

# NAVINET® PROVIDER PORTAL

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 payment systems, making your job easier. NaviNet seamlessly integrates all insurer-provider transactions into one system, such as inquiries for eligibility, benefits, and claims status, as well as transactions such as claims submissions and authorization requests. Our Provider Resource Center is also accessible through NaviNet.

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 that can be easily answered online.

## NAVINET HELP AND SUPPORT

If you need some help using NaviNet's functions, NaviNet **User Guides** specific to Highmark are available. In addition, NaviNet Customer Support is available for assistance if you cannot find what you need. To learn more, click on this link: [NaviNet Help and Support](#).

## HOURS OF AVAILABILITY

Hours of availability in Eastern Time for transacting with Highmark using NaviNet:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5am to 3am	5am to 3am	5am to 3am	5am to 3am	5am to 3am	5am to 11pm	5am to 9pm

## HIGHMARK PLAN CENTRAL

Once you log in to NaviNet with your secure password and select Highmark under **Workflows > My Health Plans**, you will land on Highmark Plan Central – Highmark's "bulletin board" for information and important updates. The main features on Plan Central include:

- **Workflows for this Plan** – is the menu on the left of the screen that gives you access to all of Highmark's inquiry and transaction functions in NaviNet.
- **Plan Central Messages** –are located in the center section of Plan Central and are important notifications and announcements of upcoming policy or procedure changes, new programs, and more. Just click on the headline links to read the messages.
- **In the SPOTLIGHT...** focuses on important reminders and upcoming updates so that you'll be reminded and prepared for any changes that will affect you.

The screenshot shows the Highmark Plan Central provider portal. At the top, there is a navigation bar with 'NantHealth | NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A user greeting 'Welcome, Shirley' is visible in the top right. Below the navigation bar, there is a 'Workflows' dropdown menu and 'Action Home' and 'Activity' icons. The main content area is titled 'Highmark Blue Shield' and features a 'Workflows for this Plan' sidebar on the left with various inquiry options. The central section is titled 'Welcome to Plan Central' and displays a table of news items. The table has columns for 'HEADLINE', 'AUDIENCE', and 'DATE POSTED'. The news items include updates on FRESPIRA, system downtime, provider file management enhancements, claim denials, and hospital admitting privileges. To the right of the table, there is a 'In the SPOTLIGHT...' section with a yellow spotlight icon, highlighting 'HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM' and 'PROVIDER ENROLLMENT REQUIREMENT FOR SERVICES DELIVERED TO CHIP MEMBERS'. At the bottom right, there is a link for 'CMS FEDERAL REGULATION MANDATES ACCURATE PROVIDER INFORMATION IN THE DIRECTORY'. A footer note states that news items are removed from this page but remain on the Plan Central Library page on the Provider Resource Center.

HEADLINE	AUDIENCE	DATE POSTED
<a href="#">FRESPIRA OFFERS PATIENTS DRUG-FREE, LONG-LASTING SYMPTOM RELIEF FROM PANIC ATTACKS</a>	ALL	08/16/2018
<a href="#">HIGHMARK NAVINET SYSTEM DOWNTIME: AUG. 17 AND 18, 2018</a>	ALL	08/16/2018
<a href="#">NAVINET: PROVIDER FILE MANAGEMENT ENHANCEMENTS EFFECTIVE AUG. 20, 2018</a>	ALL	08/16/2018
<a href="#">AVOID CLAIM DENIALS: KEEP ASSIGNMENT ACCOUNT UP-TO-DATE</a>	PROFESSIONAL	08/09/2018
<a href="#">REMINDER: ENSURE HOSPITAL ADMITTING PRIVILEGES OR COVERAGE ARRANGEMENTS ARE IN PLACE TO NETWORK FACILITIES</a>	ALL	08/08/2018

## WORKFLOWS FOR THIS PLAN

Your options under Workflows for this Plan can vary depending on your provider type and your NaviNet accesses. In addition, all users can access the Provider Resource Center by selecting **Resource Center** from the menu. A summary of each of the functions available to most providers for interacting with Highmark is provided below.

### ELIGIBILITY & BENEFITS AND OTHER INQUIRIES

- **Eligibility and Benefits Inquiry** -- lets you access real-time member eligibility and benefits details. Highmark's **Additional Benefit Provisions**, accessible from the member's details page, provides considerably detailed benefit information for when you need to verify a member's benefits prior to rendering services.
- **Diagnosis Inquiry** -- lets you search for a diagnosis code by name or by code. You can search for a diagnosis code by full or partial code, or by full or partial diagnosis description.
- **Allowance** -- returns allowed pricing amounts for the selected procedure code. Used in conjunction with Claim Status Inquiry, this transaction lets you make sure claims are reimbursed in accordance with the fee schedule.
- **Procedure Code inquiry** -- provides the ability to search for a procedure code without having to refer to a paper manual. You can search by full or partial code, or by full or partial description, and receive the most updated information.
- **Network Provider Inquiry** -- lets you search for professional providers in the Highmark network by provider name or by partial name, office name, specialty, PCP, city, hospital affiliation, ZIP code, county, or billing provider number.
- **Network Facility Inquiry** -- lets you search for facilities in the Highmark network by facility name or by partial name, specialty, city, ZIP code, county, or facility number.

### CLAIMS & PAYMENT

- **Claim Status Inquiry** -- allows you to access real-time member claim details for claims submitted electronically or by paper. You can use this workflow to track the status of a claim from the start of the adjudication process up until the time of payment and you can also review past claims.
- **Claim Investigation Inquiry** -- There are two areas within Claim Status Inquiry from which you can request an investigation on a claim, and then you can use Claim Investigation Inquiry to check the status of the investigation or submit a follow-up investigation.
- **Claim Submission** -- allows users to submit HIPAA-compliant 837P Professional and 837I Facility claims through NaviNet.
- **Estimate Submission** -- lets you determine accurate member liability at the current point in time. Providers can use this capability prior to service to set patient expectations or at point of service to accurately identify and collect member responsibility before the patient leaves.
- **AR Management** -- provides access to the Cash Management transaction, which provides a weekly payment accumulation and a summary of payments received for the last six months.
- **Claims Dashboard** -- takes claims information from various plan resources and displays it in a single application, allowing you to view all of your pending and finalized claims.

### PROVIDER MANAGEMENT

- **Provider File Management** (for professional providers) -- lets you view general details of your group, such as network participation and tiered benefit levels, by selecting the **View group details** link at the top right. You can also update most of your practice information here to make sure that your addresses, networks, practitioners, and credentialed services (if applicable) are correct in Highmark's files.

- **Provider Information** (for facilities) – contains the facility’s general information on Highmark’s files such as NPIs, locations, and networks with which they participate.

## AUTHORIZATIONS

- **Auth Inquiry and Reports** -- lets you check the real-time status and details of an authorization. You can view authorizations that were created electronically, on paper, or via phone.
- **Authorization Submission** -- allows providers to submit most authorization requests online to Highmark electronically, removing the need to call or fax.

## BLUECARD

Select **Blue Exchange® (Out-of-Area)** to access the following:

- **BX Eligibility and Benefits Inquiry** -- lets you access up-to-date eligibility and benefits information for out-of-area Blue Plan members.
- **BX Referral/Auth Submission** -- submit real-time referral and authorization requests for out-of-area Blue Plan members.
- **BX Claim Status Inquiry** -- you can retrieve claim status information for out-of-area Blue Plan members; however, this is an optional way and it is recommended that you use the traditional Claim Status Inquiry transaction to view instant and detailed responses for claims for local Highmark members and out-of-area Blue Plan members.

## WHERE TO FIND THIS INFORMATION ON THE PROVIDER RESOURCE CENTER

Highmark also offers **NaviNet Self Service Guides**, which are available on the Provider Resource Center. These include instructions and tips for using transactions (such as the [Provider File Management Guide](#)) and a basics guide to solving the most commonly experienced support issues, such as turning off the pop-up blocker and updating cookies. To access these from the Provider ResourceCenter, select **PROVIDER TRAINING** from the main menu.

The *Highmark Provider Manual* also provides information throughout the manual about NaviNet and, in some cases, instructions for using NaviNet. Please see the following units for information as noted:

- [Chapter 1.3: Electronic Solutions – EDI & NaviNet](#) provides an overview of NaviNet’s inquiry and transaction functions, as well as NaviNet’s resources available to you. This unit also provides instructions on how to sign up for NaviNet and includes information on NaviNet’s real-time capabilities.
- [Chapter 2.6: The BlueCard Program](#) contains a section on “Blue Exchange for Inquiries and Authorizations” to assist you in servicing out-of-area Blue Plan members and using the Blue Exchange® (Out-of-Area) transactions.
- [Chapter 3.1: Network Participation Overview](#) has a section on section on “Electronic Transaction Requirements,” which also has instructions for signing up for NaviNet.
- [Chapter 3.3: Professional Provider Guidelines](#) includes information on using NaviNet to report changes in your practice.
- [Chapter 5.2: Authorizations](#) provide information on the importance of NaviNet in our Automated Care Management approach, which is more efficient and simplifies utilization management and other care management processes.
- [Chapter 6.1: General Claim Submission Guidelines](#) provides information on using NaviNet for claim status inquiries and investigation.
- [Chapter 6.2: Electronic Claim Submission](#) includes a section on “NaviNet 1500 and UB Claim Submission.”