




# New Facility General Overview







# Agenda



## Welcome

-  Highmark Service Areas
-  Sample ID Cards
-  Product Offering

## Claims

-  Claims Submission
-  Claims Reimbursements
-  Claims Inquiries
-  Coordination of Benefits

## BlueCard®

-  BlueCard Program Overview
-  BlueCard Claims Submission

## Medical Management & Utilization Review

-  Eligibility of Services
-  Utilization Management
-  Authorizations
-  Medical Management Partners
-  BlueCard & Third-Party Administrator Members

## Resources

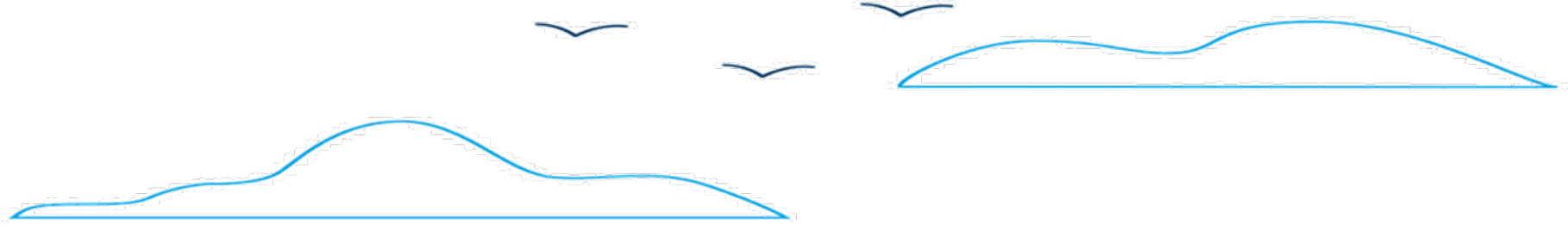
-  Communication Channels



**Welcome to**

**HIGHMARK** 

An Independent Licensee of the Blue Cross and Blue Shield Association

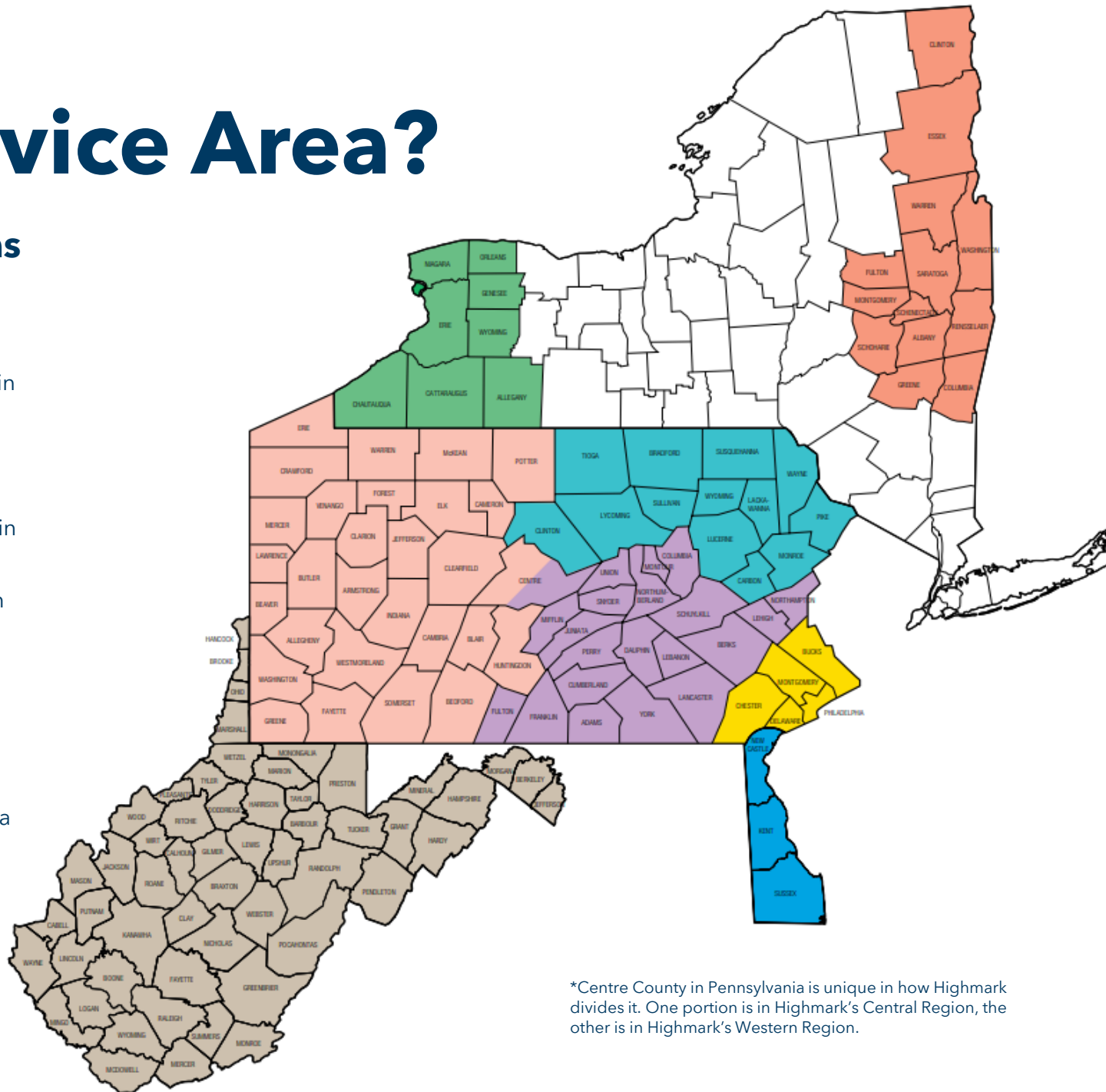




# What Is My Service Area?

Highmark defines its service areas as outlined in the maps.

-  **Delaware** - All 3 counties in Delaware
-  **New York Northeastern Region** - Serves 13 counties in northeastern New York
-  **New York Western Region** - Serves 8 counties in western New York
-  **Pennsylvania Western Region** - Includes 29 counties in western Pennsylvania\*
-  **Pennsylvania Central Region** - Includes 21 counties in central Pennsylvania\*
-  **Pennsylvania Northeastern Region** - Includes 13 counties in northeastern Pennsylvania
-  **Pennsylvania Southeastern Region** - Includes 5 counties in southeastern Pennsylvania
-  **West Virginia** - Includes all 55 counties of West Virginia
-  Not included in Highmark Service Areas



\*Centre County in Pennsylvania is unique in how Highmark divides it. One portion is in Highmark's Central Region, the other is in Highmark's Western Region.



# Sample ID Cards

## SEPA Direct Pay (PPO)

<b>HIGHMARK</b> BENEFITS GROUP		My Blue Access PPO	
<b>ROBERTCARDTEST/TESTCARD</b> ELS513383976001			
Deductible/Coinsurance may apply			
PCP	\$75	SP	\$75
ER	\$750	Ind Ded	\$2900
Fam Ded	\$5800	Ind OOP	\$8500
Fam OOP	\$17000	Out of Network:	
Ind Ded	\$5800	Fam Ded	\$11600
Ind OOP	\$17000	Fam OOP	\$34000
Effective 2024			
DEPENDENT			
<b>ROBERTCARDTEST/TESTCARD</b>			
Group	10792031		
BS Plan	376		
RxGrp	HMRK001		
RxBIN	610014		
Pediatric Dental			
Pediatric Vision			
		PPO Rx	

<b>myhighmark.com</b>	
Member Service	1-888-510-1084
TTY/TDD Service	Dial 711
Dental	1-866-568-6008
(United Concordia)*	
Vision	1-800-223-4795
(Davis Vision)*	
Nurse Line	1-888-BLUE-428
Call for Precertification:	
Mental Health	1-888-510-1084
Substance Abuse	1-888-510-1084
Other Admissions	1-888-510-1084
*Administrator of plan.	
Providers: File medical claims to the local BC/BS plan.	
Members: File claims to:	
<b>Medical Claims</b>	
P.O. Box 890118	
Camp Hill, PA 17089-0118	
<b>Dental Claims</b>	
P.O. Box 69444	
Harrisburg, PA 17106	
<b>Vision Claims</b>	
P.O. Box 1525	
Latham, NY 12110	
All in and out of network inpatient admissions and certain outpatient medical services require authorization.	
Highmark Benefits Group Inc. is an independent licensee of the Blue Cross Blue Shield Association.	

## SEPA Small Group (PPO)

<b>HIGHMARK</b> HEALTH INSURANCE COMPANY		My Blue Access PPO	
<b>ROBERTCARDTEST/TESTCARD</b> BX5513383976001			
Deductible/Coinsurance may apply			
PCP	\$35	SP	\$80
ER	\$500	Ind Ded	\$0
Fam Ded	\$0	Ind OOP	\$9100
Fam OOP	\$18200	Out of Network:	
Ind Ded	\$500	Fam Ded	\$1000
Ind OOP	\$18200	Fam OOP	\$36400
Effective 2024			
DEPENDENT			
<b>ROBERTCARDTEST/TESTCARD</b>			
Group	10791777		
BS Plan	377		
RxGrp	HMRK001		
RxBIN	610014		
Pediatric Dental			
Pediatric Vision			
		PPO Rx	

<b>myhighmark.com</b>	
Member Service	1-800-457-4062
TTY/TDD Service	Dial 711
Dental	1-866-568-6008
(United Concordia)*	
Vision	1-800-223-4795
(Davis Vision)*	
Nurse Line	1-888-BLUE-428
Call for Precertification:	
Mental Health	1-800-258-9808
Substance Abuse	1-800-258-9808
Other Admissions	1-800-452-8507
*Administrator of plan.	
Providers: File medical claims to the local BC/BS plan.	
Members: File claims to:	
<b>Medical Claims</b>	
P.O. Box 890035	
Camp Hill, PA 17089-0035	
<b>Dental Claims</b>	
P.O. Box 69444	
Harrisburg, PA 17106	
<b>Vision Claims</b>	
P.O. Box 1525	
Latham, NY 12110	
All in and out of network inpatient admissions and certain outpatient medical services require authorization.	
Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.	

## Highmark Blue Cross Blue Shield Example (not specific to SEPA)

<b>HIGHMARK</b>		<b>BlueCare HMO</b>
<b>MEMBER IDENTIFICATION</b>		<b>PCP INFORMATION</b>
FIRST NAME		GREENTREE MED
LAST NAME		724-555-1212 01/01/2016
YYU109465762001		
Group	01234567	Medical Copays
BC/BS Plan	377/877	Office Visit \$10
RxGrp	HMRK001	Specialist Visit \$10
RxBIN	610014	Emergency Room \$35
		Rx

\*Included because SEPA Providers will see members from Western PA, DE, WV, and NY; they need to be able to recognize a Highmark BCBS ID card



# Products That Highmark Offers...

• **Commercial**  
(Broad & Narrow  
Network Products)

• **National  
Groups**  
(sold by Highmark, not  
BlueCard)

• **Narrow Group  
Tiered  
Products**

• **CHIP**

• **ACA**

• **Medicare  
Advantage**  
(coming to SEPA in 2025)

# New Facility Training: Claims



# Claims Submission



All claims are to be submitted electronically

Please ensure that the correct NAIC code is utilized: **54771S**



Please refer to the Highmark Provider Manual

## CONTACT CARD



**Highmark EDI**  
**(800) 992-0246**

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Vendor, Trading Partner,  
Software Submissions





# Claims Submission

## NAIC Code

- NAIC code for 837 institutional will be **54771S**

## Vendor, Trading Partner, Software Submissions

- Contact Highmark EDI  
**(800) 992-0246**

## Billing Formats and Protocols

- Refer to the Highmark Provider Resource Center  
**<https://hbs.highmarkprc.com/>**

## Professional Claim Submissions

- No changes



# Claims Reimbursements



ECHO Health is utilized to issue electronic reimbursements



Set up an account directly: <https://www.echohealthinc.com/provider>



For assistance signing up for the ECHO Provider Portal, access the user guide:  
<https://content.highmarkprc.com/Files/ClaimsPaymentReimb/echo-health-portal-user-guide.pdf>



Additional Assistance is available via an instructional video:  
<https://content.highmarkprc.com/Files/ClaimsPaymentReimb/echo-provider-portal-demo.mp4>



# Claims Inquiries

For all Claims Investigations and Inquiries

Use Availity

Upload any pertinent documentation

For Adjustments\*

Use Electronic Vendor Submission or Availity

Submit a corrected claim using Adjustment Bill Types XX5, XX7, XX8

**⚠ Never send a check for a refund ⚠**



# Coordination of Benefits

## Medicare Crossover

- Highmark Medigap claims will cross over from CMS
- Must allow 30 days from Medicare Crossover prior to re-submitting a Medigap claim

## Secondary/Tertiary Coverage

- Standard UB-04 requirements
- Use appropriate CAS Codes
- Paper EOBs/remittances are not required
- Highmark services requiring authorization must have an authorization on file even if the service is secondary or tertiary to another carrier(s)

New Facility Training:  
**BlueCard**<sup>®</sup>



# BlueCard<sup>TM</sup>: Program Overview

Use Highmark as your contact for all aspects of Claims Processing

## Submit to Local Plan

- If your patient's identification card includes a Blue Cross and Blue Shield service mark, and you do not participate with that member's Home Plan, it may be submitted to Highmark Blue Shield\*

## Investigation/Inquiry

- Contact Highmark via Availity
- Do not contact the Home Plan for inquiries submitted through Highmark

## Payment

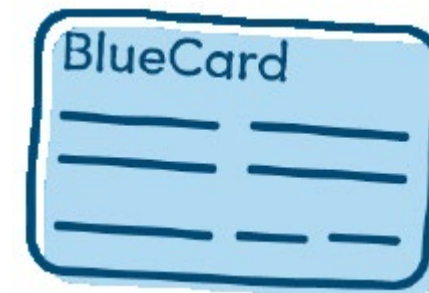
- You will receive Reimbursement at your Highmark contracted rate
- You will receive it on your Highmark Electronic Transmittal/Remittance



# BlueCard®: Program Overview

## What is BlueCard?

**BlueCard**® allows access for Out-of-Area Members to your facilities.



## What does the PPO Suitcase logo signify?



BlueCard Preferred Provider Organization (PPO) or Exclusive Provider Organization (EPO) members can be identified by the "**PPO in a suitcase**" logo on their card.

## Exclusive Provider Organizations offered by other BCBS, EPO & HMO:

- Members' Home Plan dictates eligibility for out-of-network services.
- Members receive no benefits for care obtained outside the network (except emergency care).
- Members' ID cards include information on the back, stating that these members have no or limited benefits, except when receiving services from a BlueCard PPO provider.



# BlueCard<sup>TM</sup>: Program Overview

## To determine benefits and eligibility for out-of-area patients:

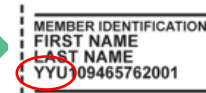
Call the **Home Plan** using the number on the member's ID card

Call BlueCard<sup>TM</sup> eligibility  
**1 (800) 676-BLUE (2583)**

Online via **Availity**, through Blue Exchange

## The main identifiers for BlueCard<sup>TM</sup> Members are:

The **Alpha Prefix**: used to identify the Blue Plan or national account to which the member belongs



The **blank suitcase logo** on the ID card: means the member has traditional, Point of Service, or HMO benefits and would use the Participating Provider Network



The **PPO in a suitcase** logo on the ID card: means the member has PPO or EPO benefits and would use the PremierBlue Shield network







# BlueCard<sup>™</sup>: Program Overview

**Not all BlueCard<sup>™</sup> products share network eligibility**  
(HMOs and EPOs)

**Be sure to ask:**

- 1** Is the facility in-network for the member's product?
- 2** Does the patient require additional referral/ authorization for services outside the home network?
- 3** Does the patient have any additional co-insurance or deductible for services outside the home network?



# BlueCard Claims Submission

## Highmark Commercial Member Claims

Must be submitted to Highmark

## IBC Member Claims

Must be submitted to IBC

## All other BCBSA Plan Member Claims

Can be submitted to either Highmark or IBC\*

### NOTES

- A claim cannot be sent to **both** Highmark and IBC
- Claim adjudication and follow-up must be completed with the plan in which the claim was submitted



# BlueCard Claims Submission Exceptions

## Highmark Medicare Advantage Member Claims

Must be submitted to IBC through 2024

## FEP (Federal Employee Program)

FEP Institutional UB04 Claims must be submitted to IBC

FEP Professional 1500 Claims must be submitted to Highmark

New Facility Training:  
**Medical Management &  
Utilization Review**



# Eligibility of Services

Eligibility of Services is determined by:



**Member Benefits**



**Medical Policy**



**Medical Necessity**



**Authorizations**



# Utilization Management

Diagnosis code and procedure code on authorization must match the submitted claim.

Use  **Availity®** for all Authorization needs

1

## Authorizations

- Verify Member Eligibility and Benefits
- Verify Medical Policy
- Verify Vendor Authorization Procedures and Policies
- Verify Codes for Requiring Authorization

2

## Retrospective Review

- For services performed but not authorized prior to the rendering of the service, Retrospective Reviews need to be pursued
- Contact Highmark for all Retrospective Services
- Contact Vendor for all Vendor Managed Authorizations

3

## Appeals

- If a claim has been submitted, utilize secure messaging on Availity to pursue appeals on authorization denials
- Upload all appropriate documentation with the appeal
- Appeals need to be submitted within 180 days of the authorization denial date, unless the member contract specifies a different timeframe

4

## Peer-to-Peer

- If member benefits allow for Peer-to-Peer reviews, contact [844-945-5525] to schedule a Peer-to-Peer review
- Investigational/Experimental Services\* for fully insured products are eligible for Peer-to-Peer reviews



# Utilization Management

*Diagnosis code and procedure code on authorization must match the submitted claim.*

Use  **Availity<sup>®</sup>** for all **Concurrent** and **Discharging** needs

1

## **Concurrent Reviews**

- Can be completed on Availity

2

## **Discharge Planning**

- Can be completed on Availity




# Authorizations



www.Availity.com

The **fastest** and **most accurate** means of entering & managing authorizations

**Always use Availity first.** If your issue cannot be resolved using Availity, you can utilize the following alternate forms of communication:

 **(800) 452-8507**

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UM Team (for clinical issue resolution)  
Availity provides all status information on authorizations

Inpatient Faxes\*

 **(800) 416-9195**

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PA Highmark members

 **(877) 650-6069**

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Highmark DE members

Outpatient Faxes\*

 **(888) 236-6321**

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PA Highmark members

 **(800) 670-4862**

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Highmark DE members

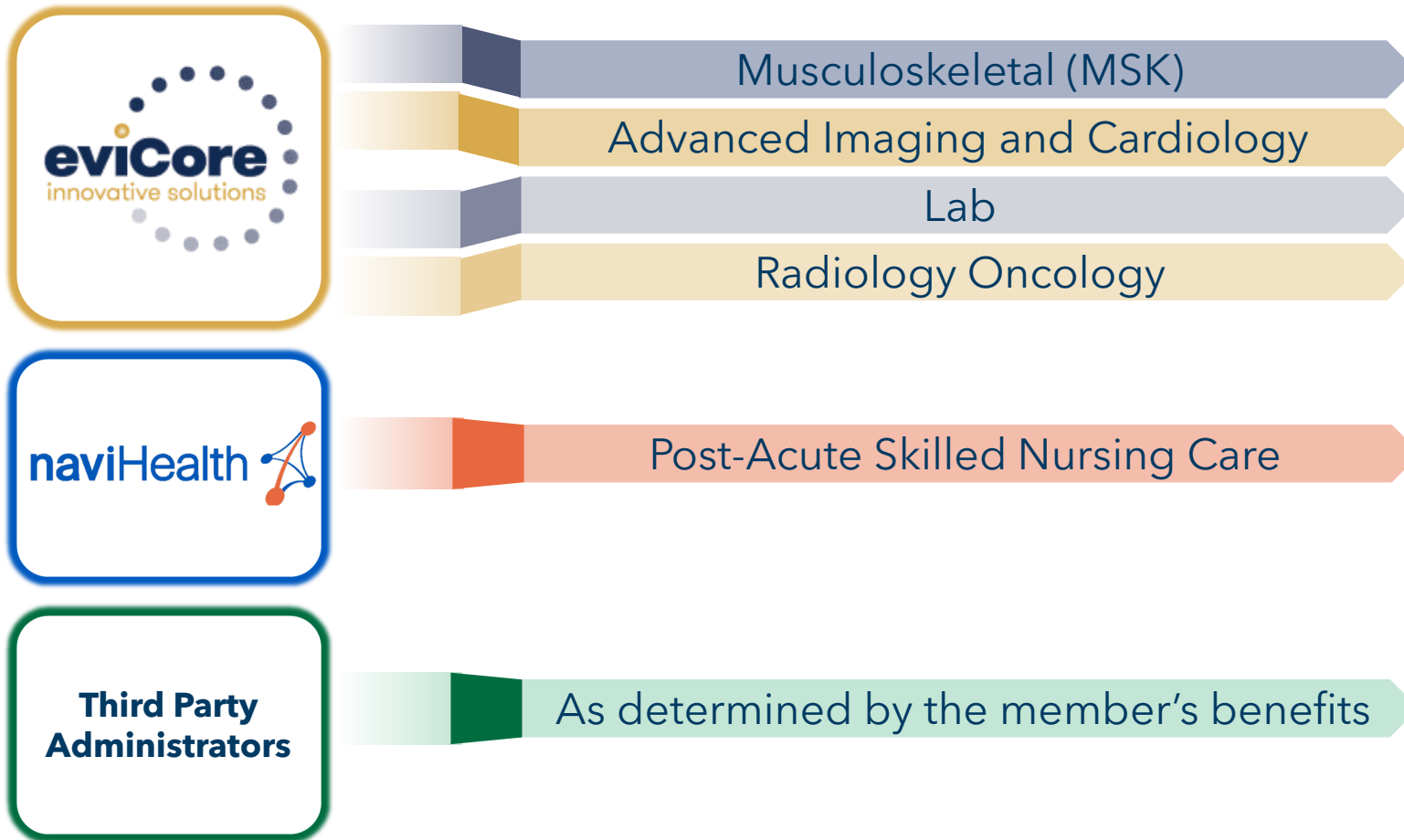
\*Faxing should be utilized ONLY when electronic submissions are not available. Please indicate proper return fax numbers in all fax submissions.





# Medical Management Partners

*Our partners in Member Care*





# BlueCard and Third Party Administrator Members

All medical management is coordinated with the member's Home Plan/TPA

Medical management, Medical Policy, and Final Determinations of eligibility are determined by the member's Home Plan/TPA. Highmark Policy is not applied

Provider appeals are submitted to the Local Plan. Peer-to-Peer reviews can be submitted to the Local Plan or directly to the Home Plan/TPA

New Facility Training:  
**Resources**



# Communication Channels for Providers

## PRC: <https://hbs.highmarkprc.com/>

- Credentialing
- Highmark Provider Manual
- Reimbursement Policy Information
- Bulletins, Newsletters, and Updates
- Authorization Information
- Medical Policy Information

**Provider  
Resource  
Center**

**Highmark  
Provider Po  
rtal- Availity**

## [www.Availity.com](http://www.Availity.com)

- Credentialing
- Eligibility and Benefits
- Submitting Authorizations
- Claims Research
- Provider Investigations
- Uploading Documents



**(844) 945-5525**

Mon-Fri 8am-5pm  
effective 12/18/23

**Provider  
Services**

**Provider  
Account  
Liaison**

## **Contact PAL:**

- For escalated issues
- For unresolved Provider Service inquiries, after two outreaches



# Communication Channels

## Provider Resource Center (PRC)

<https://hbs.highmarkprc.com/>



Credentialing



Highmark Provider Manual



Reimbursement Policy Information

The screenshot shows the Highmark Provider Resource Center interface. On the left, a navigation menu lists various topics: AVAILITY, COVID-19, NO SURPRISES, SOUTHEASTERN PA PROVIDERS (circled in red), AUTHORIZATIONS, CARE MANAGEMENT PROGRAMS, CLAIMS, PAYMENT & REIMBURSEMENT, CREDENTIALING, EDUCATION/MANUALS, FORMS, and INTER-PLAN PROGRAMS. The main content area features 'SPECIAL BULLETINS' with dates and titles like 'ICD-10 EXCLUSIONARY CODES FOR MEMBERS INTOLERANT TO STATIN THERAPY' and 'NEW COVID-19 BOOSTER VACCINES ADDED TO THE PREVENTIVE SCHEDULE'. To the right, there are sections for 'PROVIDER NEWS' and 'MEDICAL POLICY UPDATE'.

**Designated SEPA information**

Bulletins, Newsletters, and Updates



Authorization Information



Medical Policy Information



# Questions?

Please take a brief survey to  
help us improve this training:



# Appendix

# Retrospective Authorizations FAQs

## Retrospective Authorization Reviews & Appeals:

Retrospective Authorizations can be pursued within 180 days of date of service unless member benefits define otherwise

Appeals on denied authorizations can be pursued within 180 days of the authorization denial unless member benefits define otherwise

Peer-to-Peer reviews can be completed on any denied appeal, as long as the member's benefits include Peer-to-Peer process

Investigational/Experimental Services\* are eligible for any retrospective review and appeal: **Highmark Medical Review, P.O. Box 890392, Camp Hill, PA 17089-0392**

Non-covered benefits are not eligible for provider appeal or Peer-to-Peer reviews, members maintain the right to appeal



# How to e-Subscribe

Highmark is replacing its existing provider portal, NaviNet®, with Avallity® Essentials later this year. [CLICK HERE](#) to read more about the upcoming transition.

SEARCH PROVIDER RESOURCE CENTER

- AVAILITY +
- COVID-19 +
- NO SURPRISES ACT +
- SOUTHEASTERN PA PROVIDERS +
- AUTHORIZATIONS +
- CARE MANAGEMENT PROGRAMS +
- CLAIMS, PAYMENT & REIMBURSEMENT +
- CREDENTIALING +
- EDUCATION/MANUALS +
- FORMS +
- INTER-PLAN PROGRAMS +
- NEWSLETTERS/NOTICES -**

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Additional email addresses can always be added completing this page again and clicking Subscribe.

To ensure delivery of emails from Highmark, please add the following email address, [resourcecenter@highmark.com](mailto:resourcecenter@highmark.com), to your address book.

1. Enter Email Address:\*

(Enter Group/Vendor or Practitioner's e-mail address. The same e-mail address cannot be repeated for another Group/Vendor or Practitioner).

Email Address:

2. Enter Name:\*

First Name:

Last Name:

**Go to "Newsletters/Notices"**

# SSO Guide

## Axial

[https://hbs.highmarkprc.com/  
Education-Manuals/Axial-Healthcare](https://hbs.highmarkprc.com/Education-Manuals/Axial-Healthcare)

## Provider Facing Analytics

## Cash Management

[https://hbs.highmarkprc.com/Education-Manuals/  
Highmark-Provider-Manual](https://hbs.highmarkprc.com/Education-Manuals/Highmark-Provider-Manual) **Section 6.7**

## Provider File Management

[https://hbs.highmarkprc.com/Education-Manuals/  
Provider-Data-Accuracy-Compliance](https://hbs.highmarkprc.com/Education-Manuals/Provider-Data-Accuracy-Compliance)

## COB Questionnaire

[https://hbs.highmarkprc.com/Education-Manuals/  
Highmark-Provider-Manual](https://hbs.highmarkprc.com/Education-Manuals/Highmark-Provider-Manual) **Section 6.6**

## Provider Resource Center

<https://hbs.highmarkprc.com/>

## Cover My Meds

## Free Market Health

[https://hbs.highmarkprc.com/Pharmacy-Program-Formularies/  
Free-Market-Health](https://hbs.highmarkprc.com/Pharmacy-Program-Formularies/Free-Market-Health)

# Behavioral Health

Care Management

## Utilization Management

Initial, concurrent review and retrospective reviews using the following resources:

- Milliman Care Guidelines (MCG) for psychiatric
- American Society of Addiction Medicine, ASAM (substance use disorder)
- Medical Policy

Supported by a team of medical directors (psychiatrists) who determine medical necessity when Care Management is unable to approve a requested service

Services subject to initial review and concurrent review:

- Inpatient psychiatric/SUD
- Residential psychiatric/SUD
- Additional services are subject to prior authorization and concurrent review based on specific ASO client preferences and expectations (i.e., ABA, PHP, IOP).
- Initial review is suspended when individual states mandate specific prior/initial authorization expectations or suspension of prior/initial authorization.

# Behavioral Health

## Case Management

### Behavioral Health Case Management programs:

- Transition of Care
- Depression
- Complex Case Management
- Substance Use Disorder
- Behavioral High Acuity Team (BHAT) (for targeted products)
  - Members with a chronic physical health condition as well as co-occurring SUD or depression
  - Serious Mental Illness (SMI)
- Pediatric

# SEPA Region Facility Claims NAIC Codes

As part of Highmark’s expansion into the five counties of Southeastern Pennsylvania (SEPA), we will be establishing a new NAIC code for facility/UB-04/837I claim submission, effective January 1, 2024.

The chart below outlines the appropriate use of NAIC codes for providers in the SEPA region.

Southeastern Pennsylvania (SEPA)		
NAIC Code	Provider Type	Products
54771S	SEPA Region Facility Type Providers (UB-04/837I)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.
54771	All Other Provider Types (1500/837P)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.

To avoid claim rejections, ensure you or your Trading Partner (Clearinghouse, Vendor, or Billing Service) are submitting claims using the correct NAIC code. If your Trading Partner has questions about this change, they can call EDI Operations at **1-800-992-0246**.

# Highmark Plan Codes

Plan Code	Location
376 377	<b>SEPA</b>
363 364 378 865	<b>Non-SEPA Pennsylvania</b>
070 570	<b>Delaware</b>
278 379	<b>New York</b>
443 943 944	<b>West Virginia</b>

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