



provider bulletin

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Newsletter Excerpt

Reminder: EDI Claims Submissions to Correct Payer

Network providers are required to check each member's eligibility and benefits. This is especially important now, as patients covered by BCNEPA health plans began transitioning to Highmark health plans as of Jan. 1, 2016, and will continue transitioning to Highmark throughout 2016. You can verify these patients' benefits using Highmark's NaviNet. Under **Workflows for This Plan**, select the **Eligibility and Benefits Inquiry** transaction, and then select **Search Type**. Once you click **Search**, the **Eligibility and Benefits Details** screen appears. You can also view a copy of the patient's ID card by clicking **View Current Member ID Card** on the **Details** screen.

To ensure claims are submitted to the correct insuring entity, please use the chart below. If you send a claim to the incorrect insuring entity, you will receive a denial stating coverage was canceled prior to date of service or that no enrollment was found and you will need to resubmit to the correct insuring entity/payer.

Please note that the dates mentioned refer to the date(s) of service. Also, pay special attention to the NAIC codes that are noted in this chart.

Share this information with any billing vendors and/or clearinghouses that you use, as some clearinghouses may have a specific payer code.

Product/type of coverage	Facilities currently submit claims to:	For dates of service Jan. 1, 2016 through March 31, 2016, facilities (UB billers) will submit claims to:	For dates of service April 1, 2016, and after, facilities (UB billers) will submit claims to:	For dates of service Jan. 1, 2016, and after, professional & ancillary providers (1500 billers) will submit claims BAU to:
Current Highmark members*	BCNEPA (54747)	BCNEPA (54747)	Highmark (54771W)	Highmark (54771)
BlueCard; FEP	BCNEPA (54747)	BCNEPA (54747)	Highmark (54771W)	Highmark (54771)
FPLIC	FPLIC (60147)	FPLIC (60147)	FPLIC (60147)	FPLIC (60147)
FPH	FPH (96601)	FPH (96601)	FPH (96601)	FPH (96601)
Former FPLIC migrated HM (based on migration date**)	N/A	Highmark (54771W)	Highmark (54771W)	Highmark (54771)
Former FPH migrated HM (based on migration date**)	N/A	Highmark (54771W)	Highmark (54771W)	Highmark (54771)
Freedom Blue PPO	Highmark Senior (15460)	Highmark Senior (15460)	Highmark Senior (15460)	Highmark Senior (15460)

*These are patients who are currently covered by Highmark health plans and those who will be covered by Highmark health plans in 2016. This does NOT include patients who are currently enrolled in FPLIC/FPH health plans and those who will move to Highmark plans in 2016. Patients who are part of the FPLIC/FPH migration to Highmark can be identified by the alpha prefix on their ID cards.

**These are patients who have transitioned from FPLIC/FPH to Highmark. They will receive new Highmark ID cards with their new alpha prefix, as well as Highmark Plan code 363. Claims for services rendered after the migration date will be submitted to Highmark.

The Plan & Alpha Prefix Guide, which shows each 2015 BCNEPA alpha prefix and the corresponding 2016 Highmark alpha prefix, was published in the November 2015, December 2015 and February 2016 issues of *Provider Bulletin*.