## **Provider Information Management** (PIM) Glossary

Advanced Practice Providers (APP) – Also known as 'Mid-Level Providers' are trained health care providers who have a defined scope of practice. This means that they are trained and legally permitted to provide healthcare in fewer situations than physicians but more than other health professionals.

NOTE: Adding a Practitioner as an Advanced Practice Provider does not require credentialing. This will allow for the Practitioner to bill directly with their own NPI. This type of provider is not listed in the directory.

**Ancillary Providers** – Also known as Organizational Providers, Ancillary Providers are freestanding and facility-based providers billing on a 1500 claim form.

**Assignment Account** – The Plan's term for a single provider or group of providers who wish to assign their right of payment to a single entity under a tax identification number.

**Atypical Providers** (Medicaid) – Atypical Providers can enroll as a billing provider or rendering provider for medical assistance programs' related non-health care services, but do not meet the definition of a health care provider for National Provider Identification (NPI) purposes. Atypical Providers include Adult Day Care/Adult Day Services (includes Day Habilitation services), specialized medical equipment/supplies (assistive technology), assisted care living facility, home delivered meals, in home respite, Inpatient respite, minor home modifications, attendant care, personal emergency responses services (PERS), homemaker/chore services, support for self–directed attendant care services, and home and community based services (includes AIDS/nutritional supplements and other Provider types not specified in this list).

**Electronic Forms** – All PIM forms are now electronic; eliminating the need to fax or email paper forms.

**Enumeration** – The process of obtaining a Highmark Identification Number to bill and submit claims to Highmark's reimbursement systems. Any billing provider that has been assigned a Blue Shield number has been enumerated.

**Facility Providers** – Also known as Organizational Providers, Facility Providers are medical entities billing on a UB-04 claim form.

**Facility-Based Professional Providers** (PARE Providers) – Practitioners who provide services to members exclusively in a participating skilled nursing facility, participating ambulatory surgery center, inpatient hospital and/or freestanding inpatient or outpatient facility setting and for members only because they are directed to the facility setting.

**Medical Aid Units** (MAUs) – Medical Aid Unit applies to Delaware providers only. In Delaware, a facility is an "Urgent Care Center (UCC)" and credentialed as such only if they are licensed as a Freestanding Emergency Center. Facilities providing urgent care that are not licensed as a Freestanding Emergency Center are called and credentialed as "Medical Aid Units (MAUs.)"

**NaviNet**<sup>®</sup> – NaviNet is an easy online solution linking providers with Highmark and other health plans. NaviNet integrates all insurer-provider transactions into one system.

**Organizational Providers** – Refers to Facility and/or Ancillary Providers. These are brick and mortar entities that provide care or services.

**Professional Providers** – Non-institutional practitioners who provide care. They have the appropriate credentials to submit 1500 claim forms for medical services rendered.

**Recredentialing** – Re-verifying information to maintain network participation. Notification is sent approximately six months prior to the three-year credentialing period.

**Recredentialing process** – A letter will be sent when the recredentialing process begins, approximately six months prior to the recredentialing due date.

**Retail Clinics** (RC) – These provide basic health care services. They are usually located in drugstores and open all week. They offer evening and weekend hours. Retail clinics are staffed by Certified Registered Nurse Practitioners who diagnose and treat common health problems such as cold, the flu or rashes.

**Special Consideration** – A process to consider network participation in certain markets where select specialties are closed to network enrollment.

**Specialty Pharmacy** – Serves patients with complex, chronic diseases delivering specialized clinical services.

**Urgent Care Centers** (UCC) – Providing the same services as your family doctor, UCCs diagnosis and treat minor illnesses, sprains, and other injuries as well as X–rays and blood tests. They are usually open 12 hours a day during the week and eight hours a day on weekends. These do not require any appointment.

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health insurance companies.

