




New Provider 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

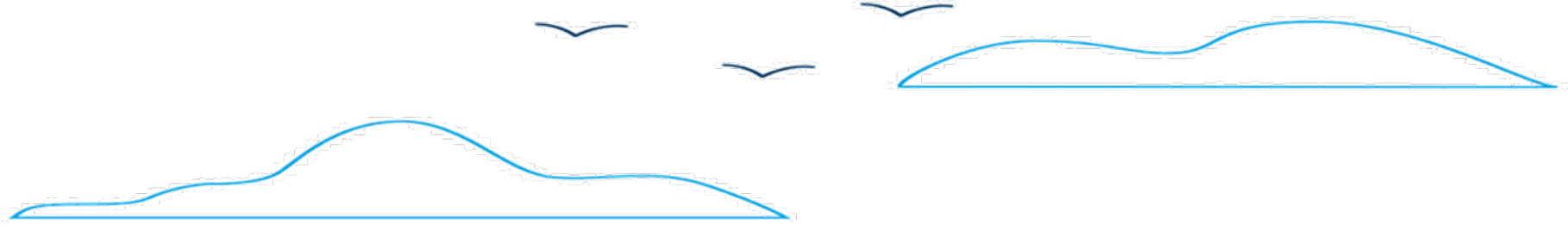
-  Communication Channels



Welcome to

HIGHMARK 

An Independent Licensee of the Blue Cross and Blue Shield Association

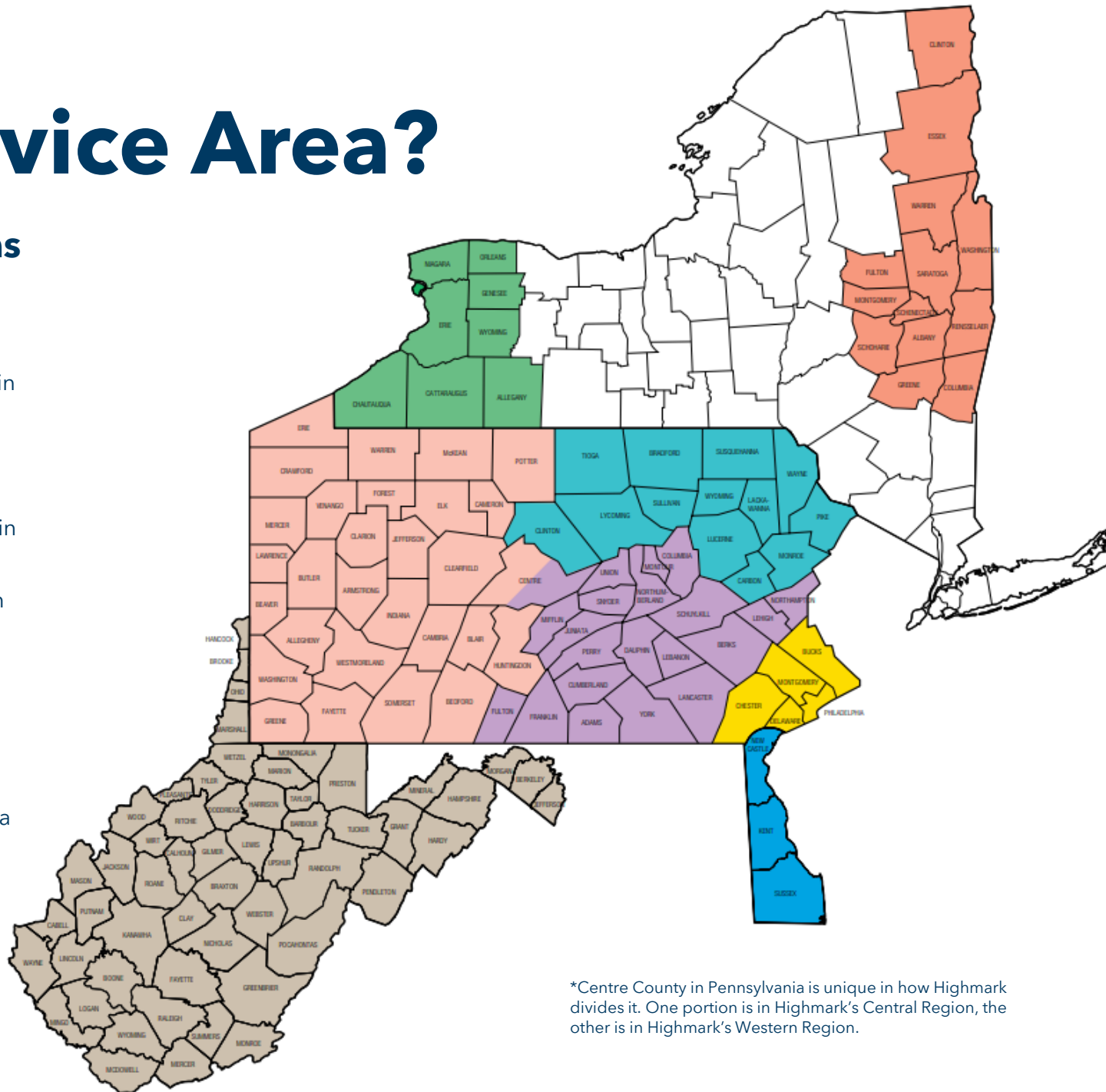




What Is My Service Area?

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)

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

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

SEPA Small Group (PPO)

HIGHMARK HEALTH INSURANCE COMPANY		My Blue Access PPO	
ROBERTCARDTEST/TESTCARD BXS513383976001			
Deductible/Coinsurance may apply			
PCP	\$35	SP	\$80
ER	\$500	Ind Ded	\$0
Fam Ded	\$0	Fam OOP	\$9100
Ind OOP	\$1200	Out of Network:	
Group	10791777	Ind Ded	\$500
BS Plan	377	Fam Ded	\$1000
RxGrp	HMRK001	Ind OOP	\$18200
RxBIN	610014	Fam OOP	\$36400
Pediatric Dental			
Pediatric Vision			
		PPO Rx	

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

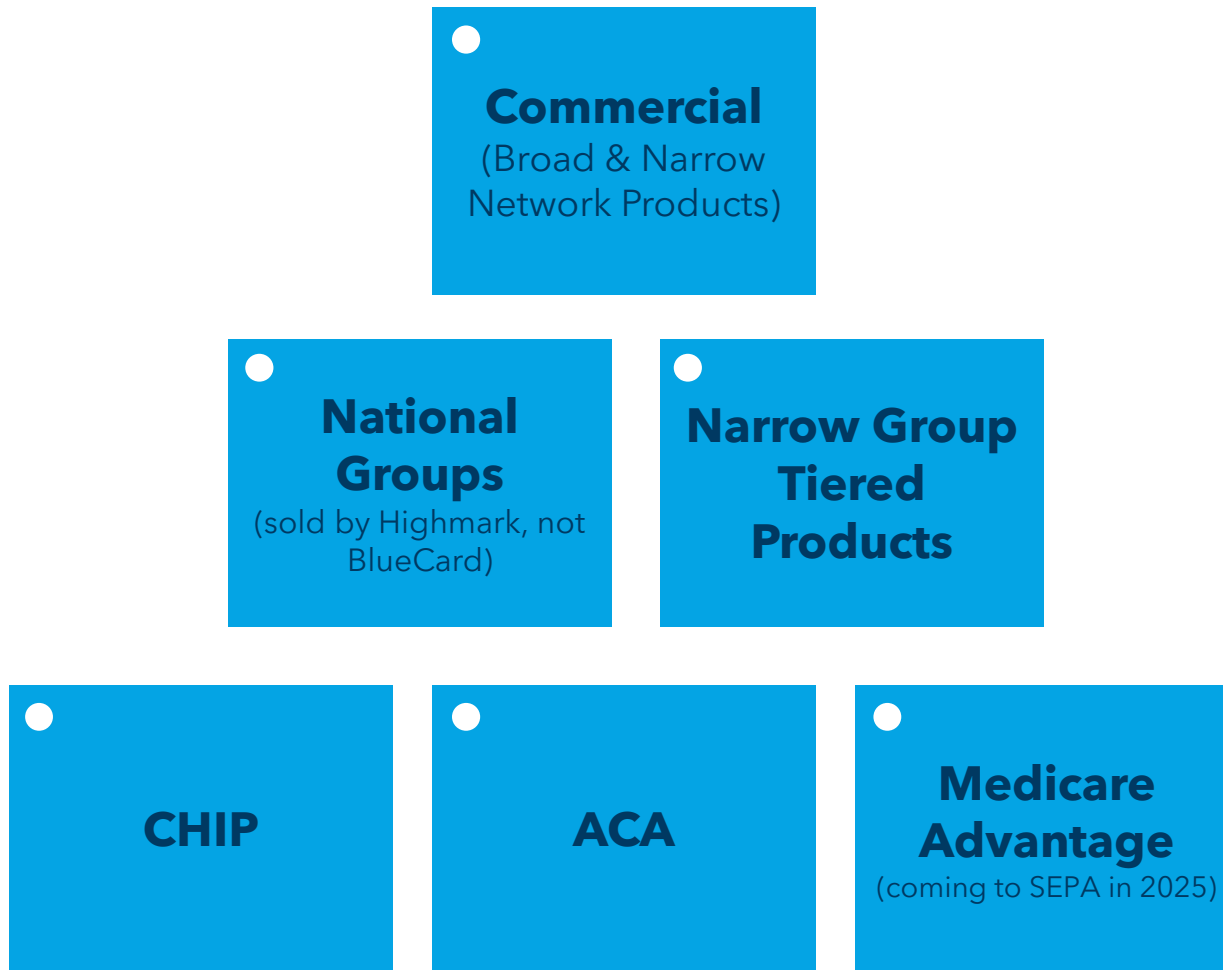
Highmark Blue Cross Blue Shield Example (not specific to SEPA)

HIGHMARK		BlueCare HMO
MEMBER IDENTIFICATION		PCP INFORMATION
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. Newly contracted providers may also see cards not shown here.



Products That Highmark Offers...



New Facility Training: Claims



Claims Submission



All claims are to be submitted electronically

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



Please refer to the Highmark Provider Manual

CONTACT CARD



Highmark EDI
(800) 992-0246

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

- Please see the Provider Manual for step-by-step guidance



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 Frequency Type Codes on 1500 claim forms

⚠ 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 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[®]



BlueCardTM: 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, the claim 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

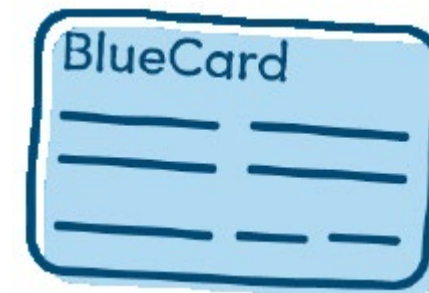
- You will receive Reimbursement at your Highmark contracted rate
- You will receive it on your Highmark Electronic Transmittal/Remittance



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, and urgent care for some products)*.
- 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[™]: Program Overview

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

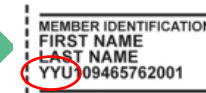
Online via **Availity**, through Blue Exchange

Call BlueCard[™] eligibility
1 (800) 676-BLUE (2583)

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

The main identifiers for BlueCard[™] 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[™]: Program Overview

Not all BlueCard[™] 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

Should continue to be submitted in the same manner as the previous year

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




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**

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

Inpatient Faxes*


 **(800) 416-9195**

PA Highmark members

 **(877) 650-6069**

Highmark DE members

Outpatient Faxes*

 **(888) 236-6321**

PA Highmark members

 **(800) 670-4862**

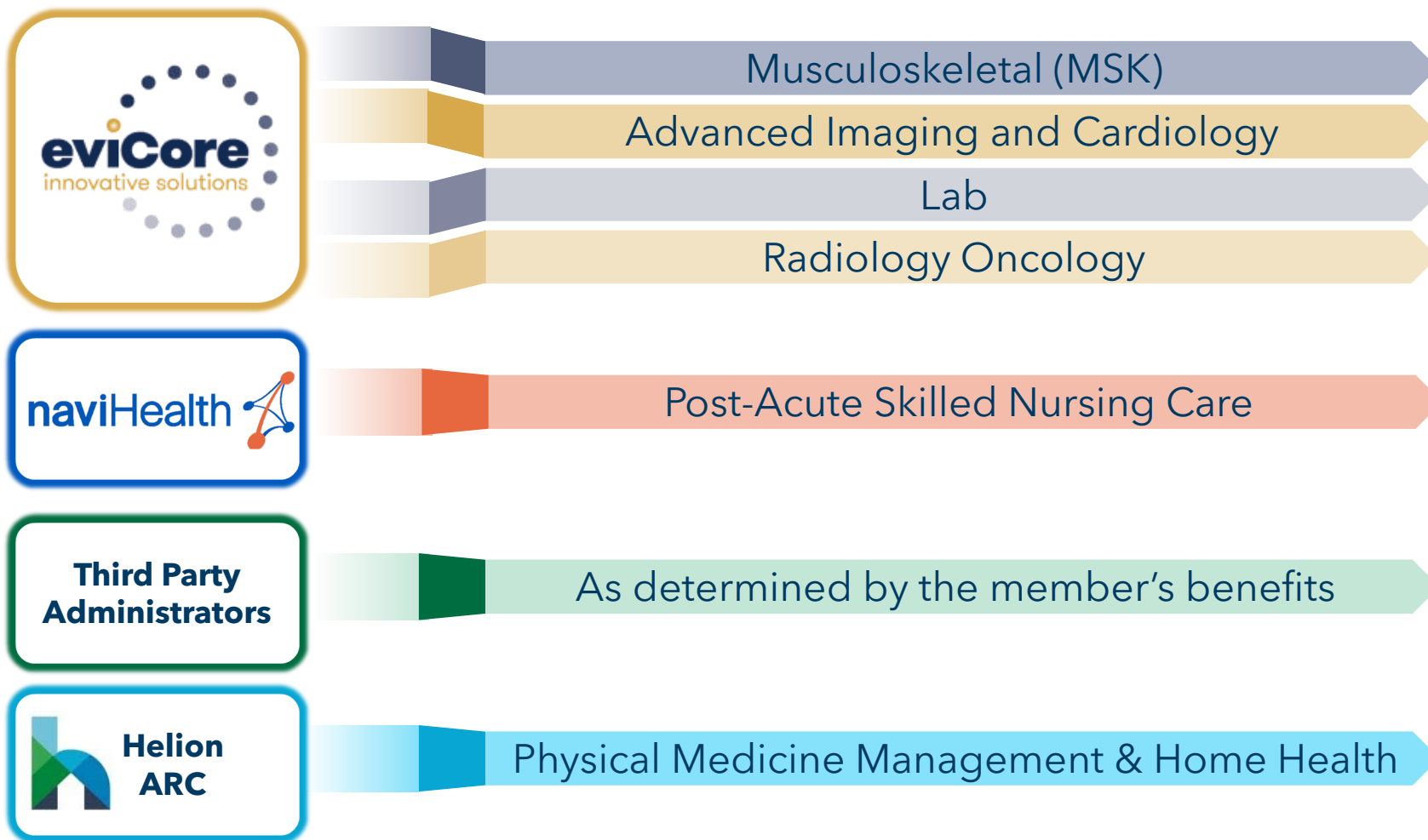
Highmark DE members

*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



* naviHealth is only MA for LTAC, IRF, and SNF for Highmark beginning in 2025



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

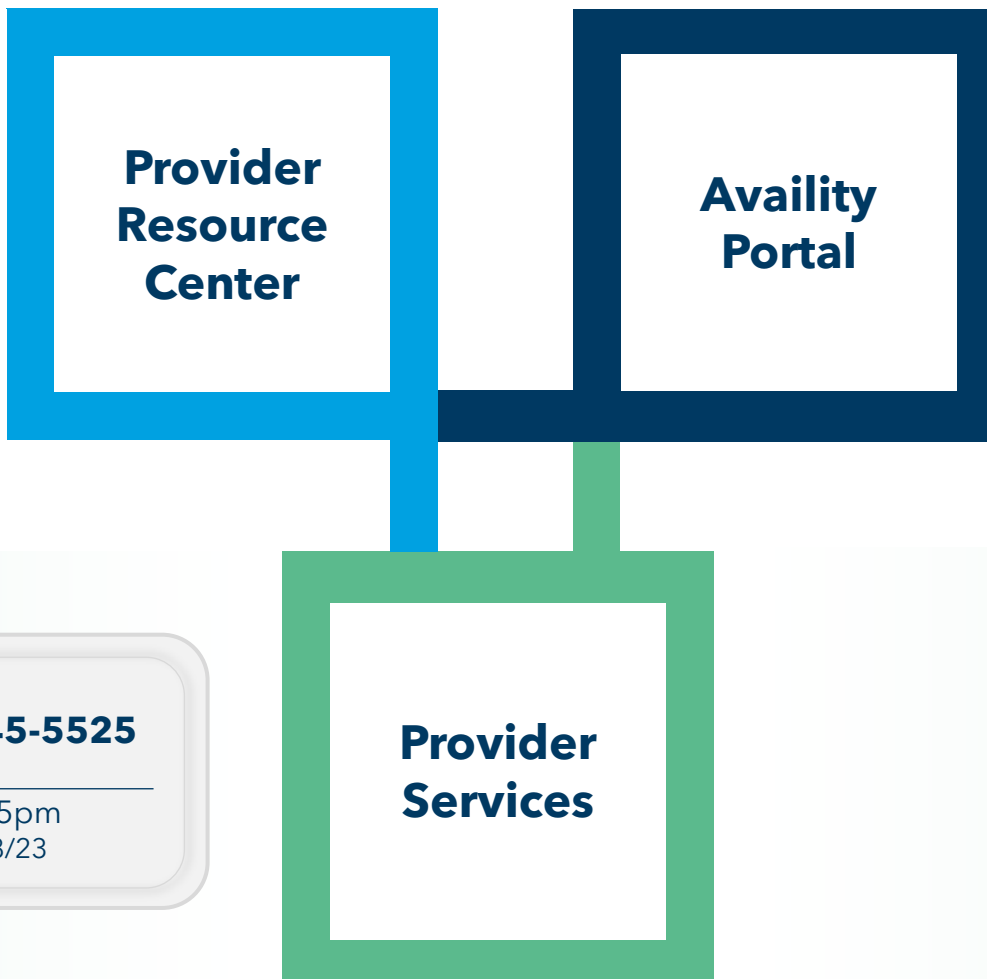
New Facility Training:
Resources



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



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**



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 sidebar, the 'SOUTHEASTERN PA PROVIDERS' link is highlighted with a red circle and a red arrow. The main content area displays 'SPECIAL BULLETINS' with several items, including 'ICD-10 EXCLUSIONARY CODES FOR MEMBERS INTOLERANT TO STATIN THERAPY' and 'SELF-SERVICE TOOLS FOR AUTHORIZATION STATUS'. There is also a 'PROVIDER NEWS' section with an issue dated October 2023.

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 authorization denial, 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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(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/Southeastern-PA-Providers/SEPA-
Provider-Information](https://hbs.highmarkprc.com/Southeastern-PA-Providers/SEPA-Provider-Information)

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 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 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	SEPA
363 364 378 865	Non-SEPA Pennsylvania
070 570	Delaware
278 379	New York
443 943 944	West Virginia

Legal Disclaimers

The following entities serve central and southeastern Pennsylvania and are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company and Highmark Senior Health Company.

All references to “Highmark” in this document are references to the above-named 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.

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