

PROFESSIONAL PROVIDERS

Question:	Answer:	Form:
What is NavNet?	NavNet is an easy online solution linking providers with Highmark and other health plans. NavNet integrates all insurer-provider transactions into one system.	
How do I enroll with NavNet?	Please visit NavNet at navnet.navimedix.com and click on the 'Register for a new account' link to begin the enrollment process. Please also review the NavNet User Guide.	NavNet User Guide
What is Provider Data Maintenance (PDM)?	The Provider Data Maintenance (PDM) tool allows professional providers to view and make changes to their practice information. Most changes to your practice information will be updated in real-time.	
What is a Professional Provider?	Professional Providers are practitioners. They are individuals who are credentialed and/or licensed to provide care.	
What is an Advanced Practice Provider (APP)?	Advanced Practice Providers, 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. Adding a Practitioner as a Mid-Level Practitioner does not require credentialing. This will allow for the Practitioner to bill directly with their own NPI. Advanced Practice Providers are not listed in the directory.	
What is the difference between enumerating an Advanced Practice Provider (APP) and Credentialing?	Enumerating an Advanced Practice Provider bypasses the credentialing process. Advanced Practice Providers (APPs) are added to all eligible Highmark Networks as a Mid-Level provider for billing purposes, however APPs are not listed in the directory. APPs are reimbursed at a lower rate than fully credentialed providers. For further information on the reimbursement reduction please review the Reimbursement Policy for Advanced Practice Providers.	Advanced Practice Provider (APP) Enumeration Form
What specialties are considered for Advanced Practice Providers?	The following specialties are considered for Advanced Practice Providers: Physician Assistant • Clinical Nurse Specialist • Nurse Practitioner • Clinical Psychologists • All Master's prepared behavioral health therapists, including Licensed Clinical Social Workers • Licensed and Associate Marriage and Family Counselors • Licensed Professional Counselors • Certified Register Nurse Practitioner PCP • Certified Registered Nurse Anesthetist • Certified Registered Nurse Psychiatric Mental Health Nurse • Licensed Social Workers. Advanced Practice Providers are not listed in the directory.	Advanced Practice Provider (APP) Enumeration Form
What is an Assignment Account?	Assignment Account is 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.	
How do I enroll a new Professional provider for credentialing?	If you are NavNet Enabled, please visit Provider Data Maintenance (PDM). Select the link for Request Credentialing and complete the required data fields. If you are not NavNet Enabled, Please complete the Initial Credentialing Request Form.	Initial Provider Credentialing Request
How do I check the status of a Professional provider's Credentialing?	If you are NavNet Enabled, please visit Provider Data Maintenance (PDM) and select Review Credentialing Status. This link provides credentialing / recredentialing status for practitioners within your group. The field titled, "Case Status" will report the progress of the providers credentialing application. In order to see additional details on the case including development items and contact info for the listed processing status, click on the arrow next to the practitioner's name to expand. If the group is not listed as the primary affiliation for a practitioner, their credentialing status will not be available to view. If you are not NavNet Enabled, Please Contact Highmark Provider Services for your Region, New York: 1-800-950-0051	
How will I know when credentialing is approved?	Highmark does not send notification upon credentialing approval. If/When Credentialing is approved, Highmark's Contracting Area will apply eligible networks to the Provider. A Network Welcome Letter will then be sent to the provider including Network Participation detail(s) and effective date(s).	
How often is credentialing needed for Professional Providers?	Network practitioners must be recertified at least every three (3) years.	
How will I know when recertification is due?	Highmark will initiate the recertification process approximately six months prior to the recertification due date. Notification will be sent to the practitioner's Primary Practice advising recertification is due.	
I received a letter stating it's time for me/my provider to be recertified. What do I need to do?	Log in to CAGH ProView and grant global access to Highmark, if not already done. Make sure the CAQH application is up to date and has been re-attested to. Be sure to check for expired documents such as malpractice insurance, as incomplete or expired data could result in delays completing the recertification process.	
How do I add a new provider to my existing practice?	Please complete the Addition Request to Existing Assignment Account form to add a practitioner to your existing group.	Addition Request to Existing Assignment Account
How do I remove a provider from my practice?	Please complete the Provider Directory Update Form to remove a practitioner from your group.	Provider Directory Update Form
How do I set up a new group practice with Highmark?	To create a new group practice with Highmark, please complete the Request for Assignment Account. This form should not be used if you already have a group account with Highmark.	Request for Assignment Account
My contact information has changed, how can I update my phone number / fax number / email address?	To update any contact information please complete the Provider Directory Update Form.	Provider Directory Update Form
How do I change my address? (Including Practice, Mailing, Credentialing Mailing, and/or Check address)	To update any address information please complete the Provider Directory Update Form.	Provider Directory Update Form
How do I change a provider's specialty?	Changes to a credentialed provider's practicing specialty can be requested by completing the Provider Directory update Form.	Provider Directory Update Form
How do I add a new specialty for credentialing?	Changes to a credentialed provider's practicing specialty can be requested by completing the Provider Directory update Form.	Provider Directory Update Form
How do I report a Leave of Absence?	To report a Leave of Absence to Highmark please complete the Leave of Absence form.	Leave of Absence Form
How do I report a return to practice, from a Leave of Absence?	When a provider is returning to practice from a Leave of Absence, please complete the Leave of Absence Form. This will allow for the reinstatement of networks and credentialing.	Leave of Absence Form
What is a Facility Based Provider Affirmation Statement?	A Facility Based Provider Affirmation Statement (also referred to as a PARE Attestation) should be used when services are delivered exclusively in a participating skilled nursing facility, participating ambulatory surgery center, inpatient hospital and/or freestanding inpatient or outpatient facility setting.	Facility Based Provider Affirmation Statement
How can I terminate an existing Assignment Account?	Please complete the Provider Directory Update Form. When asked "What element would you like to update?" Select "Terminate Practitioner from Practice Location(s) and/or Terminate Practitioner from Assignment Account". When asked, "Do you wish to completely terminate a provider from your billing group?" Select yes. You will be prompted to complete a "Practice Termination Template". The Assignment Account will automatically be terminated when the last active practitioner in the group is terminated.	Provider Directory Update Form
I need to terminate my existing Assignment Account AND ALSO create a new Assignment Account. What should I do?	When terminating an existing Assignment Account AND ALSO creating a new Assignment Account, please be sure to complete the Request for New Practice (Assignment Account) form first. Wait to receive confirmation that the new account has been established prior to terminating old account. Once confirmation is received that the new account has been established, please complete the Provider Directory Update Form to terminate the old account.	Request for New Practice (Assignment Account) Provider Directory Update Form

FACILITY/ANCILLARY (ORGANIZATIONAL) PROVIDERS

Question:	Answer:	Form:
What does "Organizational" mean?	Organizational refers to Facility and/or Ancillary Providers. These are brick and mortar entities that provide care or services.	
What is a facility?	Highmark defines "facilities" as those providers billing services in the UB-04/8371 format	
What is an Ancillary Provider?	Ancillary providers are freestanding and facility-based providers billing services in the 1500/837P format	
What is an Atypical provider?	Atypical Providers are able to 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.	
What is an Urgent Care Center?	Urgent Care Centers – These generally provide the same services as your family doctor. This includes diagnosis and treatment of 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.	
What is a Retail Clinic?	Retail Clinics – These provide basic health care services. They are usually located in drugstores and open all the 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.	
How do I apply for Organizational Credentialing?	If you are an Urgent Care Center or Retail Clinic, please complete the Urgent Care Center/Medical Aid Unit and Retail Clinic Application. If you are a Behavioral Health Facility/Center, please complete the Behavioral Health Application for Organizational Providers. All other Facility and Ancillary providers, please complete the Initial Application for Facility and Ancillary Providers.	Urgent Care Center/Medical Aid Unit and Retail Clinic Application Behavioral Health Application for Organizational Providers Initial Application for Facility and Ancillary Providers
What Specialties are considered "Behavioral Health" for credentialing purposes?	The following specialties are considered Behavioral Health: Inpatient Mental Health • Inpatient Residential Treatment Center - Substance Abuse • Outpatient Alcohol and Drug Counseling Agency with Practitioners • Outpatient IOP & PHP • Outpatient Autism Provider • Outpatient Mental Health • Outpatient Methadone Clinic • Outpatient Substance Abuse • Behavioral Health Counseling Agency	
I am a Organizational provider with multiple locations. Do I need to credential them all?	Yes, Highmark credentials Organizational Providers at each location . When an existing entity is adding a new location, the new location must be credentialed before network participation.	
How do I check the status of a Organizational provider's Credentialing?	To check on the status of a Facility or Ancillary application, please contact Highmark Provider Services at 1-800-950-0051.	
How often is credentialing needed for Organizational Providers?	Organizational must be recredentialed at least every three (3) years. Atypical Provider Types are credentialed annually.	
How will I know when it's time to recredentialed?	Highmark will initiate the recredentialed process approximately six months prior to the recredentialed due date. Notification will be sent to the Organizational provider advising recredentialed is due, and to complete the Recredentialed Application for Facility and Ancillary Providers.	
I received a letter stating it's time for my Organization to be recredentialed. What do I need to do?	Please complete the Recredentialed Application for Facility and Ancillary Providers. You will be asked to upload supporting documents as applicable; such as Licensure, Medicare Approval, Accreditation etc.	Recredentialed Application for Facility and Ancillary Providers
How do I change my address? (Including Practice, Mailing, Credentialing Mailing, and/or Check address)	To update any address information please complete the Highmark Facility/Ancillary Change Form.	Highmark Facility/Ancillary Change Form
My contact information has changed, how can I update my phone number / fax number / email address?	To update any contact information please complete the Highmark Facility/Ancillary Change Form.	Highmark Facility/Ancillary Change Form
How can I report a Change in Ownership for my Organization?	Any changes in ownership which may include the Legal Name, Doing Business As name, NPI or Tax ID information should be reported using the Change of Ownership (CHOW) Form.	Change of Ownership (CHOW) Form
	Certain specialties are currently closed to network enrollment. In some markets, providers must submit additional documentation to be considered for network participation. This will occur before credentialing can begin.	
	If special consideration is approved, you will receive an application. Upon completion, the contracting and credentialing process can proceed for your Network participation.	
What is Special Consideration?	If special consideration is denied, you will receive a denial letter from our Contracting Department.	Special Consideration Questionnaire
What specialties have closed networks in New York?	Skilled Nursing Facilities, Home Health Agencies, Hospice, DME, Orthotic & Prosthetics, Laboratories and Specialty Pharmacies	

REFERENCE MATERIALS

Reference:

Navinet User Guide
Reimbursement Policy RP-010 Advanced Practice Providers and Incident-To Billing
Reimbursement Policy RP-046 Telemedicine and Telehealth Services
Provider Manual; Chapter 3: Provider Network Participation Unit 2: Professional Provider Credentialing
Provider Manual; Chapter 3: Provider Network Participation Unit 4: Organizational Provider Participation (Facility/Ancill
Organizational Provider Practicipation, Credentialing and Contracting Requirements

Location

[navinet-provider-portal.pdf \(highmarkprc.com\)](#)
From the Provider Resource Center select **Claims, Payment & Reimbursement >> Reimbursement Policy**
From the Provider Resource Center select **Claims, Payment & Reimbursement >> Reimbursement Policy**
Highmark Provider Manual Chapter 3 Unit 2
Highmark Provider Manual Chapter 3 Unit 4
[Organizational Provider Participation, Credentialing, & Contracting Requirements \(highmarkprc.com\)](#)