

CONFIRMING NETWORKS IN NAVINET

DID YOU KNOW YOUR CAN CHECK YOUR PATIENT'S NETWORK IN NAVINET?

Professional providers can view network information for their patients in real-time within the Provider File Management tool in NaviNet! Eligibility and Benefits allows you to access details about the patient's medical networks, deductible, coinsurance, out-of-pocket maximum, and much, much more!

For further details and instructions on how to view networks that your practice belongs to or to view the networks for a patient's coverage, see below.

FACILITY PROVIDER VIEW OF AVAILABLE NETWORKS

Once you login to NaviNet and have Selected Highmark Blue Cross Blue Shield, navigate to the workflows menu and select "Provider Information"

NantHealth | NaviNet | Home | Help | Contact Support | Feedback

Welcome, [User Name]

Workflows | Administration


Action Items | Activity

Highmark Blue Shield

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports
- Authorization Submission
- Case Management Referral and Inquiry
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission
- Estimate Submission
- Diagnosis Code Inquiry
- Allowance
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider Information**
- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- COB Questionnaire
- EFT Attestation and Registration
- Quality Blue
- Provider Facing Analytics

Welcome to Plan Central



HEADLINE	AUDIENCE	DATE POSTED
CALENDAR YEAR (CY) 2015, 2014 DOS CONTRACT-LEVEL RISK ADJUSTMENT DATA VALIDATION (CON15 RADV) MEDICAL RECORD REQUEST FAQs NOW AVAILABLE	ALL	01/21/2020
UPDATE: HOLD ON MA REIMBURSEMENT METHOD MH CLAIMS (SUPERSEDES 1/9/2020 UPDATE)	FACILITY	01/17/2020
NEW NAVINET FEATURE: VIEW MISSING CLINICAL INFORMATION FOR DENIED AUTHORIZATIONS	ALL	01/13/2020
HIGHMARK PATIENT DRIVEN GROUPER MODEL FOR HOME HEALTH AGENCIES	FACILITY	01/09/2020
UPDATED REGULATIONS FOR PAR, PBS, AND GOVERNMENT-SPONSORED PROGRAM PROVIDERS NOW AVAILABLE	ALL	01/08/2020
JANUARY/FEBRUARY 2020 UPDATES: CHANGES TO THE HIGHMARK DRUG FORMULARIES	ALL	01/08/2020
CERVICAL CANCER SCREENINGS/HPV VACCINATION: WHAT YOU NEED TO KNOW	PROFESSIONAL	01/08/2020
UPDATE: URGENT/EMERGENT AUTHORIZATION REQUESTS FOR INPATIENT ADMISSIONS	FACILITY	01/02/2020
COMMERCIAL FEE UPDATE TO E0445 FOR FPH HMO & FPLIC PPO AND TRADITIONAL PLANS	PROFESSIONAL	01/02/2020

In the SPOTLIGHT..

[REMINDER: CHANGES IN AUTHORIZATION REQUIREMENTS FOR OUT-OF-NETWORK OUTPATIENT SERVICES EFFECTIVE JANUARY 1, 2020](#)

[NAVINET DOCUMENT ATTACHMENT FEATURE NOW AVAILABLE - INSTRUCTIONS INCLUDED HERE](#)

Select Billing Provider/Facility (if applicable)

Provider Information

Please select Billing Provider / Facility:

On the next screen select the "Networks" tab. This tab will indicate which networks and benefit tier (when applicable) within which your agency is participating. (i.e. enhanced/standard)

NantHealth | NaviNet | Home | Help | Contact Support | Feedback

Welcome, [User Name]

Workflows | Administration | Action Items | Activity

< Back to Highmark Blue Shield | Provider Information

Provider Information

Please select Billing Provider / Facility:

[Redacted Selection Box]

Search

Nat'l. Provider ID: [Redacted] Status: ACTIVE

Blue Cross ID: [Redacted] Effective: [Redacted]

Blue Shield ID: [Redacted] Termination: [Redacted] Electronic funds? Yes

Medicare ID: [Redacted]

Tax ID name: [Redacted]

[Patient Review of Facilities](#)

Addresses | **Networks**

Active and pending Networks only | Search

Name	Status	Specialty	Taxonomy Code	
COMMUNITY BLUE MEDICARE HMO NORTH CENTRAL	ACTIVE	General Hospital with Distinct Unit	282N00000X	Select
MEDICARE ADVANTAGE CENTRAL	ACTIVE	General Hospital with Distinct Unit	282N00000X	Select
TRADITIONAL INDEMNITY PARTICIPATING	ACTIVE	General Hospital with Distinct Unit	282N00000X	Select

PROFESSIONAL PROVIDER VIEW OF AVAILABLE NETWORKS

Navigate to the Highmark Plan Central homepage and click **Provider File Management**.

Workflows for this Plan

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HEADLINE	AUDIENCE	DATE POSTED
CT COLONOGRAPHY SCREENING TO BE PREVENTIVE BENEFIT FOR MEDICARE ADVANTAGE MEMBERS, EFFECTIVE JULY 1, 2018	ALL	06/25/2018
UDC PROGRAM FIRST QUARTER OF 2018 COMPENSATION PAYMENTS ISSUED	PROFESSIONAL	06/12/2018
HIGHMARK ENCOURAGES PCPS TO MANAGE MEMBERS AT RISK FOR CTEPH	PROFESSIONAL	06/11/2018
REMINDER: HOME HEALTH SERVICES REQUIRE AUTHORIZATION	PROFESSIONAL	06/07/2018
ENSURE ACCURATE PATIENT INFORMATION IS PROVIDED WHEN REFERRING SERVICES	ALL	06/07/2018

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In the SPOTLIGHT...

- [CHIP: REQUIRED LEAD BLOOD TEST REIMBURSABLE](#)
- [PROVIDER ENROLLMENT REQUIREMENT FOR SERVICES DELIVERED TO CHIP MEMBERS](#)
- [CMS FEDERAL REGULATION MANDATES ACCURATE PROVIDER INFORMATION IN THE DIRECTORY](#)
- [HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

Under Provider File Management, select the appropriate provider number and click **Go**.

If your office contains multiple billing provider numbers in the drop-down, select the number you want to review and click **Go**.

Select a billing provider from the drop-down list and click Go.

Billing provider =

Select the **View group details** link.

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Provider File Management

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NETWORKS AVAILABLE THAT THE PRACTICE PARTICIPATES IN

This link gives you a snapshot of some general information about the selected group. Here you will see:

- Networks the group participates in
- Tiered benefit level
- Effective dates
- Group network

The screenshot displays the NantHealth Navinet interface for 'Provider File Management'. The page title is 'XYZ Family Practice NPI / Blue Shield Number'. It includes navigation links for 'View group details', 'View diagnostic imaging services', 'Review submitted changes', 'Review pending changes', and 'Review credentialing status'. A 'Close' button is located in the top right of the main content area.

Group Details for XYZ Family Practice NPI / Blue Shield Number

National provider ID: [Redacted] Status: Active
Blue Shield ID: [Redacted] Effective: 08/25/1981
Tax ID name: [Redacted]

Phone number on member ID cards
Member access number: [Redacted] (location)

Networks this group participates in

Network Name	Max Assigned	Specialty	Taxonomy Code	Role	Effective
Premier/Blue Shield		Multi-Specialty Group	193200000K	Specialist, PCP	03/15/1994
BCNEPA P/LIC EPO and Custom PPO		Multi-Specialty Group	193200000K	PCP, Specialist	01/12/2016
Traditional Indemnity Participating		Multi-Specialty Group	193200000K		08/25/1981
Community Blue Medicare Plus PPO		Multi-Specialty Group	193200000K	PCP, Specialist	05/01/2017
Community Blue Medicare PPO North Central		Multi-Specialty Group	193200000K	Specialist, PCP	03/01/2017
First Priority Health HMO		Multi-Specialty Group	193200000K	Specialist, PCP	06/02/2016
Community Blue Medicare HMO North Central		Multi-Specialty Group	193200000K	Specialist, PCP	05/01/2016
ACA Select		Multi-Specialty Group	193200000K	PCP, Specialist	11/10/2017
Medicare Advantage Central		Multi-Specialty Group	193200000K	Specialist, PCP	06/16/2006

Tiered Benefit Level

Name	Effective Date
05 Community Blue Flex Enhanced	03/29/2013
214 Alliance Flex Blue Enhanced	07/01/2015
2082 my Priority Blue Flex HMO Enhanced	03/01/2016
2084 my Premier Blue Flex PPO Enhanced	03/01/2016
2080 my Lehigh Valley Flex Blue HMO Enhanced	04/01/2016
2081 Lehigh Valley Flex Blue Enhanced NEPA Small group	09/09/2016
101 PAV	04/01/2014

Locations & Practitioners

SEARCHING FOR A PATIENT'S COVERAGE NETWORK

This feature is particularly helpful when confirming a patient's network coverage.

Navigate to the Highmark Plan Central homepage and click on **Eligibility and Benefits Inquiry**.

Workflows | Administration

Highmark Blue Shield

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Enter the **Member ID Number** or the **Member First Name, Last Name** and **Date of Birth** to search for the Patient and click **Search**.

Workflows | Administration

Highmark Blue Shield

Eligibility and Benefits: Patient Search

Search by Member ID

Member ID

OR

Search by Name

Last Name

First Name

Date of Birth

mm/dd/yyyy

Date of Service

06/25/2018

Reset Search Fields

Search

Select the appropriate member receiving services (if applicable)

Member ID	Patient Name	Date of Birth	Gender	Address	Product	Coverage	Status
123456789001	Smith, Jane	08/01/1953	Female	123 Main Street	PPO	01/01/2018 to 12/31/9999	Active
123456789001	Smith, John	06/01/1955	Male	123 Main Street	PPO	01/01/2018 to 12/31/9999	Active

You can view a copy of the members current ID card from the Eligibility and Benefits detail page.

Eligibility and Benefits for **Jane Smith**
Female born [REDACTED] [View Patient Details](#)

Highmark Blue Shield No additional payer information on file [View/Print](#)

Active from 01/01/2018 to 12/31/9999 Member ID: [REDACTED] Group: [REDACTED] Service Date: 07/10/2018

INSURANCE DETAILS
[View Current Member ID Card](#)

Group Information
Plan Area: 363
Alpha Prefix: HBE
Advanced Imaging Ind: YES

PRIMARY CARE PROVIDER

CB Premier Flex HDHP EPO Provisions
[View Previous Coverage](#)
[Additional Benefit Provisions](#)
Benefit Accumulator

From the Eligibility and Benefits detail page, click on the **Provisions** link on the right side of the screen.

Eligibility and Benefits for **JANE SMITH** [View Patient Details](#)

Highmark Blue Shield No additional payer information on file [View/Print](#)

Active from 01/01/2018 to 12/31/9999 Member ID: [REDACTED] Group: [REDACTED] Service Date: 06/25/2018

INSURANCE DETAILS
[View Current Member ID Card](#)

Group Information
Plan Area: 363
Alpha Prefix: 3FI
Advanced Imaging Ind: YES- Clinical Records Required
Radiation Therapy Management: YES
Physical Medicine Management: YES
Genetic Testing: YES

Product: DIRECT PAY
Type: Preferred Provider Organization (PPO)

PRIMARY CARE PROVIDER

DIRECT PAY Provisions
[View Previous Coverage](#)
[Additional Benefit Provisions](#)
Benefit Accumulator

Scroll down to **Network Rules** within the provisions to see the eligible network(s) that the member's plan covers. Products will differ based on their plan type and market availability.

Below are a few examples of what you may see.

Timely Filing	Highmark Blue Shield Facility Pricing
Network Rules	Yes
	15 Months
	Yes
	ACA Select (B65)
	Government Sponsored Programs for Facility and Professional Services in the Central and Western Region Counties
Provider Classification	Yes
Balance Billing by Provider	Medical/Surgical - PPO BHS Provider Class
Authorization	Yes
	Yes
	Inpatient Facility only

Network Rules	Yes
	Enhanced (088)
	Standard (089)
	Highmark Blue Shield Facility Central within Central Region Counties
	PremierBlue Shield Statewide for Professional except
	Western Region Counties follow
	Community Blue Professional Western and
	Community Blue Facility Western
Provider Classification	Yes
	Medical/Surgical - PPO BHS Provider Class

Network Rules	12 Months
	Yes
	Managed Care Professional Western
	Managed Care Facility Western
PCP Reimbursement Method	Yes
Provider Classification	Fee for Service
	Yes
	Medical/Surgical - HMO Medicare Advantage BHS Provider Class