

Provider Resource Center Provides Answers at Your Fingertips

Highmark's Provider Resource Center is a repository of pertinent reference materials dedicated specifically to you as providers. It contains helpful information and resources to help you anytime you need it.

It is a one-stop-shop for valuable provider information that will inform, educate and advise of new and upcoming changes to Highmark programs and services. It also gives you accurate and timely inquiry resolution.

For example:

- The [Highmark Provider Manual](#) is designed as your primary reference guide to Highmark. It gives you a comprehensive understanding of Highmark's policies and procedures for all providers participating in Highmark's provider networks in Pennsylvania, Delaware, West Virginia, and contiguous counties.
- One valuable navigation resource for post-acute providers is the [Quick Reference Guide/Tip Sheet Index](#). This resource provides key contact information for non-routine inquiries that require analysis and/or research.
- [E-Subscribe](#) allows you to receive free e-mail notifications each time Highmark releases various online publications and updated information.

You can conveniently access the Provider Resource Center on NaviNet. Through your secure access, you have additional resources that are not available on the public Web sites.

By using the Provider Resource Center, providers have the answers to many of their everyday questions at their fingertips. This can allow you to obtain answers or information in a more timely fashion and see real-time information on updates and changes at Highmark.

Understanding Equal Access and Non-discrimination

In addition to those requirements contained in your facility agreement and in any other applicable administrative requirements, network facilities agree to requirements of equal access and non-discrimination of Highmark members [within this manual](#).

Facilities will provide members with equal access at all times to facility services.

Facilities shall not deny, limit or fail to admit a member based on any factors related to race, color, national origin, ancestry, religion, sex, marital status, sexual preference, disability, age, source of payment, cost, anticipated cost, membership in a health plan or a member's health status. Facilities may also not refuse to

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render facility services based on the assumption that the anticipated cost that will be incurred will be in excess of Highmark's payment for covered services. Further, facilities shall not deny, limit, discriminate or condition the furnishing of facility services to members based on their known or believed relationship or association with an individual or individuals of a particular race, color, national origin, sex, age, or disability.

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HM HCS is an independent company that provides post-acute care network management services for Highmark Blue Cross Blue Shield and some of Highmark's affiliated Blue health plans. As a part of those services, HM HCS is sharing the information contained in this newsletter on behalf of Highmark Blue Cross Blue Shield. Highmark Blue Cross Blue Shield and its affiliated Blue health plans are independent licensees of the Blue Cross Blue Shield Association.