

## TODAY'S MESSAGE

# IMPORTANT: KEEP ASSIGNMENT ACCOUNT DATA CURRENT TO AVOID CLAIM REJECTIONS

## CLAIMS WITH INCORRECT PROVIDER INFORMATION TO REJECT, EFFECTIVE 11/1/13

Providers are reminded that it is important for assignment accounts to keep up-to-date information on all physicians and practitioners who are part of an assignment account. Doing so will avoid rejections of claims that contain a practitioner name or ID number of a practitioner who is not listed on the assignment account. Until recently, due to a system coding issue, claims that included practitioners who were not listed on an assignment account may have processed and paid. However, that systems issue has been corrected.

Therefore, it is especially important that you verify and add/correct the names and ID numbers for all practitioners who are part of an assignment account. Effective Nov. 1, 2013, Highmark Blue Cross Blue Shield will begin to reject claims that include the name or ID number of a practitioner who is not listed on an assignment account.

## VERIFY/UPDATE YOUR INFORMATION QUICKLY AND EASILY ON NAVINET

You can quickly and easily verify or update your assignment account information using the Provider File Management transaction on NaviNet. This transaction lets you view and update your Highmark Blue Cross Blue Shield Provider File. This is a great way to make sure that all your addresses, networks, practitioners, and credentialed services (if applicable) are correct for your office. Accurate and up-to-date information in your file will ensure correct representation in the Provider Directory and ensure that payments of your claims are timely and correct. Please note that any providers being added to the assignment account will need to complete the Highmark Blue Cross Blue Shield credentialing process prior to submitting claims to us. If you are adding new providers to your practice, please have them initiate the credentialing process as soon as possible to ensure they are fully credentialed prior to Nov. 1, 2013.

### STEPS

1. From the plan menu, click **Provider File Management**.
2. If your office contains multiple billing provider numbers, select the number you want to review and click **Go**. All items underlined in blue are links to access the information provided within the title.
3. Click the **View Group Details** link to access your group level numbers, Provider Relations Representative, networks, etc.
4. To access Patient Review, click on the Practitioner whose information you wish to access, and click the **Patient Review** link.

### TIPS

- Click the **Change Group** button to return to the Billing Provider list so you can choose a different vendor.
- The **Add/Edit** buttons allow you to make updates to the information identified on the button.
- Instructional business rule pop-up windows will guide you through your processes. Please read them carefully.
- There is no Start/Save option. All updates, additions, etc. must be done in one sitting.
- To view and print a copy of your submitted changes, click **Review Submitted Changes**.

If you have any questions, please contact your Highmark Blue Cross Blue Shield Provider Relations Representative.

### NOTE FOR PROVIDERS NOT NAVINET-ENABLED

For those providers not NaviNet-enabled, the [Highmark Provider Form \(#9101\)](#) is available on the Provider Resource Center -- select *Provider Forms*, and then click on *Provider Information Management Forms*. Next, select *Highmark Provider Form*.