PROVIDER NEWS

A newsletter for the Highmark Blue Cross Blue Shield providers in western New York

HIGHMARK

FEATURE ARTICLES

e-SUBSCRIBE Today! Don't miss the latest updates!

IN THIS ISSUE

Join Our Mailing List
Stay informed and never miss out on what matters!

Master the Availity Auth Process:
UPCOMING TRAINING WEBINARS

As previously **announced** ⬈, Highmark is transitioning to the **Authorizations & Referrals** process in **Availity Essentials®** ⬈ for all initial medical authorization requests.

This change will go into effect on **Tuesday, Sept. 23, 2025**.

To ensure a smooth transition, Highmark and Availity will be offering training webinars on the following dates:

- Thursday, Sept. 18, 12–1 p.m. ET
- Tuesday, Sept. 23, 12–1 p.m. ET
- Wednesday, Sept. 24, 8–9 a.m. ET

RadCard and MSK Providers

A portion of the presentation will be specific to the auth submission process for advanced imaging and cardiology (RadCard) and musculoskeletal (MSK) services.

NOTE: If you can't attend a live session, not to worry… the Sept. 18 session will be recorded and posted on the Availity Learning Center (ALC). In addition, providers can access on-demand demos on the authorization process in the ALC.

To access the ALC:

- Log into **Availity** ⬈.
- Go to the **Help & Training** tab on the homepage.
- Click **Get Trained** ⬈ from the drop-down menu to view recorded demos and webinars.

Streamlining the Auth Process

This transition to Availity's **Authorizations & Referrals** is the first stage in a multi-phased plan to streamline the authorization process, making it easier, faster, and more intuitive for Highmark providers and their teams.

The new authorization process in Availity allows you to:

- Submit initial authorization requests for inpatient and outpatient services.
- Initiate retrospective pre-claim and claim reviews.
- Electronically attach supporting medical documentation.
- Create and save multiple authorization templates to increase efficiency.
- Access Availity's **Authorization Dashboard** for a centralized view of authorization statuses across multiple payers.

Additional Resources on the Provider Resource Center

- **Obtaining Authorizations** ⬈
- **Authorization Training & Resources** ⬈

SHORT TAKES:

Annual Fee Schedule, MSK Auth Requests, and More

Annual Fee Schedule Update Will Occur on Sept. 1, 2025

Our annual fee schedule update for Commercial products in our New York regions will take effect on **Sept. 1, 2025**. Updates include some incremental increases throughout the fee schedule to align with Highmark's fee schedules.

For more information, read the article in June *Provider News* ⬈.

Expedited Review for RadCard and MSK Auth Requests

Effective Sept. 20, 2025, providers will experience an enhanced submission process for advanced imaging and cardiology (RadCard) and musculoskeletal (MSK) authorization requests. During the submission process within Availity Essentials® ⬈, providers may be asked for additional information to assist with quicker decisions regarding the request.

Read the full article **here** ⬈.

Retrospective Reviews

Retrospective reviews are requests for post-service authorization. The service has already been performed, but an authorization — which is required — has NOT been requested prior to treatment. Providers can submit retrospective review requests for authorization via the Availity Essentials ⬈ portal. To learn more, go **here** ⬈.

New and Updated Reimbursement Policies

Highmark regularly issues new or updated reimbursement policies. Keep an eye on this newsletter and the Provider Resource Center (PRC) for announcements regarding upcoming policy changes. As specific policy changes go into effect, the updated policies can be found on the Reimbursement Policies ⧉ page of the PRC.

The following is a list of recent and upcoming updates to reimbursement policies (RPs):

RECENTLY UPDATED

RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures ⧉

Codes 0962T and 0972T were added to this policy.

RP-042 Global Surgery and Subsequent Services ⧉

Codes 0950T, 0956T, 0959T, 0960T, and 0964T–0971T were added to the global YYY codes sections for Commercial and Medicare Advantage.

UPCOMING

Aug. 1, 2025

For more information about the policy updates (RP-039 and RP-050) listed below, CLICK HERE ⧉.

RP-039 Outpatient Services Prior To An Inpatient Admission ⧉

When a Highmark member is seen for outpatient services within 72 hours prior to an inpatient admission for a related diagnosis at *any* facility within the same health system, those outpatient services will be considered part of the inpatient stay.

RP-050 Inpatient Readmissions ⧉

When a Highmark member is readmitted to any inpatient hospital within the same health system for a related diagnosis within 15 days from the initial stay, all services over the two stays will be considered part of the initial stay.

Aug. 4, 2025

RP-047 Venipuncture and Lab Services ⧉

This policy will be made applicable to Medicare Advantage professional.

Aug. 25, 2025

RP-020 Preventive Medicine and Office/Outpatient Evaluation and Management Services ⧉

This policy will be updated to add additional billing information and guidelines concerning what is included in the various types of Evaluation and Management Services for Commercial and Medicare Advantage. (***NOTE:*** *The effective date for this policy update was changed from June 30, 2025, to Aug. 25, 2025.*)

RP-059 Associated Services ⧉

Direction in this policy will be updated to include primary procedure medical necessity denials.

COMING SOON

Effective Date to Be Determined

RP-068 Mid-Level Practitioners and Advanced Practice Providers ⧉

This policy will be updated for New York Commercial to add direction for the psychoanalyst specialty. Psychoanalysts will be reimbursed for procedure code 90845 only.
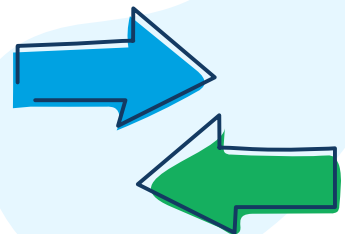
Onboarding Webinar for Providers New to Highmark

Improve your experience as a provider in Highmark's network! Join our new virtual onboarding series, designed to equip you and your staff with the knowledge and resources you need.

Learn best practices for navigating Highmark systems, accessing provider manuals and tools, utilizing Availity Essentials®, and more. Held on the third Thursday of each month from August to December 2025, these webinars will feature live Q&A with our experts.

Don't miss out — register here for the first session scheduled for **Thursday, Aug. 21, 12–1 p.m.**

Who Is Invited

- **Providers new to the Highmark network.**
- **Providers new to a practice or facility.**
- **Existing provider staff seeking updated information or a refresher.**

What Will Be Covered

The webinars will cover key topics and best practices, including:

- Locating the provider manual, medical and reimbursement policies, and other tools.
- Accessing Availity for transactions and training.
- Using online forms for credentialing and other processes.
- Understanding the BlueCard program.
- Updating provider data.

There will be the opportunity to ask questions and get live answers throughout the presentation.

Click here to register for the Aug. 21 session.

Stay Informed

Join our mailing list for the latest news and announcements from Highmark by clicking here.

Health Outcomes Survey Now Under Way

The Medicare Health Outcomes Survey (HOS) is an annual survey — administered from July through November by the Centers for Medicare and Medicaid Services (CMS) — to a random sample of Medicare Advantage (MA) members.

HOS includes three HEDIS® measures and two functional health measures that contribute to the health plan's Medicare Star Rating:

- **Monitoring physical activity**
- **Reducing the risk of falling**
- **Improving bladder control**
- **Improving or maintaining physical health**
- **Improving or maintaining mental health**

Survey responses are confidential and may be completed by MA patients or their designated representatives. Initiating discussions about HOS topics may lead to better health outcomes for your patients. The following tips can help your staff in their gap closure efforts.

Enhancing the Well-Being of Your Older Patients

- **Optimize Annual Wellness Visits:** Prioritize comprehensive annual wellness visits for your MA patients. Before they leave, proactively schedule their next visit to ensure continuity of care.

- **Proactive Fall Risk Management:** Implement routine fall risk screenings and develop tailored fall reduction plans for those who screen positive.

- **Address Urinary Incontinence:** Initiate conversations about urinary incontinence with your patients, offering supportive resources and information to manage this often-overlooked issue.

- **Promote Emotional Wellness:** Regularly assess your patients' emotional well-being and connect them with appropriate mental health resources when needed.

- **Champion Physical Activity:** Directly encourage your patients to start, increase, or maintain appropriate physical activity, emphasizing its crucial role in overall health and functional independence.

- **Review Medications Thoroughly:** Conduct medication reconciliation to optimize medication usage and minimize potential adverse effects.

- **Empower Patients Through Engagement:** Encourage patients to stay current with all recommended healthcare visits and screenings, emphasizing the importance of promptly reporting any changes in their health status to their care team.

By focusing on these key areas, providers can significantly improve the health outcomes and overall well-being of older patients, while also strengthening the patient–physician relationship.

Additional Resources

Highmark has created the Care Conversation videos series to encourage members to discuss fall risk and bladder control with their health care providers. If you'd like to view these videos and share them with your patients, click the links below:

- Care Conversations: **Fall Risk** ⬈
- Care Conversations: **Bladder Control** ⬈

Highmark members may also have programs available through their health plan to support their physical and mental health. They can get additional information by contacting member service at the number on the back of their member ID card.

---

*HEDIS® — an acronym for Healthcare Effectiveness Data and Information Set — is a registered trademark of NCQA.

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

Annual Phone Survey to Verify Directory Information Will Occur in August

Throughout August, the independent research firm Press Ganey will conduct phone surveys with a sampling of providers in Delaware, New York, Pennsylvania, and West Virginia. The survey will assess knowledge of the tools available to you and your staff and to verify the products/networks in which you participate through your Highmark contract.

We encourage all providers to review their information in the Highmark Provider Directory and, if necessary, update that information, including:

- **Office location**
- **Phone number, fax number, and email address**
- **If the office is accepting new patients**
- **Hospital affiliations**
- **Products/networks you participate in**

Review Your Provider Directory Information

To verify and/or update your information, use the Provider Data Maintenance (PDM) tool in Availity Essentials® ⬈. To access PDM, sign in to Availity ⬈, choose the state you practice in, click **Payer Spaces** from the task bar, and then select the Highmark plan you participate in. Once you arrive at the **Payer Spaces** page, scroll down, and select **Provider Data Maintenance** under **Applications**.

If you have questions regarding this survey or how to use PDM, please call the Highmark Provider Service Center ⬈ for your region.

Connecting Patients to Care:
Highmark's Community Support Platform

Are you aware of Highmark's Community Support Platform ⧉?

Since 2020, this online referral tool has helped **13,000 individuals** — both members and non-members — address health-related social needs by connecting them to financial assistance, food pantries, medical care, and other free or reduced-cost services in their community.

Nearly 80% of health outcomes are shaped by social, economic, and environmental factors. For many of these patients, social health barriers prevent them from receiving necessary health care, especially given that:

- **Individuals with food insecurity** have a 56% probability of developing a chronic disease.
- **1 in 5 patients skip appointments** due to financial concerns.
- **3.6 million Americans** miss at least one medical appointment per year due to transportation challenges.
- **Individuals experiencing housing insecurity** utilize the emergency department nearly three times more often than others.

Helping People Overcome Barriers to Care

The Community Support Platform ⧉ connects your patients with free or reduced-cost programs based on social need and ZIP Code. This platform, powered by Findhelp, enables users to easily search for resources addressing critical needs such as food insecurity, housing, transportation, and more.

Since launching in 2020, the Community Support Platform has generated more than 636,000 searches, resulting in nearly 26,000 referrals to over 2,000 unique nonprofit organizations.

Connecting Patients to Additional Resources

The Community Support Platform ⧉ can save you and your staff valuable time and effort by streamlining connections to vital social services. With quick and easy access to a comprehensive and up-to-date database of local resources, providers can make referrals faster and contribute to improved patient outcomes by addressing social barriers.

The platform also enhances care coordination by connecting providers with Community-Based Organizations (CBOs). Engaged CBOs respond directly to referrals and update the referral status within the platform, allowing providers to track progress in real-time and ensure patients receive the necessary support. This feedback loop facilitates informed decision-making and strengthens the connection between health care providers and social services, facilitating a whole-person approach to care.

Empowering Patients

In a time when many people are struggling with social health barriers, Highmark's Community Support Platform is a critical tool for connecting patients to needed resources and services.

We encourage you to share this website ⧉ with patients and caretakers, along with your colleagues, family members, and others in the community.

MA Member Benefit Update:
Fitness Vendor to Change on Aug. 1

For 2025, Highmark offered our Medicare Advantage (MA) members a fitness benefit through FitOn Health. However, unforeseen challenges have made it difficult for some members to fully enjoy their fitness benefit this year.

To ensure our MA members have access to a fitness program that's reliable and easy to use, Highmark is switching our fitness vendor to SilverSneakers, **effective Aug. 1, 2025**.

Program Features

Many MA members are familiar with SilverSneakers, as the company provided member fitness benefits in 2024, and offers the following:

- **Over 17,000 fitness locations:** SilverSneakers partners with thousands of gyms, community centers, and other facilities across the country.

- **A variety of classes:** A large selection of classes designed for all fitness levels.

- **Online resources:** On-demand workout videos, healthy living tips, and more.

- **Mobile app:** Members can use fitness programs on the go, track and schedule activities, find locations, and view their member ID.

Your patients will still have access to their current fitness benefit through FitOn Health until July 31.

What Does This Mean for Members?

- For MA members **new** to **SilverSneakers**, they can create an account on Aug. 1 by visiting SilverSneakers.com or calling SilverSneakers at 888-423-4632 (TTY 711).

- If members previously had a SilverSneakers benefit through Highmark or another health plan, their SilverSneakers member ID# remains the same.

- Members can find a gym by visiting **SilverSneakers.com** and clicking **Location Search**.

- If a member is using a gym not currently in the SilverSneakers network, our Member Service team will reach out with more information on how to find a participating location.

- To access SilverSneakers benefit, members should show their Highmark member ID to the desk attendant at any SilverSneakers gym location.

We appreciate your partnership and understanding as we navigate this change with our membership.

Maximize Impact during National Immunization Awareness Month

National Immunization Awareness Month (NIAM) in August highlights the importance of vaccination for all patient groups. By implementing key strategies during NIAM and throughout the year, you can significantly impact vaccination rates and protect your patients from preventable diseases.

Why Your Recommendation Matters

Many patients seek reassurance from their health care providers regarding vaccine safety and efficacy. A clear and confident recommendation from you can often be the deciding factor for patients choosing to get vaccinated.

Here are some actionable strategies you can integrate into your practice during NIAM to promote routine vaccinations:

- **Assess Vaccination Status at Every Visit:** Proactively discuss any **missed vaccines** during each visit. This is especially important for the flu vaccine, as the second dose is often missing for the Childhood Immunization Status, Combo-10 measure.

- **Use Clear and Accessible Language:** Plain language ensures patients understand vaccine safety and effectiveness.

- **Implement the SHARE Approach** for more effective patient communication:

  - » **Share** the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

  - » **Highlight** the positive benefits of vaccines to boost the confidence of those patients who may be hesitant about receiving a vaccination.

  - » **Address** patient questions and any concerns about the vaccine, including side effects, safety, and effectiveness in plain and understandable language.

  - » **Remind** patients that vaccines protect them and their loved ones from many common and serious diseases.

  - » **Explain** the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial impact.

Specific Considerations for Key Patient Groups

PREGNANT PATIENTS

- Emphasize the importance of the annual flu shot for pregnant patients, ideally by the end of October, to protect them before flu activity increases.

- Clearly recommend Tdap and flu vaccines, explaining that vaccination is the best way to protect both patients and their baby against serious illnesses like whooping cough and flu.

- For more in-depth strategies, refer to Vaccinating Pregnant Patients ↗.

PARENTS

- Adopt a presumptive approach: Instead of asking "What do you want to do about vaccination today?", say "Your child needs these vaccines today."

- Educate parents about the robust vaccine safety monitoring systems in place in the United States. Share resources to reinforce the safety of vaccines.

- Tracking Progress: Two HEDIS® measures assess the percentage of children and adolescents who receive their recommended vaccinations: CIS-E (Childhood Immunization Status) and IMA-E (Immunizations for Adolescents).

  – For more information on documentation and codes needed to close care gaps, click **here** ↗.

ADULTS

- Recognize that adult vaccination rates are low, often due to a lack of awareness. Your recommendation can significantly increase vaccination rates in this population.

- For more talking points to help you when recommending vaccines to your adult patients, visit 5 Reasons It Is Important for Adults to Get Vaccinated ↗.

By implementing these strategies, you can make a significant difference in vaccination rates and protect your patients from preventable diseases.

Resources

Highmark has a variety of free educational materials on the Provider Resource Center (PRC), including:

- Adolescent Immunization Bookmark
- Childhood Immunization Brochure and Schedule
- Childhood Immunization Flyer
- Health Screening and Vaccination Tracker (English and Spanish)
- HPV Information Card
- Flu Flyer (English and Spanish)
- Preventive Health Reminder Poster

To order copies for your practice, go **here** ↗ on the PRC and **Select Printable Item**. Click the down arrow and then select the item(s) you wish to order. Complete the form and click the **ADD TO ORDER** button.

---

*HEDIS® — an acronym for Healthcare Effectiveness Data and Information Set — is a registered trademark of NCQA.

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

Osteoporosis Care After a Fracture: How to Improve Patient Outcomes

Improving care for women diagnosed with osteoporosis after they've had a fracture is crucial for better patient outcomes and fewer hospital readmissions. For the Osteoporosis Management in Women Who Had a Fracture (OMW) HEDIS® measure, compliance requires either a Bone Mineral Density (BMD) test or osteoporosis therapy within 180 days of the fracture.

Many physicians score low in this HEDIS measure, which is a prominent benchmark in Highmark's value-based reimbursement programs and could negatively impact performance ratings for participating providers.

Navigating the Challenges

Let's look at the key challenges and the strategies available for achieving improved outcomes for patients...

- **Addressing Bisphosphonate Delays:** It's a common concern: *Will bisphosphonates interfere with fracture healing?* Recent studies[1] suggest that initiating bisphosphonate therapy early after a fracture is safe and effective for fragility fractures and should not be delayed due to concerns about nonunion.

- **Managing Medication Side Effects**

  » **Oral Bisphosphonates:** Common side effects include gastrointestinal issues. Recommendations for patient education include taking the medication on an empty stomach with water, avoiding food or drink for 30 minutes afterward, and remaining upright to prevent reflux.

  » **IV Bisphosphonates:** Post-infusion body aches can occur. Suggest acetaminophen after the infusion; these aches typically resolve within a few days.

- ## Controlling Medication Costs

  » **Alendronate Advantage:** Alendronate is a Tier 1, low-cost bisphosphonate readily available on Highmark's Medicare formularies.

  » **Other Options:** Additional approved therapies include Denosumab, Raloxifene, and Teriparatide. For a comprehensive list of compliant National Drug Codes, visit ncqa.org/hedis/measures ⬀.

Important Reminder: Calcium or vitamin D treatment alone does not meet compliance requirements for this measure.

The Bottom Line

Recent research confirms the safety of early bisphosphonate treatment post-fracture. Common side effects can be managed with proper administration and patient education, and affordable options like alendronate are available. Addressing these issues is essential for improving patient outcomes, boosting osteoporosis treatment rates in women post-fracture, reducing the risk of future fractures, and helping to meet the HEDIS OMW measure for your office.

Additional Support

Contact your Medicare Advantage Quality Consultant for assistance in improving your practice's compliance with this Osteoporosis measure.

References

[1]*Bone Health & Osteoporosis Foundation (BHOF)* ⬀, *Cleveland Clinic* ⬀, *The Journal of Bone & Joint Surgery* ⬀, *National Library of Medicine: National Center of Biotechnology Information* ⬀, *and Versus Arthritis* ⬀.

*HEDIS® — an acronym for Healthcare Effectiveness Data and Information Set — is a registered trademark of NCQA.

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

Timeline for New Provider Credentialing: Submit Requests Six Weeks Prior to Start Date

Highmark is excited that you want to join our network of participating physicians. To accommodate the large number of credentialing requests we receive, we ask you to wait until six weeks prior to your start date before submitting your credentialing request.

Credentialing requests submitted too far in advance will be rejected and may cause processing delays for yourself and other practitioners.

We thank you in advance for adhering to our timeline.

Have You Seen This Month's Medical Policy Update Newsletter?

Is Your Provider Directory Information Still Accurate?

An accurate and up-to-date online provider directory is essential for Highmark members seeking care. To maintain the accuracy of our provider directory, we ask that you verify your information every 90 days.

Why Is This Important?

- **Compliance** – The Centers for Medicare and Medicaid Services (CMS) mandates quarterly validation of provider directory data.
- **Accuracy** – Validated data ensures correct claims processing and helps members find the right care.
- **Network Status** – Failure to validate data quarterly may result in removal from the directory and impact network status.

What to Review

Please verify the following information for each practitioner:

- Full name (matches medical license)
- National Provider Identifier (NPI)
- Practice name (matches phone greeting)
- Accurate list of current specialties
- Confirmation that practitioners see members and schedule appointments regularly at listed locations and are affiliated with the group.
  - **Exclusion:** Do not include covering physicians, those reading test results, or hospitalists.
- New patient acceptance status (accepting or not accepting)
- Correct address, suite number (if applicable), phone number, and email address

How to Attest

- **Professional Providers:** Use the Provider Data Maintenance (PDM) tool within the Availity Essentials® ↗ provider portal every 90 days.
- **Facility and Ancillary Providers:** Use the Highmark Facility/Ancillary Change form ↗ on the Provider Resource Center every 90 days.

Important Reminders

- Add resourcecenter@highmark.com ↗ to your address book to ensure you receive important emails from Highmark.
- Double-check your email address(es) during the attestation process to guarantee uninterrupted communication.

# Staying Up to Date with the
Highmark Provider Manual

Ensure you are regularly reviewing the *Highmark Provider Manual* ⧉ for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage

Some recent noteworthy changes occurred in the following chapters and units:

- **Chapter 2, Unit 5:** Telemedicine Services
- **Chapter 5, Unit 7:** Value-Based Reimbursement Programs
- **Chapter 6, Unit 3:** Facility (UB-04/8371) Billing
- **Chapter 6, Unit 4:** Professional (1500/837P) Reporting Tips

To see the full list of recent changes, visit the *What's New in the Highmark Provider Manual* ⧉ page.
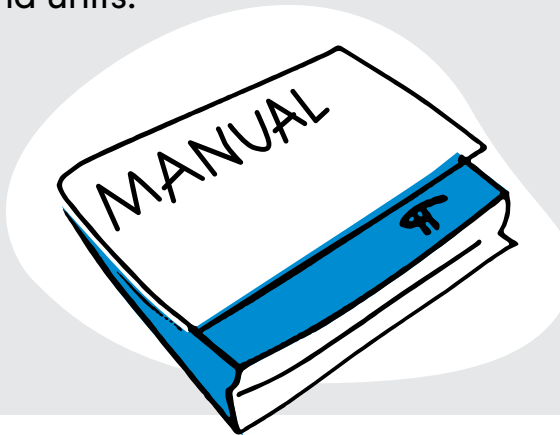
FREE. FAST. SIMPLE.

Are You Using Availity Essentials® for Your Highmark Transactions?

About This Newsletter

Provider News is a valuable resource for health care providers who participate in our networks. Published monthly on the last Monday of the month*, *Provider News* conveys important product, policy, and administrative information, including billing, claims, and program updates.

The publication also features the latest news, information, tips, and reminders about our products and services, as well as relevant interviews, articles, and stories, for health care professionals who serve Highmark members.

Regular topics include:

- New and Updated Reimbursement Policies
- Authorization Updates
- Staying Up to Date with the *Highmark Provider Manual*

*When a holiday falls on the last Monday of the month, *Provider News* will be published on the preceding Friday.

Another Valuable Resource

For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the Medical Policy Update Newsletter, which is available on the **Provider Resource Center > Latest Updates > Medical Policy Update**.

To subscribe to our newsletters, click **Join Our Mailing List** 🔗.

Comments/Suggestions Welcome

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments, or ideas for articles in future issues, please email the *Provider News* team at **ResourceCenter@Highmark.com** 🔗.

Highmark Quick Reference

To contact Highmark, click **here** 🔗.

Service Areas 🔗

What Is My Service Area?

Highmark defines its service areas as outlined in the maps.

Highmark Blue Cross Blue Shield (DE)
All 3 counties in Delaware

Highmark Blue Cross Blue Shield (WNY)
Serves 8 counties in western New York

Highmark Blue Cross Blue Shield (WPA)
Serves 29 counties in western Pennsylvania*

Highmark Blue Cross Blue Shield (NEPA)
Serves 13 counties in northeastern Pennsylvania

Highmark Blue Cross Blue Shield (WV)
All 55 counties of West Virginia

Highmark Blue Shield (NENY)
Serves 13 counties in northeastern New York

Highmark Blue Shield (CPA)
Serves 21 counties in central Pennsylvania*

Highmark Blue Shield (SEPA)
Serves 5 counties in southeastern Pennsylvania

☐ Not Included in Highmark Service Areas
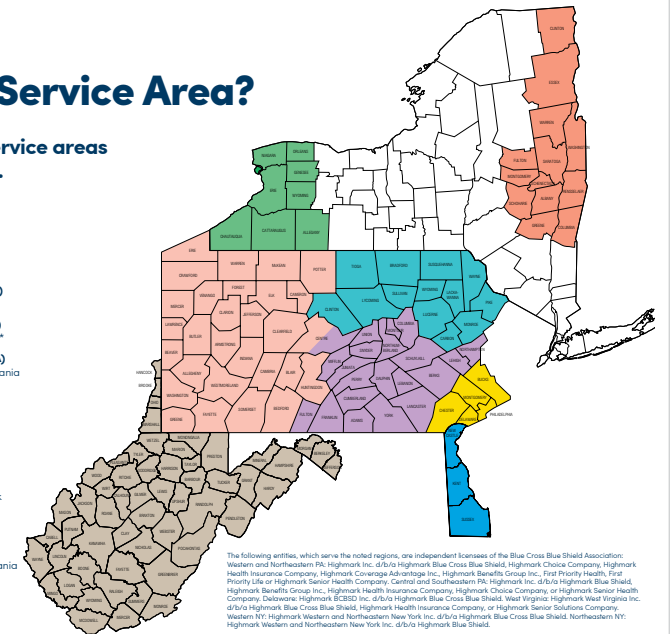
*Centre County in Pennsylvania is unique in how Highmark divides it. One portion is in Highmark's Central Region (CPA), the other is in Highmark's Western Region (WPA).

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, or Highmark Senior Solutions Company. 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.

Note: Your office or facility location typically determines Highmark's ability to contract with you for networks serving one or more service areas. Highmark's ability to contract is generally limited to services rendered at locations in Highmark's service areas regardless of whether a provider's location includes locations in and outside of Highmark's service area.

Legal Information