

Self-Service Support for Providers



Provider Resource Center (links below)

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

**Provider
Resource
Center**

**Availity,
Provider
Portal**

Availity.com

- Value Insights Center (Value-Based Program Reporting Tool)
- Credentialing (Initiate Application, Submit Change, Review Status)
- Eligibility and Benefits Check
- Authorization Submission
- Claim Submissions/ Investigations

Regional Websites

- [Highmark BCBS \(Western and Northeastern Pennsylvania\)](#)
- [Highmark BS \(Central and Southeastern Pennsylvania\)](#)
- [Highmark BCBS \(Delaware\)](#)
- [Highmark BCBS \(West Virginia\)](#)
- [Highmark BCBS \(Western New York\)](#)
- [Highmark BS \(Northeastern New York\)](#)

**Provider/
Clinical
Services**



[Contact Us](#)

Most Regions Available
Mon-Fri 8am-5pm EST

Self-Service Support for Providers



Topic(s)	Inquiry Examples	1 st Level		2 nd Level
		Self Service (required for many transactions)	Provider or Clinical Service	
Authorization Appeals / Grievances	<ul style="list-style-type: none"> Confirm status of retrospective reviews and appeals Appeal sent but not received Disputing decision 	Availity: Status check for Retrospective Reviews & Appeals Peer-to-Peer: (866) 634-6468 to schedule	Contact Regional Provider Service: Contact Page	
Authorization & Pharmacy	<ul style="list-style-type: none"> Urgent or non-urgent prior authorization requests Post-acute discharge Check authorization status 	Availity: Submit authorization, check status or make changes Portal Submission Guides: Inpatient Authorization Submission (Both Urgent and Non-Urgent); Outpatient Authorization Submission	Contact Clinical Services or Pharmacy: Contact Page (If services are within 72 hours, Post-Acute or Pharmacy related)	
Claims	<ul style="list-style-type: none"> Claim didn't process correctly or according to expectation Adjustment has not been completed timely Submitted adjustment bill and claim has been rejected as duplicate rather than adjustment Status of submitted claim 	Availity: Claims inquiries/direct messaging (including follow-up to an initial inquiry) Interactive Voice Response: Can be used to check claims status (Contact Page)		
Contracting	<ul style="list-style-type: none"> Contract payment was made incorrectly 	Contact Regional Provider Service: Contact Page		
Eligibility & Benefits	<ul style="list-style-type: none"> View member ID card Member cost share Deductible renewals New benefit year information 	Availity: Benefits and eligibility check	Contact Regional Provider Service: Contact Page	
Medical Policy	<ul style="list-style-type: none"> Medical necessity and coverage guidelines Coding guidance 	Provider Resource Center: Commercial Medical Policy Search Tool Delaware ; New York ; Pennsylvania , West Virginia (Highmark adheres to the Centers for Medicare and Medicaid Services coverage determinations for Medicare Advantage membership.)		Contact Regional Provider Service: Contact Page
Remittance	<ul style="list-style-type: none"> Didn't receive file for claims payment Don't understand file Didn't get payment file (EFT) 	NY } Highmark EDI: (800) 992-0246 } Highmark EDI: Satisfaction Survey DE, PA, WV } ECHO Support: (800) 890-4124 } ECHO: User guide	Contact Regional Provider Service: Contact Page	

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