CHAPTER 1: GENERAL INFORMATION

UNIT 3: ELECTRONIC SOLUTIONS – EDI & NAVINET

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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.*

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

Overview

Highmark places a high priority on electronic exchange of information and electronic claims filing. This process is more efficient and cost-effective than conventional means – benefiting health care facilities, professionals, members, and insurers.

EDI Services and NaviNet®

The company’s electronic commerce division, Electronic Data Interchange (EDI) Services, provides a host of services that make filing claims and accessing information faster and easier. These include:

- A claims clearinghouse where you can electronically submit claims and inquiries for Highmark and other insurers
- Convenient technical support through a toll-free hotline
- Information on getting started in electronic claims filing – including a list of vendors who can help you with the appropriate computer equipment and software. These vendors can also help you use your PC to automate other office processes.

In addition, Highmark makes NaviNet® available to all participating providers. NaviNet is an internet-based application for providers to streamline data exchanges between their offices and health insurance companies.

Through Highmark’s NaviNet provider portal, providers are able to submit claims through the HIPAA-compliant claim submission function on NaviNet. This provider portal also allows providers to verify enrollment, eligibility, benefits, claim status, and much more.
1.3 HIGHMARK ELECTRONIC TRANSACTION REQUIREMENTS

Overview
In support of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Highmark has taken steps to eliminate paper transactions with our contracted providers.

Because of the inherent speed and cost-effectiveness, electronic and online communications are integral in today’s business world and Highmark requires that all network providers participate in electronic programs sponsored or utilized by Highmark now or in the future.

Enrollment in NaviNet, EFT, and paperless EOBs required for all participating providers
All Highmark network participating providers are required to enroll in NaviNet®, Electronic Funds Transfer (EFT), and paperless Explanation of Benefits (EOB) statements. All new assignment accounts must sign up for NaviNet and also enroll in EFT and paperless EOBs.

NaviNet is an easy online solution linking physician offices with Highmark and other health plans. NaviNet integrates all insurer-provider transactions into one system (e.g., eligibility and benefit inquiries, claim status inquiries, claim submission, authorization requests, etc.). This service is available at no cost to Highmark network participating providers.

Participating providers are also required to enroll to receive electronic funds transfers and paperless EOB statements.

- EFT is a secure process that directs Highmark claim payments to the provider’s checking or savings account as directed by your office. Payments are typically in the designated bank account by Wednesday of each week.
- Paperless EOB statements reduce the amount of paper flowing into the provider’s office. EOBs are available for viewing on Monday morning via NaviNet—which is two days earlier than receiving them by mail.

How to sign up for NaviNet
To sign up for NaviNet, you can call Highmark’s Provider Service Center or go to https://nanthealth.com/navinet-contact-us/, and then click on the PROVIDERS: SIGN UP FOR NAVINET button.

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1.3 HIGHMARK ELECTRONIC TRANSACTION REQUIREMENTS, Continued

**Enrolling in EFT and paperless EOBs**

After becoming NaviNet-enabled, providers must also enroll in electronic funds transfer (EFT) and paperless Explanation of Benefits (EOB) statements. This is done through the **EFT Attestation and Registration** transaction on NaviNet. To use this transaction, the practice’s NaviNet Security Officer must enable the function for the EFT Responsible Party. Your NaviNet Security Officer is an employee of your practice or health system who has been assigned to serve as the primary contact with NaviNet.

The EFT Attestation and Registration transaction allows the person who is designated as the practice’s “EFT Responsible Party” to electronically attest, register, and/or maintain banking information on behalf of the practice. Once you are enrolled and start receiving EFT payments, you will no longer receive paper EOB statements. You can view your electronic EOBs via NaviNet. To access EFT payment detail and EOBs, select the **AR Management** transaction from the Highmark Plan Central menu.

The printable PDF document, **EFT Attestation and Registration Guide**, provides helpful instructions for using the EFT Attestation and Registration transaction. This document is available on the Provider Resource Center along with a video version.

You can access these tools on the Provider Resource Center by selecting **Provider Training** from the main menu on the left, and then **Provider Training** from the submenu. The EFT tools are under the **NAVINET SELF SERVICE GUIDES** category.

**NaviNet support**

NaviNet provides support for available transactions – just click on **Help** at the top of Highmark Plan Central to access NaviNet Support. Select the Highmark Health Plan for your location, and then click **Go**. You’ll find a User Guide for EFT Attestation and Registration under the **Office & Provider Management** heading.
1.3 ELECTRONIC DATA INTERCHANGE (EDI)

Overview

Everyone has a stake in health care cost containment. Health care professionals, patients, insurance companies, and state and federal government are all affected by the high price of maintaining good health. Fortunately, technology can help simplify business operations and thus cut costs.

Because of the inherent speed and cost-effectiveness, electronic transactions and online communications are integral to today’s business world. Electronic transactions between health care professionals and insurers are essential to maintain efficiency. EDI makes electronic communications a viable method of streamlining claims processing and eliminating wasted time and money.

Highmark provides you the convenience and cost savings of electronic data interchange through various means. Some of the most common forms of provider electronic exchanges with Highmark include streamlined claims filing, acknowledgement information about your claims, inquiry features, and information retrieval.

Background

In 1979, the American National Standards Institute (ANSI) chartered the Accredited Standards Committee (ASC) X12 to develop and maintain uniform standards for Electronic Data Interchange (EDI). **ASC X12N** is the section of ASC X12 for the health insurance industry’s administrative transactions.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Administrative Simplification provisions named ASC X12N as the mandated standard to be used for electronic transmission of health care transactions. In 2010, the Affordable Care Act (ACA) included additional provisions that addressed the use of transactions, building upon the requirements already in place through HIPAA.

Highmark EDI Services

Highmark EDI Services supports a variety of HIPAA-compliant electronic inquiry and claims transactions including, but not limited to:

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<td>Health Care Benefit Eligibility Inquiry and Response</td>
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<td>Health Care Claim Institutional</td>
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<td>837P</td>
<td>Health Care Claim Professional</td>
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<td>835</td>
<td>Health Care Claim/Payment Advice</td>
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1.3 ELECTRONIC DATA INTERCHANGE (EDI), Continued

Highmark EDI Services (continued)

To find out more about the EDI services available to Highmark Trading Partners in support of their electronic business activities, visit the Highmark EDI Services website. The site provides current information about transaction specifications, Trading Partner requirements, and enrollment applications.

Click on the applicable link to access the Highmark EDI Services website directly:

- Pennsylvania: highmark.com/edi
- Delaware: highmark.com/bcbsde
- West Virginia: highmark.com/edi-wv

The link to the EDI Services website is also available on the Provider Resource Center -- select CLAIMS, PAYMENT & REIMBURSEMENT from the main menu, and then Electronic Data Interchange (EDI) Services.
1.3 ABOUT TRADING PARTNERS

What is a trading partner?

A trading partner is an entity that conducts business electronically with Highmark. Providers, clearinghouses/billing services, and software vendors are the most common types of trading partners who enter into agreements with Highmark.

The Trading Partner Agreement

Before a provider, clearinghouse, or software vendor can begin to do business electronically with Highmark, an agreement must be executed. The agreement explains both Highmark’s and the Trading Partner’s obligations as well as defines the terms, indemnification, and compliance with privacy standards. It further establishes the legal relationship and requirements within Highmark.

To view the Provider Trading Partner Agreement in its entirety, select the link titled Electronic Data Interchange (EDI) Services on the Provider Resource Center, or click on the applicable link below to access the site directly:

- Pennsylvania: highmark.com/edi
- Delaware: highmark.com/bcbsde
- West Virginia: highmark.com/edi-wv

Trading partner types

A provider is a health care professional, institution, or organization in whose name the bill is submitted and to whom payment should be made. A clearinghouse, or billing service, is an entity which submits claims or other transactions on behalf of professional or institutional providers.

- Providers doing their own electronic billing using a vendor software package must apply for their own Trading Partner number.
- Providers using a billing service or clearinghouse to conduct electronic billing must be affiliated with the Trading Partner number of the billing service or clearinghouse.
- Billing services and clearinghouses must obtain their own Trading Partner numbers for conducting electronic business with Highmark. In addition, customers (providers) must be affiliated to their Trading Partner number(s).

EDI transaction application

Complete an EDI Transaction Application to request a Trading Partner ID. The type of application depends on the business functions you will be performing. All applicants will be required to review and accept the terms of Highmark’s EDI Trading Partner Agreement.

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1.3 ABOUT TRADING PARTNERS, Continued

EDI transaction application (continued)

To complete an application, visit the Electronic Data Interchange (EDI) Services website via either the Provider Resource Center, or click on the applicable link below to access the site directly:

- Pennsylvania: highmark.com/edi
- Delaware: highmark.com/bcbsde
- West Virginia: highmark.com/edi-wv

Your Trading Partner Profile at Highmark includes many facts about your practice or facility such as:

- Practice or facility name
- Address (both physical locations and where checks should be sent)
- National Provider Identifier (NPI)
- Individual Practitioners who submit claims under a practice’s Billing Provider Number
- NPI for each Practitioner

Changes to any of these can affect how claims are received or processed by Highmark. We recommend that you remain diligent about reporting all changes within your practice as quickly as possible.

When to notify EDI

Electronic transaction exchanges with Highmark can be affected by certain changes made within your practice. In some cases, separate notification about your changes must be submitted to EDI Operations.

If a new provider is added to your staff who will receive payment directly from Highmark, you must add this provider to your Trading Partner number. If you do not complete this step, you will experience problems with receiving payment for this provider’s services.

Reporting changes to your Trading Partner Profile

If you need to report changes to Highmark, a specific request to change your Trading Partner information must be submitted. The forms can be found on the EDI website. You can access the website by selecting Electronic Data Interchange (EDI) Services from the Provider Resource Center main menu, or by clicking the applicable link below to access the site directly:

- Pennsylvania: highmark.com/edi
- Delaware: highmark.com/bcbsde
- West Virginia: highmark.com/edi-wv

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1.3 ABOUT TRADING PARTNERS, Continued

Provider profile questions?

If after visiting the EDI website you still have questions about your Trading Partner Profile, please call EDI Operations at 1-800-992-0246.
1.3 GETTING STARTED WITH ELECTRONIC CLAIM SUBMISSION

Making the transition from paper to EDI

Making the transition from the traditional, slow world of paper to electronic claims can be daunting. However, by choosing the right electronic data interchange (EDI) vendor or billing service, you will have professional help toward your goal of a more streamlined and efficient office.

There are numerous things to consider when selecting an EDI vendor or clearinghouse. List your needs, determine your budget, and talk to others in your specialty using EDI. Please click on the Tip Sheet icon for FAQs to help you get started with electronic claim submission.

Selecting the right EDI option

Practice Management System Vendor: Purchase a complete system from a reputable vendor. Complete system solutions typically include the hardware (personal computer, monitor, modem, and printer) and the software which includes electronic claims submission and possibly accounts receivable posting capabilities. Terms and conditions of each system vary from vendor to vendor.

Clearinghouse or Billing Service: Health care professionals can outsource their electronic claim submissions to private billing services and/or a clearinghouse. Terms and conditions vary from billing service to billing service and clearinghouse to clearinghouse.

Selecting a practice management vendor

The following suggestions should be considered when selecting a practice management vendor:

- Do they offer electronic claims submission of Highmark Blue Shield claims? Is the transmission direct or through an intermediary such as a clearinghouse? Is this capability offered with the basic electronic claims submission module at no additional charge?
- Can they support the submission of secondary claims and additional documentation electronically?
- Does the software capture and print the electronic reports provided by Highmark?
- Do they offer clearinghouse capabilities?
- How is installation performed?
- Ask about training on the software and if there is ongoing education provided. Is system help available (online or through paper manuals)?
- How much additional office software is included (word processing, email)?
- Do they offer Internet access?
- Can you get a list of their clients in your specialty? What is the average turnaround time for a service call?
- What is the cost of the system?

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1.3 GETTING STARTED WITH ELECTRONIC CLAIM SUBMISSION, Continued

Selecting a practice management vendor (continued)

- What features are standard with the system?
  - Does the system support electronic eligibility and claim status inquiries and responses?
  - Does the system support electronic remittance advices?
  - Does the system support electronic acknowledgments?
- When there are changes in Highmark reporting requirements, how long will it take to update your software and how is it updated? What is the cost of normal updates, customization requests, and annual maintenance fees?
- What hardware is included (PC configurations, modems, terminals)?
- Are you getting color monitors or black and white?
- Is the workstation a “dumb terminal” or a PC?
- Will the system automatically bill for co-insurance, copayment, or deductible after the primary insurance pays you?
- What other services do they offer (free conversion, loaner hardware)?
- Do they provide remittance advice information? Is there a fee for this package?
- What computer operating systems do they support?

Selecting a clearinghouse/billing service

Questions for a billing service:
- How frequently do they submit your claims to the carriers involved?
- What kind of tracking reports do they offer to their clients?
- Do they provide credit and collection services?
- What is the cost per transaction?
- Are electronic eligibility and claim status inquiries supported?
- Are electronic remittances supported?
- Are electronic acknowledgments supported?

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1.3 GETTING STARTED WITH ELECTRONIC CLAIM SUBMISSION, Continued

Enrollment

If you will be submitting directly to any of the Highmark payers, enroll online by visiting the **Electronic Data Interchange (EDI) Services** website via the Provider Resource Center, or by clicking the applicable link below to access the site directly:

- Pennsylvania: [highmark.com/edi](http://highmark.com/edi)
- Delaware: [highmark.com/bcbsde](http://highmark.com/bcbsde)
- West Virginia: [highmark.com/edi-wv](http://highmark.com/edi-wv)

Upon receiving your completed application, EDI Operations will process your request and verify that you have a valid National Provider Identifier (NPI). A Trading Partner ID will then be assigned to you.

Within 5 to 10 business days, you should receive a secure email listing your assigned Trading Partner number, login identification and password, and the transmission telephone number.

If you are billing through a Trading Partner, clearinghouse, or billing service, check with them regarding the registration process to affiliate your NPI to their Trading Partner number.
1.3 NAVINET AUTOMATED INQUIRIES AND TRANSACTIONS

Overview

NaviNet® is an Internet-based application for providers to streamline data exchanges between their offices and Highmark. This service is available at no cost to network participating providers.

NaviNet gives users real-time access to Highmark's membership, claims, and provider and payment systems, making your job easier. NaviNet seamlessly integrates all insurer-provider transactions into one system, such as inquiries on referrals/authorizations, eligibility, benefits, claims status, claims investigations, procedure/diagnosis codes, and provider/facility searches.

NaviNet can also be used for claims submissions, authorization requests, and provider information changes. NaviNet provides access to Highmark's tools for real-time claim estimation and adjudication. Our Provider Resource Center is also accessible through NaviNet.

NaviNet is the preferred tool for inquiries

NaviNet is the preferred Highmark tool for inquiring about member information. NaviNet-enabled providers are expected to use this tool for all routine eligibility, benefit, and claim status inquiries. Practices must use NaviNet for routine inquiries that can easily be answered online. The expertise of the Provider Service staff will remain available for non-routine inquiries that require analysis and/or research.

Advantages of using NaviNet

NaviNet is an easy online solution that links physician offices with Highmark and other health plans. The benefits of using NaviNet's online service include:

- Eliminates waiting in a “call queue” (on hold).
- Has no limit to the number of issues you can research online.
- Presents information for all Highmark-supported product lines, including traditional indemnity, managed care, Medicare Advantage (PA and WV only), and the Federal Employee Program (FEP).
- Presents the most current information on Highmark’s systems. What you view on your screen is the same information Highmark staff views when they talk to you on the phone.
- Has extended hours of availability:
  - Monday through Friday from 5 a.m. to 3 a.m.
  - Saturday from 5 a.m. to 11 p.m.
  - Sunday from 5 a.m. to 9 p.m.

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1.3 NAVINET AUTOMATED INQUIRIES AND TRANSACTIONS, Continued

**NaviNet Support: User Guides**

If your staff requires training or a “refresher course” on how to use any of the NaviNet applications, please direct them to NaviNet Support. It is accessed by clicking on Help on the toolbar at the top of the screen on Highmark Plan Central.

A new window will then open for NaviNet Support. Under Health Plans, select the applicable Highmark option for your service area from the dropdown, and then click on the Go button. You will then be directed to NaviNet’s easy-to-use training modules called “User Guides.”

**NaviNet Support: FAQs and Case Management System**

Before you contact NaviNet with a question, please see if it has been answered in NaviNet’s “Frequently Ask Questions.” You can find these FAQs by clicking on Help in NaviNet, and then selecting the Contact Us tab on the NaviNet Support page.

The best way to contact NaviNet is by opening a case. NaviNet’s case management system provides a central place for you to track any issues you may have with NaviNet. In the upper right corner of the NaviNet screen, click on the dropdown arrow next to Welcome and your name, and then select My Account. Once on the My Account page, select Open a Case.

**NaviNet Support: Live Customer Service**

If you prefer to speak to a NaviNet Customer Service representative directly, live NaviNet Customer Service is available by calling:

**1-888-482-8057** (TDD/TTY: 1-800-480-1419)

Hours of availability are Monday through Friday from 8 a.m. to 11 p.m. ET and Saturday from 8 a.m. to 3 p.m. ET.

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1.3 NAVINET AUTOMATED INQUIRIES AND TRANSACTIONS, Continued

NaviNet Self Service Guides

Highmark also provides guides for NaviNet users on the Provider Resource Center. These include guides to NaviNet basics and tips, a recorded webinar about the claims dashboard, and a webinar and guide for EFT registration and attestation.

To access these resources, select Provider Training from the main menu, and then Provider Training from the submenu.
1.3 REAL-TIME CAPABILITIES

Overview

Highmark’s real-time tools are available to all NaviNet®-enabled contracted providers and to providers who submit electronic claims through a practice management system.

These primary real-time capabilities include:

- **Real-Time Provider Estimation** allows providers to submit a claim (837) for a proposed service and receive a response (835) in real-time. The 835 response estimates the member liability based on the current point in time and the data submitted for the proposed service. This capability allows providers to identify potential member liability and set patient financial expectations prior to a service. This can also be used at the time of service to actually identify and discuss payment arrangements or collect member liability at the point of service.

- **Real-Time Claims Adjudication** allows providers to submit a claim (837) that is adjudicated in real-time and receive a response (835) at the point of service. This capability allows providers to accurately identify and discuss payment arrangements or collect member liability based on the finalized claim adjudication results.

Other supporting capabilities related to real-time claim adjudication include:

- Accelerated Provider Payment
- Accelerated Member Explanation of Benefits (EOB) on the Highmark Member portal

These real-time capabilities give providers the ability to discuss member financial liability with patients when services are scheduled or provided. Providers could also collect applicable payment or make payment arrangements at the time of services, if they wish to do so.

User Guides

User Guides are available in NaviNet for real-time estimate submission and claim submission. To access NaviNet User Guides for both professional and facility providers, select Help from the toolbar, click on the Health Plan tab, and then select the applicable Highmark option for your service area.

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1.3 REAL-TIME CAPABILITIES, Continued

Electronic Data Interchange (EDI)

Providers who are interested in integrating real-time capabilities within their practice management system should discuss this functionality with their software vendors. They should also review the Electronic Data Interchange (EDI) transaction and connectivity specifications in the Resources section on the EDI website.

To access the EDI website from the Provider Resource Center, select CLAIMS, PAYMENT & REIMBURSEMENT from the main menu, or click on the applicable link below to access the applicable site directly:

- Pennsylvania: highmark.com/edi
- Delaware: highmark.com/bcbsde
- West Virginia: highmark.com/edi-wv

What Is My Service Area?