

NaviNet® Provider Portal and Helion Arc Authorization Submission

On Plan Central, scroll down to 'Authorization Submission' under 'Workflows for this Plan'
 For Home Health or Hospice, select "Home Care/Hospice" from the pop-out menu
 For Speech Therapy, select "Auth Submission" from the pop-out menu

The screenshot shows the NantHealth NaviNet Plan Central interface. The top navigation bar includes 'NantHealth | NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. The main header displays 'Highmark Blue Cross Blue Shield' and the 'HIGHMARK' logo. On the left, a sidebar titled 'Workflows for this Plan' lists various categories, with 'Authorization Submission' highlighted in a red box. A dropdown menu is open for 'Authorization Submission', showing options like 'Auth Submission', 'Facility Authorization Submission', 'Behavioral Health', 'Home Care/Hospice', 'PreService Review for Out Of Area Members', 'Free Market Health', and 'Referral/Authorization Log'. The 'Home Care/Hospice' option is highlighted in yellow. The main content area features a 'Welcome to Plan Central' message and a table of updates.

	AUDIENCE	DATE POSTED
RESUMING FOR THE QUARTERLY DIRECTORY DATA	PROFESSIONAL	05/05/2020
SERVICES	ALL	05/06/2020
CHANGES TO SERVICES THAT ARE NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT	PROFESSIONAL	05/04/2020
TELEMEDICINE AND VIRTUAL VISITS DURING COVID-19	ALL	05/01/2020
RESOLVED: FOB AND REMITTANCE FUNCTION IN NAVINET EXPERIENCING ISSUES	PROFESSIONAL	05/01/2020
ENHANCED REVIEW ON CERTAIN PLANNED INPATIENT SURGERY REQUESTS	FACILITY	05/01/2020
HIGHMARK TEMPORARILY INCREASING PAYMENTS RELATED TO MEDICARE SEQUESTRATION	ALL	05/01/2020
UPDATE TO RP-001 FOR ASSISTANT AT SURGERY SERVICES EFFECTIVE JULY 1, 2020	PROFESSIONAL	05/01/2020

On the Selection Form page, use the dropdown to find the appropriate 'Referred From Facility' and fill out the Eligibility Date (2-digit month, 2-digit day, 4-digit year)

Also enter in or copy/paste the Member ID and hit 'Submit' at the bottom of the screen

NantHealth | NaviNet | WORKFLOWS | HEALTH PLANS

Highmark Blue Cross Blue Shield | Home Care/Hospice | Selection Form

Selection Form

Step 1. Please select a Referred from Facility and enter the Eligibility Date (both are required):

Referred From Facility: [dropdown menu]

Eligibility Date: 02082023

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: [text box]

Member Date of Birth: [text box]

Member First Name: [text box]

Member Last Name: [text box]

Submit Save

At the Patient Search screen, select the appropriate member using the 'Select' button on the right-hand side of the screen

Highmark Blue Cross Blue Shield | Home Care/Hospice | Selection Form

HIGHMARK.

Patient Search

Member ID Number: Member DOB:
Member Last Name: Member First Name:
Eligibility Date:

Search **Clear**

Multiple records were found. Please select a record or search again.

Records 1-3 of 3, page: 1

Member Name	Group #	Gender	Patient Date of Birth	
<input type="text"/>	<input type="text"/>	MALE	11/12/1968	Select
<input type="text"/>	<input type="text"/>	FEMALE	07/17/1999	Select
<input type="text"/>	<input type="text"/>	FEMALE	09/02/1979	Select

Records 1-3 of 3, page: 1

On the Category/Service Selection Form, make the appropriate Category selection using the drop-down option.

Service will automatically populate with the only option, 'Request'

Hit submit

The screenshot shows the NantHealth NaviNet interface for the 'Category/Service Selection Form'. The breadcrumb trail at the top reads: Highmark Blue Cross Blue Shield | Home Care/Hospice | Selection Form | Category/Service Selection. The form title is 'Category/Service Selection Form'. Below the title, it says 'Please select a Category and then a Service from the selections below:'. There are two dropdown menus: 'Category' with 'Home Care' selected and 'Service' with 'Request' selected. A yellow highlight is present on both dropdown menus. Below the dropdowns is an 'Add Category/Service' button. Underneath is a section titled 'Category and Services Added:' with a table header showing 'Category' and 'Service'. At the bottom of the form, there are four buttons: 'Submit' (highlighted with a red box), 'Save', 'View Referral/Auth', and 'Review Notes'.

You will be taken to the welcome page of the Auth Automation Hub. Please review and click the Acknowledge button to continue

PEGA Auth Automation Hub

Welcome to Auth Automation Hub

Please read the disclaimer below and select the action you want to perform.

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Acknowledge

On the Authorization Search screen, select the 'Create New Authorization' button to start a new authorization

The screenshot displays the Predictal Auth Automation Hub interface. At the top left, the logo 'predictal' and 'Auth Automation Hub' are visible. In the top right corner, there is a user profile icon and an 'Exit AAH' button. The main section is titled 'Authorization Search' and contains the following elements:

- A 'Select Provider *' dropdown menu.
- A 'Search for +' section with three radio buttons: 'Member' (selected), 'Date of Service', and 'Request ID'.
- A 'Member UMI' dropdown menu.
- Input fields for 'Member UMI *', 'From *' (with a date format 'mm/dd/yyyy' and a calendar icon), and 'Through *' (with a date format 'mm/dd/yyyy' and a calendar icon).
- A blue 'Search' button.
- A yellow 'Create New Authorization' button, which is highlighted.

Below the search form is a table titled 'Authorizations ()'. The table header includes columns for 'Case ID', 'Member Name', 'Start of Care Date', 'Service Type', 'Determination', and 'Actions'. The table body is empty, showing a folder icon and the text 'No items'.

Provider and Member information will be pulled forward

Enter the appropriate diagnosis code under the Diagnosis Information section

Under Service Information, select the 'Sub-service Type' using the drop-down selection and hit 'Submit'

The screenshot displays the Predictal Auth Automation Hub interface for an Authorization Request. The header includes the Predictal logo and 'Auth Automation Hub' with an 'Exit AAH' button. The main title is 'Authorization Request' with an 'Actions' dropdown. Below the title is a summary row with fields: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type, Urgency (Non-Urgent), and Service Type. A progress bar shows four steps: 1. Authorization Details, 2. Enter Provider, 3. Review Authorization, and 4. Confirmation. The form is divided into three main sections: Case Information, Diagnosis Information, and Service Information. Case Information includes Urgency (Non-Urgent selected) and Request Information (Start of Care Date: 02/08/2023). Diagnosis Information shows a table with one entry: Code Set Type (ICD 10), Code (I48.0), and Description (PAROXYSMAL ATRIAL FIBRILLATION). Service Information shows Sub-service Type (Skilled Nursing) and Proposed date of service (02/08/2023). At the bottom, there are 'Exit', 'Save', and 'Submit' buttons, with the 'Submit' button highlighted by a red box.

Under Provider Details, select the appropriate Provider Type for the Ordering/Attending Practitioner

Enter in the appropriate name and make the correct selection in the results box that populates below

predictal Auth Automation Hub Exit AAH

Authorization Request

Member Name: [Redacted] Member ID: [Redacted] Date of Birth: [Redacted] Client Name: [Redacted] Plan Type: Commercial Case Type: Prior Authorization Authorization Type: Medical-Outpatient Urgency: Non-Urgent Service Type: Home Health Care

1. Authorization Details 2. Enter Provider 3. Review Authorization 4. Confirmation

Provider Details
Ordering/Attending Practitioner
Search For (Please Select Appropriate Provider Type)
 Practitioner Practice Group
Search by
 Provider ID Name
First Name: [Redacted] Last Name: [Redacted] Search
15 matches found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
[Redacted]	[Redacted]	[Redacted]	[Redacted]	PITTSBURGH	PA	15212
[Redacted]	[Redacted]	[Redacted]	[Redacted]	PITTSBURGH	PA	15212
[Redacted]	[Redacted]	[Redacted]	[Redacted]	PITTSBURGH	PA	15212
[Redacted]	[Redacted]	[Redacted]	[Redacted]	PITTSBURGH	PA	15212
[Redacted]	[Redacted]	[Redacted]	[Redacted]	PITTSBURGH	PA	15212

Make the appropriate address line selection

predictal Auth Automation Hub Exit AAH

Authorization Request

Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Urgency Service Type
Commercial Prior Authorization Medical-Outpatient Non-Urgent Home Health Care

Provider ID Name

First Name * Last Name * Search

15 matches found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
				PITTSBURGH	PA	15212
				PITTSBURGH	PA	15212

Addresses

Practice Group Tax ID	Practice Group BSID	Practitioner BSID	Affiliation ID

Address type	Practice Group Address	Practice Group City	State	Zip code	Contact Details
Main		PITTSBURGH	PA	15212	

At the bottom of the screen, you can use the 'Copy as Performing Provider' to copy the information down into the Servicing Facility/Vendor section

The screenshot displays the 'predical Auth Automation Hub' interface. At the top, there is a header with the 'predical' logo and 'Auth Automation Hub' text. Below the header, the main section is titled 'Authorization Request'. This section contains a form with the following fields: Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Outpatient), Urgency (Non-Urgent), and Service Type (Home Health Care). Below the form is a table of vendors. The first row is highlighted and contains the following information: Vendor, 320 EAST NORTH AVENUE, PITTSBURGH, PA, 15212, Phone (412) 359-8900, Primary. Below this row is a list of seven other vendors, each with a plus sign icon to its left. The first six vendors are located in PITTSBURGH, PA, 15212, and the last one is located in FAIR LAWN, NJ, 07410. A blue button labeled 'Copy as Performing Provider' is located below the vendor list and is highlighted with a red box. At the bottom of the screen, there is a section titled 'Servicing Facility/Vendor' which shows '1 match found'. Below this, there is a table with columns for Facility / Vendor NPI, Facility / Vendor Name, Facility / Vendor Address, Facility / Vendor City, State, and Zip code. The first row of this table contains the following information: [redacted], [redacted], [redacted], PITTSBURGH, PA, 15212.

Validate the Performing Provider information is correct

Use the drop-down to fill out the 'Authorization Request Submitted By' field and then hit Submit

predictal Auth Automation Hub Exit AAH

Authorization Request

Member Name: [REDACTED] Member ID: [REDACTED] Date of Birth: [REDACTED] Client Name: [REDACTED] Plan Type: Commercial Case Type: Prior Authorization Authorization Type: Medical-Outpatient Urgency: Non-Urgent Service Type: Home Health Care

Performing Provider

Search for: Practitioner Practice Group

Search by: Provider ID Name

First Name: [REDACTED] Last Name: [REDACTED] Search

1 match found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PITTSBURGH	PA	15212

Copy as Ordering/Attending Practitioner

Authorization Request Submitted By *

- Select...
- Select...
- Ordering/Attending Practitioner
- Servicing Facility/Vendor
- Performing Provider

Save Submit

This last page is read-only. Validate all information entered is correct. If edits need to be made, use the 'Back' option at the bottom of the screen to navigate back to the appropriate area.

If all information is accurate, hit Submit

predictal Auth Automation Hub Exit AAH

Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
GODRIC AALVATORE	1337598830010	11/12/1968	WPAHCA Together Blue EPO Gold 0 ONXLBase	Commercial	Prior Authorization	Medical-Outpatient	Non-Urgent	Home Health Care

Service Information

Sub-Service Type	Proposed date of service
Skilled Nursing	2/8/23

Provider Details

Requesting provider SUBMITTED BY THIS PROVIDER

Provider ID	Provider Name
1023085719	JOHN SMITH

Servicing Facility/Vendor

Provider ID	Provider Name
1285667493	ALLEGHENY GENERAL HOSPITAL

Performing Provider

Provider ID	Provider Name
1023085719	JOHN SMITH

Back Save Submit

You will get a notification that the request is incomplete until Helion criteria is entered.

Hit submit

The screenshot displays the Predictal Auth Automation Hub interface. At the top, the header includes the Predictal logo and 'Auth Automation Hub'. Below this is the 'Authorization Request' section, which contains a table with the following data:


Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
[Redacted]	[Redacted]	[Redacted]	[Redacted]	Commercial	Prior Authorization	Medical-Outpatient	Non-Urgent	Home Health Care

Below the table, a message reads: 'Thank you.' followed by a yellow highlighted warning: 'THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA'. Below this, it states: 'Your authorization number is AUTH-111902. Please select the submit button to launch Helion Portal.' A blue 'Submit' button is highlighted with a red rectangle.

The lower section of the page is titled 'Review Authorization Details' and contains several information blocks:

- Case Information:** Authorization Type: Medical-Outpatient; Urgency: Non-Urgent.
- Request Information:** Start of Care Date: 02/08/2023.
- Member Information:** First Name: [Redacted]; Last Name: [Redacted]; Member ID: [Redacted].
- Group Information:** [Redacted]
- Detail Information:** Place of Service: Home; Service Type: Home Health Care.

You will be automatically logged out of the AAH portal and taken directly to Helion Arc



You are logged out.

[Click here to login](#)

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Once in Helion Arc, you will receive a message regarding the Authorization Request Time Limit, which indicates you have 25 minutes to complete and submit the authorization.

Click Continue

(Content may differ between requested services)

The screenshot displays a multi-step process in Helion Arc. The steps are: 1. Documents, 2. Status, 3. Requested Services (current step), 4. Review, and 5. Results. A modal dialog box titled "Authorization Request Time Limit" is centered on the screen. It contains an information icon and the text "25-minute time limit". Below this, it reads: "Please be aware, you have 25 minutes to complete and submit this authorization request. If more time is needed you may cancel the request and start over when you have dedicated time." At the bottom of the dialog, there is a checkbox labeled "Don't show again." and a blue "CONTINUE" button. In the bottom right corner of the interface, a timer shows "24 min 52 sec Time Limit" and a blue question mark icon. A "NEXT" button is also visible at the bottom of the screen.

You can upload your Plan of Care. This can be uploaded as a PDF file.

1 Documents

2 Status

3 Requested Services

4 Review

5 Results

Plan of Care Required

Please provide an updated plan of care.

Maximum file size: 10MB

Filename	Actions
no file chosen	REMOVE

Drop PDF file here, or click to select.

This is a review screen. You can edit any information using the Edit button located in each section. If all information looks correct, hit Submit

Documents Status Requested Services **Review** Results

Patient Name Date of Birth Patient ID Auth ID Request Type Method
Start Of Care Fee for Service

Review

Note: After submitting to see Results you will NOT be able to make edits to this request.

Documents ✓ 3 of 3 Required Items Complete **EDIT**

Assessment ✓ ^

OASIS XML File

Filename
Valid OASIS-E SOC.xml

Supplementary Assessment Items ✓ ^

CANCEL **← BACK** **SUBMIT**

22 min 33 sec Time Limit ?

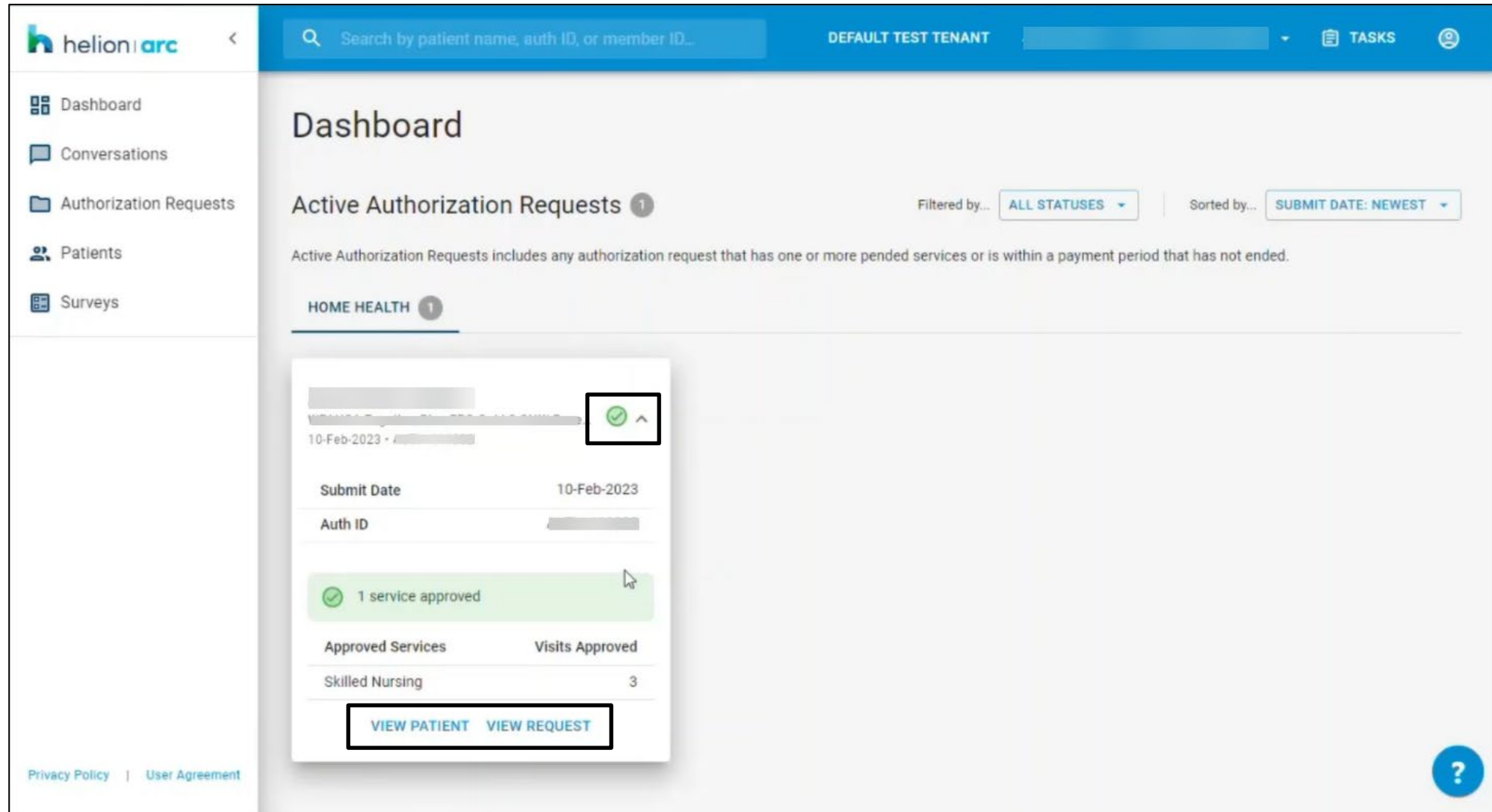
The request will be “Approved” or “Pended”

If the authorization does not meet medical necessity through Helion Arc, it will be pended to a clinician at the Health Plan for review. You will be notified of the final determination via NaviNet.

Click “Submit To Insurer”

The screenshot shows a web application interface with a progress bar at the top. The progress bar has five steps: Documents (checked), Status (checked), Requested Services (checked), Review (checked), and Results (5). Below the progress bar is a disclaimer box with a warning icon and text: "One or more services on this authorization request will be approved. This Notice of Coverage Approval is not a guarantee of payment. This approval is based on the information available to us at the time it is issued (including information regarding eligibility for coverage and/or the availability of benefits). If the information later proves to have been incorrect, incomplete or otherwise different than what was represented or if it changes, we may still ultimately deny payment of the claim." Below the disclaimer is a blue note box: "Note: You must click the 'Submit to Insurer' button below to finalize this authorization request." The main content area is titled "Requested Services" and includes the text "Please allow time for the review process and determination." Below this is a card for "Skilled Nursing" with a green checkmark icon, "Approved: 2 visits", and a field for "* Requested visits" with the value "2". At the bottom of the interface is a large blue button labeled "SUBMIT TO INSURER" with a hand cursor over it. In the bottom right corner, there is a timer showing "18 min 26 sec Time Limit" and a help icon (question mark).

You will be directed to the Helion Arc dashboard, where you can view all active authorization requests. Clicking the arrow will open the patient and request information.



Clicking on either View Patient or View Request will open the Authorization Request Details.

You can see the Auth # at the top, as well the Requested Services, Status, and any Documentation that has been uploaded

The screenshot displays the Helion|arc interface for an Authorization Request. The top navigation bar includes the Helion|arc logo, a search bar, and the text 'DEFAULT TEST TENANT'. The breadcrumb trail shows 'Dashboard > Authorization Requests > Auth ID: AUTH-1'. The main content area features a summary table with the following data:

Care Setting	Request Type	Product	Servicing Provider	Reimbursement Method
Home Health	Start Of Care	[Redacted]	[Redacted]	Fee for Service

Below the table is the 'Authorization Request Details' section, which includes a description: 'View requested service(s), reason(s) for care, and additional details for this authorization request.' A red box highlights the 'REQUESTED SERVICES' tab, which is currently selected. The 'Skilled Nursing' section shows a green checkmark and the message: 'This requested service has been approved. See additional information below.' A 'START CONVERSATION' button is located to the right of this message. Below this is a table with the following data:

Visits Approved	Visits Requested	Last Covered Date	Proposed Date of Service
3	3	05-Apr-2023	08-Feb-2023

The 'Patient Details' section on the right includes fields for Patient Name, Date of Birth, and Patient ID. The 'Submission Details' section includes fields for Submission Date (10-Feb-2023), Submission Time (14:39), and Submitter. The bottom of the page shows 'Reasons For Care' and 'Ongoing Assessment Needs' sections, along with a 'Privacy Policy | User Agreement' link and an 'Authorization Request Activity' section with a help icon.

The panels on the right-hand side of the screen show you Patient Details, Submission Details, and an audit history under 'Authorization Request Activity'

helion | arc

Search by patient name, auth ID, or member ID...

DEFAULT TEST TENANT

TASKS

View requested service(s), reason(s) for care, and additional details for this authorization request.

REQUESTED SERVICES 1 STATUS DOCUMENTS

Type	Name	Date Added
OASIS Assessment	Valid OASIS-E SOC.xml	10-Feb-2023
Plan of Care	testfax.pdf	10-Feb-2023

Processing Files
The following files are processing:
• testfax.pdf

SUPPORTING DOCUMENTS

Name	Date Added
No documents uploaded	

Drop PDF, DOC, or DOCX file here, or click to select.

Patient Details

Patient Name [REDACTED]

Date of Birth [REDACTED]

Patient ID [REDACTED]

Submission Details

Submission Date 10-Feb-2023

Submission Time 14:39

Submitter [REDACTED]

Authorization Request Activity

Stay up to date on status changes specific to this authorization request.

- Approved by Insurer
Approved
Skilled Nursing
- Request Submitted by Provider

Privacy Policy | User Agreement

This completes the submission process for a Home Health request.

You can now close out of any browser tabs as needed using the 'x' on each tab.

The screenshot shows a web browser window with three tabs: 'NaviNet', 'Auth Automation Hub', and 'You are logged out.'. The active tab is 'Auth ID: AUTH-111902'. The browser address bar shows the URL 'hcs-provider.truefitqa.com/authorization-request-details/11003'. The application header includes the Helion ARC logo, a search bar, and the text 'DEFAULT TEST TENANT'. A left sidebar contains navigation links for Dashboard, Conversations, Authorization Requests, Patients, and Surveys. The main content area displays the 'Auth ID: AUTH-111902' details, including Care Setting (Home Health), Request Type (Start Of Care), Product, Servicing Provider, and Reimbursement Method (Fee for Service). Below this is the 'Authorization Request Details' section with tabs for REQUESTED SERVICES (1), STATUS, and DOCUMENTS. The DOCUMENTS tab is active, showing a table with columns for Type, Name, and Date Added. The table contains two rows: 'OASIS Assessment' with a link to 'Valid OASIS-E SOC.xml' and 'Plan of Care' with a link to 'testfax.pdf'. Below the table is a 'Processing Files' section indicating that 'testfax.pdf' is being processed. To the right, there are two summary boxes: 'Patient Details' (Patient Name, Date of Birth, Patient ID) and 'Submission Details' (Submission Date: 10-Feb-2023, Submission Time: 14:39, Submitter). At the bottom, there are links for 'Privacy Policy' and 'User Agreement', and a section for 'SUPPORTING DOCUMENTS' and 'Authorization Request Activity'.

Helion Arc Service Desk

Helion Arc Service Desk Overview

Overview

- Customer Support is requested and resolved through the Helion Service Desk: (<https://helionhc.atlassian.net/servicedesk/customer/portal/2>)
- Inquiries can also be submitted through the Helion Service Desk general inbox at support@helionhc.atlassian.net. This is recommended for customers that are unable to access the main service desk due to technology.
- The Product and Technology service request type is (currently) open to the public.
- Within the Product and Technology request type, customers can 1) submit tickets, 2) request training, or 3) report an issue.
- Our Service Desk is offered through the existing Jira Service Management, which allows us to categorize tickets, provide/publish resources, and guides for customers, and track various SLAs within one place.
- The Helion Service Desk is monitored Monday-Friday from 9:00am – 4:00pm (EST), excluding holidays. Inquiries received outside of our standard hours of operation will be prioritized on the next business day.

Ticket Types

Customer Inquiries within the Product and Technology vertical are categorized and triaged under the following request types:

- *Analytics and Reporting*
 - Creation/Changes/ Enhancement of reports
 - Request access to any dashboard
 - Reporting assistance or Questions
- *Portal Enhancement*
 - Report an issue submitting an Enhancement/Change request to Helion portal (e.g.: *.homehealthum.com)
- *Training*
 - Request training for the Helion Portal
 - Any questions regarding the Helion portal
- *Report an issue*
 - Any issues or problems that you would like to bring to the attention of the team



Helion Service Desk

Hello! How can we help? Please select the category that best applies to your inquiry and submit a ticket with the Helion Service Desk.

The Helion Service Desk is monitored Monday-Friday from 9:00am – 4:00pm (EST), excluding holidays. Inquiries received outside of our standard hours of operation will be prioritized on the next business day.

Contact us about

Helion Provider Portal (HHUM) Access

Request initial access, Check/modify user permissions, Request temporary password, Remove/disable user account



Helion Provider Portal (HHUM) Technical Issues

Report an issue submitting an authorization request, Report Oasis upload error, Report issue within Navinet



Reporting and Analytics

Having issues accessing your performance analytics (scorecard, metrics, reporting)? Request assistance.. Have data level questions (PCP Metric, HEDIS)? Request the contact information for your designated Network Performance Manager.



General Inquiries

Other



Product and Technology

Analytics and Reporting, Portal Enhancement, Report an issue, Training



Helion Service Desk

Hello! How can we help? Please select the category that best applies to your inquiry and submit a ticket with the Helion Service Desk.

The Helion Service Desk is monitored Monday-Friday from 9:00am – 4:00pm (EST), excluding holidays. Inquiries received outside of our standard hours of operation will be prioritized on the next business day.

Contact us about

Product and Technology



What can we help you with?



Analytics and Reporting

Submission of PHI/PII is strictly prohibited. For issues where PHI/PII is necessary, please direct your inquiry to HelionNetworkOperations@highmark.com.



Portal Enhancement

Submission of PHI/PII is strictly prohibited. For issues where PHI/PII is necessary, please direct your inquiry to HelionNetworkOperations@highmark.com.



Report an issue

Submission of PHI/PII is strictly prohibited. For issues where PHI/PII is necessary, please direct your inquiry to HelionNetworkOperations@highmark.com.



Training

Submission of PHI/PII is strictly prohibited. For issues where PHI/PII is necessary, please direct your inquiry to HelionNetworkOperations@highmark.com.