and older. September and October are the best times to get vaccinated. Certain individuals may obtain a flu vaccine in July or August, such as:
 - Pregnant women who are in their third trimester.
 - Children who require two doses, with the second dose four weeks after the initial dose.
 - Children who have a well child visit and might not get the opportunity to obtain one later.

- RSV for individuals ages 75 years and older or ages 60-74 who are at increased risk of severe RSV due to certain chronic medical conditions such as heart or lung disease. It is important to note that the RSV vaccine is not administered annually.

Please encourage your Highmark Health Options (HHO) patients to get their vaccines or schedule an appointment at a participating HHO pharmacy for their shots.

To keep up to date with the latest vaccine information, please review the **CDC website**.



Reminder: Interactive Care Management



As a reminder, Highmark Health Options West Virginia provides comprehensive **Interactive Care Management** to support the health and well-being of your patients.

Our programs feature the following services tailored to meet diverse patient needs:

- **Maternity:** For pregnant women.
- **Complex Case Management:** For individuals with multifaceted comprehensive physical and/or behavioral health needs.
- **Disease Management:** For patients with:
 - Chronic Kidney Disease (CKD)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive Heart Failure (CHF)
 - Diabetes
 - Inflammatory Bowel Disease (IBD)
 - Prediabetes
 - Hyperlipidemia
 - Hypertension

All patients with these diagnoses or conditions qualify for personalized support. Each program offers evidence-based health education, self-management tools, and ongoing care coordination to improve outcomes.

A dedicated clinician will collaborate with you to develop personalized health plans and assist patients with medication management, specialist referrals, and appointment scheduling. These programs are offered at no cost, with flexible opt-in and opt-out participation.

For additional information, see page 15 of our Q2 2025 Provider Newsletter.

To refer eligible patients, call
1-833-957-0020 (TTY: 711)
Monday–Friday, 8:30 a.m.–4:30 p.m.



Member Rights and Responsibilities

Highmark Health Options West Virginia Medicaid members have certain rights and responsibilities as members of our plan. To detail those rights and responsibilities in full, Highmark Health Options (HHO) maintains a Members' Rights and Responsibilities statement, which is reviewed and revised annually.

HHO and its provider network do not and are prohibited from excluding or denying benefits to, or otherwise discriminating against, any eligible and qualified individual regardless of race, color, national origin, religious creed, sex, sexual orientation, gender identity, disability, English proficiency, or age. Some additional rights and responsibilities are listed below.

Members have the right to:

- Receive information from HHO in a way that works for them (in languages other than English, in Braille, in large print, or other alternate formats, etc.).
- Be treated with fairness and respect at all times.
- Receive timely access to covered services and drugs.
- Have personal health information kept private and confidential.
- Receive information from HHO about the plan, its network of providers, covered services, and rights.
- Have HHO support their right to make decisions about their care.
- Issue a complaint and ask HHO to reconsider decisions made by filing an appeal.
- Know their treatment options and risks in a way they can understand.
- Participate in decisions about their health care, including the right to refuse any recommended treatment.
- Be given instructions about what is to be done if they are not able to make decisions for themselves. This includes maintaining an advance directive, such as a living will or a power of attorney for health care.
- Contact the Bureau for Medical Services if they believe their rights have not been respected due to their race, color, national origin, religious creed, sex, sexual orientation, gender identity, disability, English proficiency, or age.

Continues on the next page



Members are responsible for:

- Getting familiar with their covered services and the rules they must follow to get these covered services.
- Informing HHO if they have any other health insurance coverage or prescription drug coverage in addition to our plan.
- Telling their doctor and other health care providers that they are enrolled in our plan.
- Helping their doctors and other providers care for them by providing needed information, asking questions, and following through on their care.
- Respecting the rights of other patients and acting in a way that helps the smooth running of their doctor's office, hospitals, and other offices.
- Notifying HHO if they move, regardless of whether it is outside or inside of the service area.

The Member Rights and Responsibilities Statement can be found in the Medicaid Member Handbook or on our website under **Members Rights and Responsibilities**. For more information, please call Provider Services at **1-833-957-0020**.



Policy Updates

Highmark Health Options regularly reviews and updates our policies and procedures. To help you know when policies have been amended, we have included an overview of upcoming reviews and updates.

Policy Updates

- **Notification date:** Oct. 1, 2025
- **Effective date:** Nov. 1, 2025

Medicaid Policies

New Policies:

1. HHO-WV- RP-2263 Physician Office Lab Testing
2. HHO-WV-RP-2264 Lab Panel Testing
3. HHO-WV-RP-2265 Preventive Medicine and Office/Outpatient Evaluation and Management Services
4. HHO-WV-RP-2266 Critical Care with Home Discharge
5. HHO-WV-MP-2011 Genetic Testing for Congenital Abnormalities
6. HHO-WV-MP-2207 Genetic Testing for Colorectal Cancer Susceptibility
7. HHO-WV-MP-2208 Maternal Genetic Testing: Fetal Aneuploidy Testing Using Noninvasive Cell-Free Fetal DNA
8. HHO-WV-MP-2261 Obstetrical Ultrasound

Annual Review:

1. HHO-WV-MP-2190 External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing - Changes to policy include updating covered procedure codes.
2. HHO-WV-MP-2257 Bioengineered Skin and Skin Replacement Therapy in the Outpatient Setting - Changes to policy include updating covered procedure codes.
3. HHO-WV-RP-2005-001-Facility Based Behavioral Health Services - Changes to policy include updating covered Revenue codes.

Continues on the next page



4. **HHO-WV-RP-2235-001-Mental Health Parity** - No changes.
5. **HHO-WV-RP-2138-001-Private Duty Nursing** - Changes to policy include adding coverage regarding when private duty nursing services are covered, adding non covered services, and updating covered procedure codes.
6. **HHO-WV-RP-2201 Readmission** - No changes.
7. **HHO-WV-RP-2129 Assistant Surgery** - No changes.
8. **HHO-WV-MP-2205-001-Genetic Testing** - No changes.
9. **HHO-WV-MP-2216 Gender Affirmation Surgery** - Changes to policy include when services are not covered and two added procedure codes.
10. **HHO-WV-RP-2003 Vaccines** - Changes to policy include taking out covid information, adding information regarding mass immunization sites, adding non covered section, adding procedure codes, and eliminating Vaccine Code schedule as CDC website is referenced on policy.
11. **HHO-WV-MP-2120-001-Chiropractic Services** - Changes to policy include adding information regarding prior authorization, adding information regarding licensed providers, and adding procedure codes.
12. **HHO-WV-RP-2225 Anesthesia** - Changes to policy include adding information regarding anesthesiologists and provider privilege.
13. **HHO-WV-RP-2204 Out of Network Services** - Changes to policy include adding Border Provider definition.

Archive:

1. HHO-WV-MP-2158-001-Treatment of the Prostate
2. HHO-WV-MP-2064-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Adults
3. HHO-WV-MP-2065-001-Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals
4. HHO-WV-MP-2100-001-Surgical Treatment of Varicose Veins
5. HHO-WV-MP-2148-001-Electrical Bone Growth Stimulation- Spinal
6. HHO-WV-MP-2149 Non-Spinal Bone Growth Stimulation
7. HHO-WV-MP-2039-001-Negative Pressure Wound Therapy
8. HHO-WV-MP-2131-001-Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy

Continues on the next page



Medicare D-SNP Policies:

- **Notification date:** Oct. 1, 2025
- **Effective date:** Jan. 1, 2026

All New Policies

Medical:

1. HHO-WV-DSNP-MP-4000 4K Score Test Algorithm
2. HHO-WV-DSNP-MP-4001 Acupuncture for Chronic Low Back Pain
3. HHO-WV-DSNP-MP-4002 Air ambulance
4. HHO-WV-DSNP-MP-4003 Ambulatory Blood Pressure Monitoring
5. HHO-WV-DSNP-MP-4004 Ambulatory Electrocardiograph (AECG) Monitoring
6. HHO-WV-DSNP-MP-4005 Assays for Vitamins and Metabolic Function
7. HHO-WV-DSNP-MP-4006 Assessing Patient's Suitability for Electrical Nerve Stimulation
8. HHO-WV-DSNP-MP-4007 Automatic External Defibrillators (AED)
9. HHO-WV-DSNP-MP-4008 Biomarkers
10. HHO-WV-DSNP-MP-4009 Blood Glucose Monitoring
11. HHO-WV-DSNP-MP-4010 Bronchial Thermoplasty
12. HHO-WV-DSNP-MP-4011 Cardiac Rhythm Device Evaluation
13. HHO-WV-DSNP-MP-4012 Carpal Tunnel
14. HHO-WV-DSNP-MP-4013 Cataract Extraction
15. HHO-WV-DSNP-MP-4014 Chromosomal Microarray Analysis: Comparative Genomic Hybridization (CGH) and Single Nucleotide Polymorphism
16. HHO-WV-DSNP-MP-4015 Cochlear Implantation
17. HHO-WV-DSNP-MP-4016 Controlled Substance Monitoring and Drugs of Abuse Testing
18. HHO-WV-DSNP-MP-4017 Cosmetic and Reconstructive Surgery
19. HHO-WV-DSNP-MP-4018 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)
20. HHO-WV-DSNP-4019 Electrocardiographic Services
21. HHO-WV-DSNP-MP-4020 Fecal Microbiota Transplant
22. HHO-WV-DSNP-MP-4021 Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques
23. HHO-WV-DSNP-MP-4022 Home Oxygen Therapy

Continues on the next page



24. HHO-WV-DSNP-MP-4023 Hyperbaric Oxygen Therapy (HBOT)
25. HHO-WV-DSNP-MP-4024 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
26. HHO-WV-DSNP-MP-4025 Implantable Continuous Glucose Monitors
27. HHO-WV-DSNP-MP-4026 Inpatient Only
28. HHO-WV-MP-DSNP-4027 Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for essential tremor
29. HHO-WV-DSNP-MP-4028 Micro-Invasive Glaucoma Surgery
30. HHO-WV-DSNP-MP-4029 Negative Pressure Wound Therapy (NPWT) Pumps
31. HHO-WV-DSNP-MP-4030 Observation Care
32. HHO-WV-DSNP-MP-4031 Osteogenic Stimulators
33. HHO-WV-DSNP-MP-4032 Percutaneous Transluminal Angioplasty (PTA)
34. HHO-WV-DSNP-MP-4033 Peripheral Nerve Stimulation
35. HHO-WV-DSNP-MP-4034 Peripheral Venous Ultrasound
36. HHO-WV-DSNP-MP-4035 Pharmacogenomic Testing for Warfarin Response
37. HHO-WV-DSNP-MP-4036 Pulmonary Rehabilitation
38. HHO-WV-DSNP-MP-4037 Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder
39. HHO-WV-DSNP-MP-4038 Scanning Computerized Ophthalmic Diagnostic Imaging
40. HHO-WV-DSNP-MP-4039 Speech Generating Devices
41. HHO-WV-DSNP-MP-4040 Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
42. HHO-WV-DSNP-MP-4041 Testing for Genetic Disease
43. HHO-WV-DSNP-MP-4042 Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)
44. HHO-WV-DSNP-MP-4043 Vitamin D Deficiency Screening

Reimbursement:

1. HHO-WV-DSNP-RP-4120 Chiropractic Benefits and Services



Accessibility Standards



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

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

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



A man with dark hair and a beard, wearing a white lab coat over a light purple shirt, is looking down at a laptop screen. He is in a professional setting with a brick wall and bookshelves in the background.

Cultural Competency Data Form

Please help us improve the Highmark Health Options member experience by completing the **Cultural Competency Data Form**.

By providing your race, ethnicity, language, and cultural competency training data, you allow Highmark Health Options to better connect members to the appropriate providers, deliver more effective provider-patient communication, and improve patient health, wellness, and safety. The information requested is strictly voluntary, and the information you provide will not be used for any adverse contracting, credentialing actions, or discriminatory purposes.



Notice of Practice/ Practitioner Changes



Medicaid

One of the many benefits available to Highmark Health Options members is improved access to medical care through the Highmark Health Options contracted provider network. We strive to provide the most accurate and up-to-date information in our provider directory to allow our members unhindered access to network providers.

To ensure our members have correct information about our network providers, it is imperative that providers notify Highmark Health Options of any of the following:

- Address changes
- Phone and fax number changes
- Changes in hours of operation
- Primary Care Practice (PCP) panel status changes (Open, Closed, and Existing Only)
- Practitioner participation status (additions and terminations)
- Mergers and acquisitions

Providers who experience such changes must provide Highmark Health Options a written notice at least 60 days in advance of the change by completing the **Highmark Health Options Practice/ Provider Change Request Form**, or providers may submit notice on your practice letterhead.

Please submit change requests via fax or mail.

Fax: 1-855-451-6680

Note: FQHC/RHC providers should submit their changes to **FQHC_RHC_RosterUpdates@highmark.com**.

Mail:

Attention: Credentialing Department
Highmark Health Options WV
PO Box 2500
Parkersburg, WV 26102

PCPs and specialty care providers must submit claims under the individual national provider identification number (NPI) and tax identification number (TIN) to comply with encounter data reporting. Claims will be rejected up front if the individual provider number is not included. The only exception to this requirement applies to UB-04 charges for providers services when a remittance advice is issued to a hospital facility.

BMS billing guidelines state all providers must submit a taxonomy code on every claim. The submitted taxonomy must be associated with the specialty with which the provider has been credentialed. In instances where the provider's NPI is associated with more than one Highmark contracted specialty, the provider taxonomy code correlating to the services rendered should be submitted on the claim.



Encounter Submissions



In order to effectively and efficiently manage a member's health care services, encounter submissions must be comprehensive and accurately coded.

As a reminder, all Highmark Health Options providers are contractually required to submit encounters for all member visits regardless of expected payment.





Plan Contact Information

For questions related to contracting, connect with Provider Contracting at **304-424-0365** or **HHOVContracting@highmark.com**.

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

As a reminder, our **Prior Authorization Code Lookup Tool** can help you identify if prior authorization is required for medical procedures and services.

Call Provider Services with administrative questions at **1-833-957-0020**, Monday–Friday, 8 a.m.–5 pm.





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

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association.

Highmark Health Options West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Health Options Duals offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.