

Special Bulletin

For professional and facility providers

September 25, 2023

Use of Self-Service Tools For Claim Status & Claim Investigation Expanding to FEP

The required use of self-service tools for questions related to claim status and claim investigation is expanding to include Federal Employee Program (FEP) members, effective **November 13, 2023**.

Highmark's Provider Call Center will direct providers to our self-service tools when seeking information regarding claim status and claim investigation for FEP member claims. The self-service tools are available by logging into [NaviNet](#)[®] and/or [Availity](#)[®] - or by using our Interactive Voice Response (IVR) system.

About Provider Call Optimization

Highmark launched the provider call initiative in its Delaware, Pennsylvania, and West Virginia regions in July 2023 for commercial and Medicare Advantage members. The expansion to FEP is the next phase of the rollout.

The use of self-service tools for claim status and claim investigation will help reduce call wait times and allow you to speak more quickly to a live provider representative for information that cannot be self-served.



**This does not apply to our NY and SEPA regions at this time.*

Self-Service Tools

Highmark offers several provider self-service tools available through [NaviNet](#) and/or [Availity](#) (starting **October 22, 2023** for many providers), Highmark's Provider Resource Center (PRC), and our Interactive Voice Response (IVR) to quickly manage your routine inquiries.

These tools can help providers reduce administrative costs, improve office workflows, and assist in the collection of claim payments. Please encourage your third-party vendors (clearinghouse, billing companies, etc.) to also use these self-service tools.

Self-Service Tool	Functionality
NaviNet	Electronically submit claims and other payer/provider transactions to Highmark. Here's a Quick Start Guide to using the most common functions.
Availity	(Starting October 22, 2023 , for many providers including those who currently use Availity for other payers or newly contracted with Highmark.*) Electronically submit claims and other payer/provider transactions to Highmark. Log

	into Availity then click on Help & Training for more information.
Provider Resource Center	A communication/education tool for Highmark’s provider network to stay updated on the latest policies, procedures, and news. <ul style="list-style-type: none"> • Links to the regional websites are listed below.
Interactive Voice Response	An automated telephone system available 24 hours a day, 7 days a week, and allows providers to inquire about authorization and claim status.

*Information on the transition to Availity can be found on the Provider Resource Center. Look under Availity in the left-hand menu.

These tools support a variety of clinical, financial, and administrative self-service capabilities. Below are details on how to use the self-service options for some claim transactions. There are **many** more services that our tools support, including eligibility and benefits, authorization submission, etc. Our self-service tools are the preferred way to get quick answers for many needs.

- [Claim Status](#)
- [Claim Investigation](#)
- [Unresolved Billing Disputes](#)
- [Top Billing Errors to Avoid](#)

Third Parties

Please encourage your third-party vendors (billing companies, credentialing agencies, etc.) to also use these self-service tools.

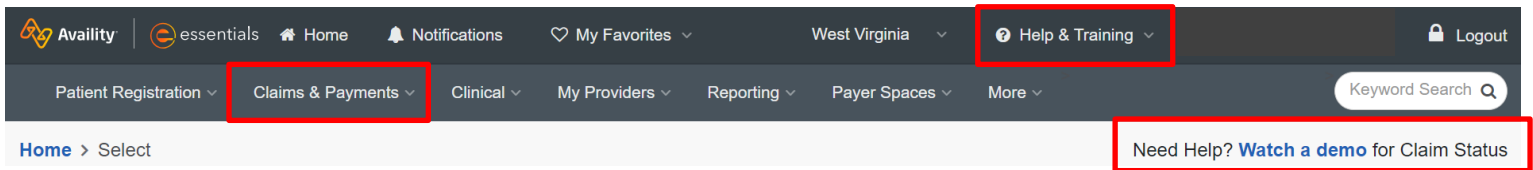
- **NaviNet** - Enroll by visiting navinet.navimedix.com and clicking “Register for a new account.”
- **Availity** – Enroll by visiting the [Register and Get Started with Availity Essentials](#) webpage.

Do not add users from third parties to your facility/practice’s provider portal account; they must create their own provider portal account.

Claims Status

The **Claim Status Inquiry** function in NaviNet and Claim Status function in Availity allow you to view real-time, detailed claims information for any member, whether claims were submitted electronically or on paper. You can track the status of a claim from the start of the adjudication process until the time of payment.

- **NaviNet** – Read our [Quick Start Guide](#) for information on the Claim Status Inquiry function.
- **Availity** – You can access the **Claim Status** function under Claims & Payments in the Availity main website menu to search for claims or view a claim status.



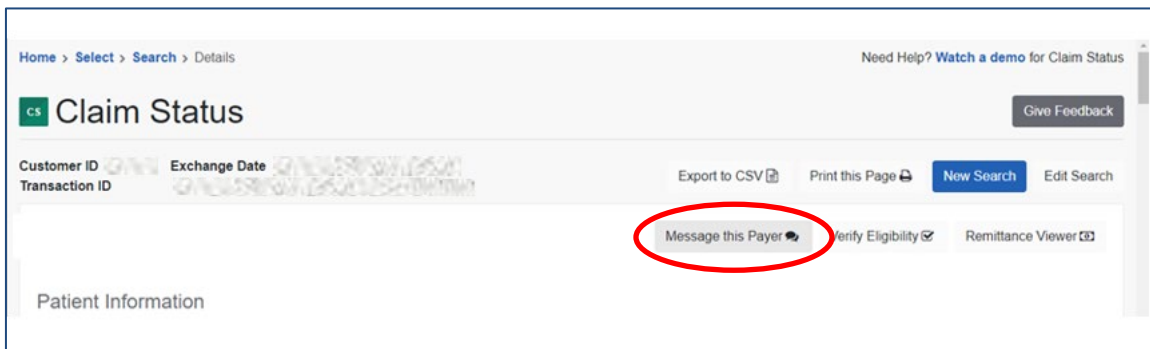
- A demo video is available to assist you in the process. You can find the video in the top right-hand corner of the screen.
- Additional training information can be found under Help & Training.

- **Interactive Voice Response (IVR)**

- Call the [Provider Service Center](#) for your region.
- Enter the provider's NPI number.
- Enter the member's Highmark ID or social security number.
- Enter or say the member's birthdate.
- Say "Claims."
- Enter or say the date of service.
- The system will provide a summary of the claim (Service date(s), charges, process date, member responsibility, who claim is paid)
- If you ask for "More Details," you will also hear details, such as: "claim number," number of charges on claim, provider responsibilities, paid amount.

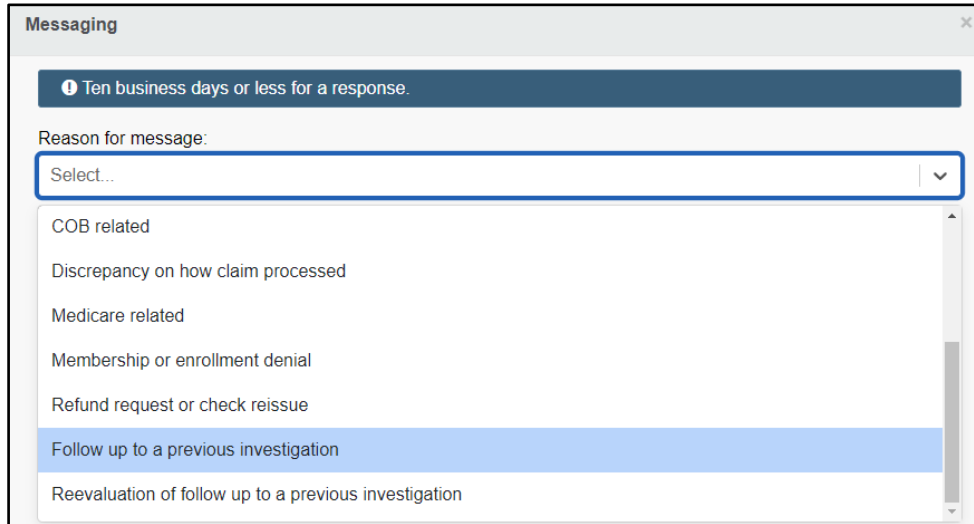
Claim Investigation

- **NaviNet** – Read our [Quick Start Guide](#) for information on the Claim Investigation function.
 - **First Inquiry:** Locate the claim in **Claims Status Inquiry**, and then click **Claim Investigation** to send your inquiry to Provider Service.
 - **Second Inquiry:** Any provider who treats a Highmark member has the right to dispute claims payment decisions made by Highmark. If you do not agree with the response to your claim investigation or need additional information, select **Claim Investigation** from within your inquiry to send an additional (second) inquiry to Provider Service.
 - **Third+ Inquiry:** You may submit additional Claim Investigations if needed.
- **Availity**
 - **First Inquiry:** Locate the claim in **Claim Status**, and then click **Message This Payer** to send your inquiry to Provider Service.



- **Second Inquiry:** Any provider who treats a Highmark member has the right to dispute claims payment decisions made by Highmark. If you do not agree with the response to your claim investigation or need additional information, locate the claim in **Claim Status**, select

Message This Payer, and then select the option **“Follow up to a Previous Investigation”** to send an additional (second) inquiry to Provider Service.



- **Third+ Inquiry:** You may submit additional Claim Investigations if needed by following the above instructions and choosing **“Reevaluation of a follow up to a previous investigation”** from the drop down.

Unresolved Billing Disputes

Any claims review dispute involving claims submitted by a health service provider that remains unresolved may be submitted for an appeal. Please see *Highmark’s Provider Manual* on the Provider Resource Center, Chapter 6 Unit 1.

Top Billing Errors to Avoid

Below are ten common errors that may cause a claim to process incorrectly.

Reporting Error	Correction
Incorrect provider number listed	Generally, the billing provider number is the assignment account, while the performing provider number is the individual practitioner. If practices are unsure which National Provider Identifier (NPI) to use (assignment account/group or individual practitioner/group member), they should contact Highmark Provider Services.
Performing provider name and number	The performing practitioner name and practitioner identification number should be reported on the claim when it is different than the billing provider identification number.
Invalid place of service codes submitted and/or the facility name and number is not listed	Ensure the correct place of service code is being used. When the place of service is different than the billing provider’s address (e.g., Hospital or SNF), ensure a service facility location and identification number are reported.
NOC (not otherwise classified) codes listed without descriptions	Descriptions of the service provided must be reported on the claim for NOC codes.
Applicable coordination of benefits/other insurance information and/or documentation is not accompanying the claim	Please make an effort to report electronically or attach coordination of benefits/other insurance information

Member identification numbers are incomplete	List the complete member identification number including any alpha prefix.
Claims are range dated but the number of services do not clearly correspond with the date range (e.g., indication that services were performed 01-01-16 through 01-10-16 but list only five services)	When services span over a period of days, the number of services should correspond on a one-on-one basis if you are range dating (indicating that services span from one date through another date). If they do not correspond on a one-on one basis, you should itemize the services.
Submit HCPCS codes that are not valid for the time the service was rendered (e.g., billing for a service performed in 2015 with a code that was not in place until 2016 or vice versa)	Report correct procedure codes that are valid for the date of service.
Invalid diagnosis code	Report diagnosis codes that are the highest degree of specificity and valid for the date of service.

Provider Resource Center Websites

The Provider Resource Center (PRC) is the main communication/education tool for Highmark’s provider network to stay updated on the latest policies, procedures, and news. Visit the website for the region in which you are contracted.

Highmark Blue Shield

hbs.highmarkprc.com

Highmark Blue Cross Blue Shield

hbcbs.highmarkprc.com

Highmark Blue Cross Blue Shield Delaware

hdebcbs.highmarkprc.com

Highmark Blue Cross Blue Shield West Virginia

hwvbcbs.highmarkprc.com

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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.

Availity is an independent company that contracts with Highmark to offer provider portal services.