

# CHAPTER 1: GENERAL INFORMATION

## UNIT 1: INTRODUCTION

### IN THIS UNIT



TOPIC	SEE PAGE
Manual Purpose and History	2
How to Use This Manual	4
About Highmark	7
Highmark Works With Health Care Providers	8

### What Is My Service Area?

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **Where no symbol is present, the information is relevant to all states.**



The PA ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.



The DE ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.



The WV ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

OBSOLETE

## 1.1 MANUAL PURPOSE AND HISTORY

**Purpose** The *Highmark Provider Manual* is designed to be your primary reference guide to Highmark. It contains information, policies, and procedures for all providers participating in Highmark's provider networks in Pennsylvania, Delaware, West Virginia, and contiguous counties in their bordering states. The manual combines information for all Highmark service areas to give providers a comprehensive understanding of Highmark's health insurance programs.

The *Highmark Provider Manual*, together with other administrative requirements as defined or described in the applicable provider agreement, supplements and is made part of your provider agreement(s). The manual includes, but is not limited to, information such as:

- Services we offer providers and members
- Requirements for participation in our provider networks
- Administrative requirements and guidelines
- Electronic solutions for efficiency and convenience
- Claim submission guidelines for quick and accurate processing

**Who should use this manual?**

The *Highmark Provider Manual* is applicable to all provider types who have provider agreements with Highmark, including:

- Physicians and other professional practitioners;
- Hospitals and other facilities; and
- Ancillary and other organizational providers.

Where indicated or as is apparent by the content, certain sections of the manual may not be applicable to all provider types.

[What Is My Service Area?](#)

**Manual history**

The online *Highmark Provider Manual* was first published in 2018, replacing the *Highmark Blue Shield Office Manual* (for professional providers) and the *Highmark Facility Manual* (for facility/organizational provider types).

The consolidation simplified and improved the experience for providers by providing one comprehensive resource for all providers participating in Highmark's provider networks in all service areas in Pennsylvania, Delaware, and West Virginia. This online manual replaces and supercedes any predecessor provider manuals previously used in any of Highmark's service areas.

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## 1.1 MANUAL PURPOSE AND HISTORY, Continued

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### Disclaimer

All revisions to this *Highmark Provider Manual* (the “manual” or “*Highmark Provider Manual*”) are controlled electronically. All paper copies and screen prints are considered uncontrolled and should not be relied upon for any purpose. The *Highmark Provider Manual* is the property of Highmark Inc. and its affiliated health plans, Highmark BCBSD Inc. (Highmark Blue Cross Blue Shield Delaware) and Highmark West Virginia Inc. (Highmark Blue Cross Blue Shield West Virginia) (individually and collectively referred to herein as “Highmark”). The information, content, and design/organization of the *Highmark Provider Manual* are maintained by Highmark. Links to external websites referenced in the manual are for the convenience of the user. Such links do not constitute an official endorsement or approval by Highmark or any of its subsidiaries or affiliates with respect to the links’ content.

Highmark complies with all state and federal laws, including laws related to Medicare and our Medicare Advantage products. In cases where administrative requirements (as defined or described in the applicable provider agreement, including but not limited to, Highmark policy, Highmark Medical Policy, and/or the *Highmark Provider Manual*) conflict with federal or state laws or regulations, or directives of the Centers for Medicare & Medicaid Services (CMS) or other regulators, such laws, regulations, and/or directives shall apply.

Information in the *Highmark Provider Manual* is subject to change by Highmark. Information in the *Highmark Provider Manual* is subject to regulatory review and may also be changed at any time in accordance with regulatory requirements. All such changes may be published in provider newsletters, special mailings, and/or forms of online communications such as the Provider Resource Center.

In addition to the *Highmark Provider Manual*, please check the Provider Resource Center’s home page and its NEWSLETTERS/NOTICES section often for policy and procedure updates. The *Highmark Provider Manual* is binding upon providers together with other administrative requirements (as defined or described in the applicable provider agreement).

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## 1.1 HOW TO USE THIS MANUAL

### Introduction

The *Highmark Provider Manual* contains helpful information and resources to assist you in your daily interactions with Highmark members and with Highmark.

The *Highmark Provider Manual* is intended to be an online resource -- keeping the manual electronic helps us to provide you with the most up-to-date information. All revisions to this manual are controlled electronically; paper copies and screen prints are considered uncontrolled and may not be the most recent version.

### The Highmark Brand

Because this manual combines information for all Highmark service areas in Pennsylvania, Delaware, and West Virginia, you will only see a reference to the Highmark Blue Shield brand.

Where business applies to a particular service area only, it will be noted as such (see key below), or the information will be broken out into a separate link. If you are uncertain of your service area, please click the **What Is My Service Area?** icon, which is located throughout the manual, to access a map identifying our service areas.




[What Is My Service Area?](#)

### State symbol key



The key to the state symbols is provided on the topic page of each unit of the manual. The symbols will be used if the information within the block applies to just one or two states in Highmark's service areas. You'll see the symbol(s) after the block title to the left of the block of information, as illustrated to the left in the title of this block.

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **Where no symbol is present, the information is relevant to all states.**

-  The PA ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.
-  The DE ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.
-  The WV ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

### Organized by topic within chapters/units

The *Highmark Provider Manual* is organized by topic to make it easier for you to find answers. The six chapters identify the broader main topics, and each chapter is further divided into units on more specific topics. The first page of each unit provides a detailed topic menu of the sections within the unit.

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## 1.1 HOW TO USE THIS MANUAL, Continued

### Revision dates and blue italic text

The most recent changes in the manual are presented in blue italic text to denote areas of revision or addition. This visually attractive format works in conjunction with revision dates in the upper right corner of each page of a unit. This style is designed to help you identify new and updated information more quickly.

The **Why blue italics?** icon is located throughout the manual wherever blue italic text appears. You can click on the link in the icon for an explanation of the blue italic text as well as additional helpful tips for getting the most from the *Highmark Provider Manual*. This document can also be accessed from **ADDITIONAL RESOURCES** at the bottom of the manual's home page – select **How to Use This Manual**.




[Why blue italics?](#)

### Quick Reference

The **Quick Reference** is available at the top of the manual home page for easy access to a one-page printable document with the most frequently used telephone numbers for contacting Highmark in all service areas – the Provider Service Center and Highmark Clinical Services.

And the **Quick Reference** icon is placed in key locations throughout the manual to provide easy access to phone numbers for the Provider Service Center and Highmark Clinical Services when exploring the manual for information.



Quick Reference

### Tip sheets

Printable “tip sheets” are featured throughout the *Highmark Provider Manual*. Tip sheets have been developed for information that may be referenced regularly for which a printed version may be helpful. The tip sheet icon will appear on pages where a related tip sheet is available. You can click on the icons for direct access to these printable reference documents.



TIP SHEET

All tip sheets available throughout the manual are also available in one location -- the **Tip Sheet Index**, accessible from **ADDITIONAL RESOURCES** located at the bottom of the manual home page.

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## 1.1 HOW TO USE THIS MANUAL, Continued

### Additional Resources

The access to **ADDITIONAL RESOURCES** is located by scrolling down to the bottom of the manual's home page:



Click on the dropdown arrow for access to the following:

- **Appendix:** Provides additional content relevant to specific chapters/units of the manual.
- **Contact Manual Editor:** Click on this selection to create an email to send your comments and suggestions about the manual to the *Highmark Provider Manual*'s editor at [HPMeditor@highmark.com](mailto:HPMeditor@highmark.com)
- **Disclaimer:** Disclaimer related to the use of the *Highmark Provider Manual*.
- **Glossary of Terms and Acronyms:** Includes definitions for terms and acronyms commonly used by Highmark in health care, or in the manual.
- **How to Use This Manual:** This tip sheet explains the reason for the blue italic text and provides additional helpful tips for using the manual.
- **Manual Archive:** The most recently "retired" version of each unit of the manual is housed here.
- **Tip Sheet Index:** All of the manual's tip sheets are available here in one location for easy access.
- **View Entire Manual:** This selection opens to a PDF that combines all units of the manual into one document, which allows you to easily search the entire manual by keyword.

### How to provide feedback

This manual is intended to be a key source of information for all of our participating providers and we welcome your feedback in order to provide the information you need. To ensure this manual continues to fulfill its objective, Highmark is interested in hearing comments from users. If you would like to comment or recommend additions or enhancements to the *Highmark Provider Manual*, please contact us. Email your comments to:

[HPMeditor@highmark.com](mailto:HPMeditor@highmark.com)

Please include your name and telephone number for the manual's editor to contact you, if necessary, to clarify your recommendations.

As indicated above, the link to email the editor is also available from **ADDITIONAL RESOURCES** at the bottom of the manual's home page.

## 1.1 ABOUT HIGHMARK

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### A brief history of Highmark

In the 1930s, Highmark's predecessor companies were established to help individuals in the communities they served pay for hospital and medical services. Today, that remains our mission — to deliver high quality, accessible, understandable, and affordable experiences, outcomes, and solutions for our customers. It guides our actions throughout Highmark's businesses.

Highmark Inc. was created in 1996 by the consolidation of two Pennsylvania licensees of the Blue Cross and Blue Shield Association – Pennsylvania Blue Shield and Blue Cross of Western Pennsylvania. Highmark Inc. and its health insurance subsidiaries and affiliates now operate health insurance plans in Pennsylvania, Delaware, and West Virginia that serve five million members as well as hundreds of thousands additional Blue Plan members through the BlueCard® program:

- **Highmark Blue Cross Blue Shield** provides integrated Blue Cross and Blue Shield coverage throughout the 42 counties of western, north central, and northeastern Pennsylvania.
- **Highmark Blue Shield** serves the 21 counties of central Pennsylvania and the Lehigh Valley as a full-service health plan. As a partner in joint operating agreements, Highmark Blue Shield also services in conjunction with Independence Blue Cross in southeastern Pennsylvania.
- **Highmark Blue Cross Blue Shield West Virginia** serves the entire state of West Virginia plus Washington County, Ohio.
- **Highmark Blue Cross Blue Shield Delaware** serves the entire state of Delaware.

[What Is My Service Area?](#)

### Highmark Health

Highmark Health, established in Pittsburgh in 2013, is a national health and wellness organization that employs approximately 40,000 people and serves nearly 50 million individuals in all 50 states and the District of Columbia.

Highmark Health is the parent company of Highmark Inc. and its subsidiaries and affiliates. It is also the parent company for Allegheny Health Network, an integrated health care delivery network, which provides health care delivery, research, medical education, and wellness services. The company's diversified businesses provide a spectrum of specialty products such as dental insurance, vision care, and supplemental health programs across the country, including more than 600 Visionworks optical retail stores.

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## 1.1 HIGHMARK WORKS WITH HEALTH CARE PROVIDERS

### An ongoing commitment to health care providers

Highmark understands the tremendous value that physicians, facilities, and other health care professional and organizational providers bring to its organization and to its members. That is why Highmark is constantly striving to make its relationships stronger and better through:

- Enhancing electronic communications and the exchange of data electronically through websites like NaviNet®;
- Collaborating with providers to implement programs that lead to better medical outcomes for our members; and
- Restructuring our processes to make them easier and more efficient.

### Physicians involved in governance and policy decisions

At Highmark, physicians and other health care professionals play an important role in the company's governance and policy making. Independent health care professionals are active in a variety of positions that influence the core of Highmark's operations -- they make up the majority of committees that help resolve claims disputes and promote the delivery of quality medical care to Highmark members.

Health care professionals are also involved at various key junctures during the development of Highmark's Medical Policy – the guidelines used in our coverage and reimbursement determinations.

### Board of Directors

The Board of Directors of Highmark Inc. includes health care professionals (referred to as "Professional Directors") and representatives from customers and the community (referred to as "Lay Directors"). The Bylaws of the Corporation require that at least fifteen percent (15%) (or as near to that number as can reasonably be achieved) but not more than twenty-five percent (25%) of the Board of Directors be Professional Directors. The business and affairs of the Corporation are managed under the direction of the Board of Directors.

### Highmark's Quality Program Committees

As a way for Highmark to promote objective and systematic monitoring, evaluation, and continuous quality improvement, various program committees have been established. Highmark's Quality Program Committees are made up predominantly of health care professionals and established by Highmark's Board of Directors.

For additional information about these Quality Program Committees, please see the manual's [Chapter 5.6: Quality Management](#).