

New York Provider Contracting FAQs

Updated February 2025

Q - Why are we doing this?

A - Highmark is transitioning New York providers to Highmark Professional Agreement(s) to align with a contract structure that is uniform across the Highmark network in our service regions of Delaware, New York, Pennsylvania, and West Virginia.

The new Highmark Professional Agreement(s) will apply to group practices and individual practitioners. The Highmark Professional Agreement(s) governs all providers affiliated with a specific Tax Identification Number (TIN.) Each individual practitioner is no longer required to sign his/her own agreement. Highmark uses this structure for ease of administration for the provider group and for Highmark.

Q - Why will I have separate contracts for Medicare Advantage plans and all other non-Medicare health plans?

A – Highmark uses separate agreements to streamline and differentiate regulatory language required for each line of business.

If Highmark has delegated management of any product to a third party, the terms of the contract in place with any such management contractor will continue to control.

Q – Will our rates change?

A - While Highmark is changing the structure of the contract, this change does not impact reimbursement. The transition to Highmark Professional Agreement(s) is not an opportunity to renegotiate your contract terms with Highmark.

Q – What happens if a provider works for two or more TINs (Tax Identification Number)?

A – Each TIN (Tax Identification Number) would receive a separate Highmark Professional Agreement. Those agreements would not necessarily be linked to an individual provider.

Q – What happens to my individual contract?

A - At this time, the individual contract will remain active; however, the new agreement, once signed by all parties, will supersede it.

Q – Who should sign the contract before returning to Highmark?

A – The Highmark Professional Agreement(s) should be signed by the appropriate practice leader – either a provider within the practice or an authorized member of the practice.

Q – What happens if I do not sign this new contract?

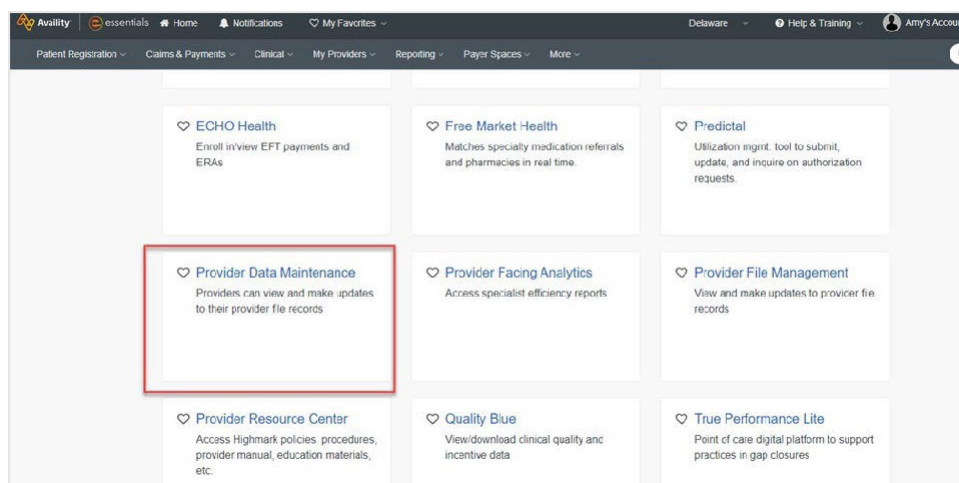
A - If you are a new provider, Highmark would not be able to issue you a new individual contract, therefore, you would not be in Highmark’s professional provider network until the signed group agreement(s) is received.

Q – What are the differences between the legacy agreements and the new contracts?

A - The new Highmark Professional Agreement(s) have a number of changes when compared to the legacy Participating Physician Agreement(s) (PPA) and the Participating Health Care Provider Agreement(s) (PHCPA). We would advise you/your practice to review the new agreement(s) and ensure you understand the differences.

Some of the differences are:

- For providers who have legacy agreements with Highmark Blue Cross Blue Shield of Western New York or Highmark Blue Shield of Northeastern New York, the new Highmark Professional Agreement(s) will **not** include an Attachment A – which listed coverage plans. Instead, base networks will be noted on a provider’s Welcome Letter once credentialing is complete.
- A participating professional provider can view his/her complete network participation through our Provider Data Maintenance (PDM) tool, which is accessible via Availity our provider portal.
 - In Availity®, Provider Data Maintenance is accessible under Applications in Highmark’s Payer Spaces.

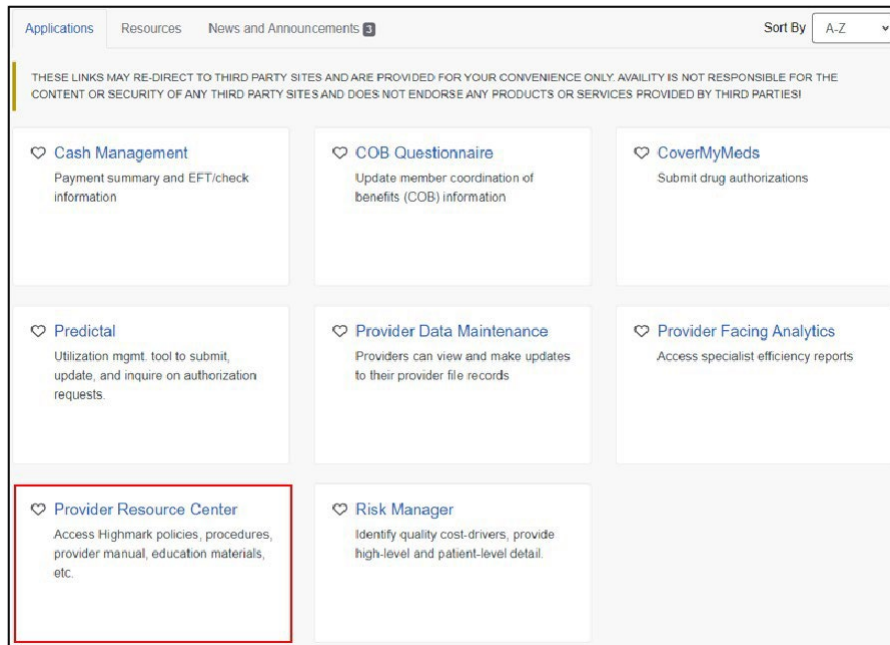


Note: You can print a copy of your network participation from the Provider Data Maintenance tool. A user guide can be found [here](#).

- A reference to Payment of Allowances is reflected in each Participation Attachment. Participating professional providers can view the standard allowances on the [Provider Resource Center](#) (PRC) through Availity, our provider portal. From the secure PRC homepage, click on

Claims & Authorization in the top website menu. Then look under **Reimbursement Programs** where you'll find **Fee Schedule Information**.

- In Availity®, the Provider Resource Center is accessible under Applications in Highmark's Payer Spaces.



Q – What is the benefit to me (the provider) for this change?

A – Moving to Highmark Professional Agreement(s) will reduce the administrative burden of requiring each practitioner to sign an individual contract. Instead, the practice will sign for all participating practitioners.

This change will also streamline the enrollment process.

Q - Why does Highmark (internally) refer to the contract as a group practice agreement when the same agreement is given to a solo practitioner or a practice with multiple providers?

A – A solo practitioner and a practice with multiple providers will receive the same Highmark Professional Agreement(s). Internally, the agreement is referred to as a group practice agreement because it is based at the TIN level.

Q – How does this impact my credentialing?

A – The credentialing process is separate from the contracting process; therefore, this has no impact on your credentialing.

Q – How does the move to group practice agreements impact a provider’s effective date in the network?

A – Here are some examples of scenarios and how they would impact the provider’s effective date:

Newly Credentialed:

- If a newly credentialed practitioner is with a group that **does not** have a group contract, the effective date will be the date the signed contract is received by Highmark.
- If a newly credentialed practitioner is with a group that **does** already have a group contract, the effective date for the newly credentialed practitioner will be the date their credentialing was approved (or) the date the newly credentialed practitioner was affiliated with the group.
 - In this case, the later of the two dates would be the effective date.

Already in New York Network:

- If the individual practitioner is already in the New York network with a group that **does not** have a group practice agreement, his/her effective date would not change once the contract is received. Highmark would only apply the group practice agreement contract level to all the network(s) for both the group and the individual practitioner.
- If the individual practitioner is already in the New York network with a group that **does** have a group practice agreement, his/her effective date would not change once the contract is received. Highmark would only apply the group practice agreement contract level to all the network(s) for the individual practitioner with that group.

Q – Will there be any delays in the credentialing process due to the new group contract initiative?

A – No. Contracts can be sent without holding up credentialing. Highmark has daily reports that will capture who needs to have a contract sent to them.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

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.

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

