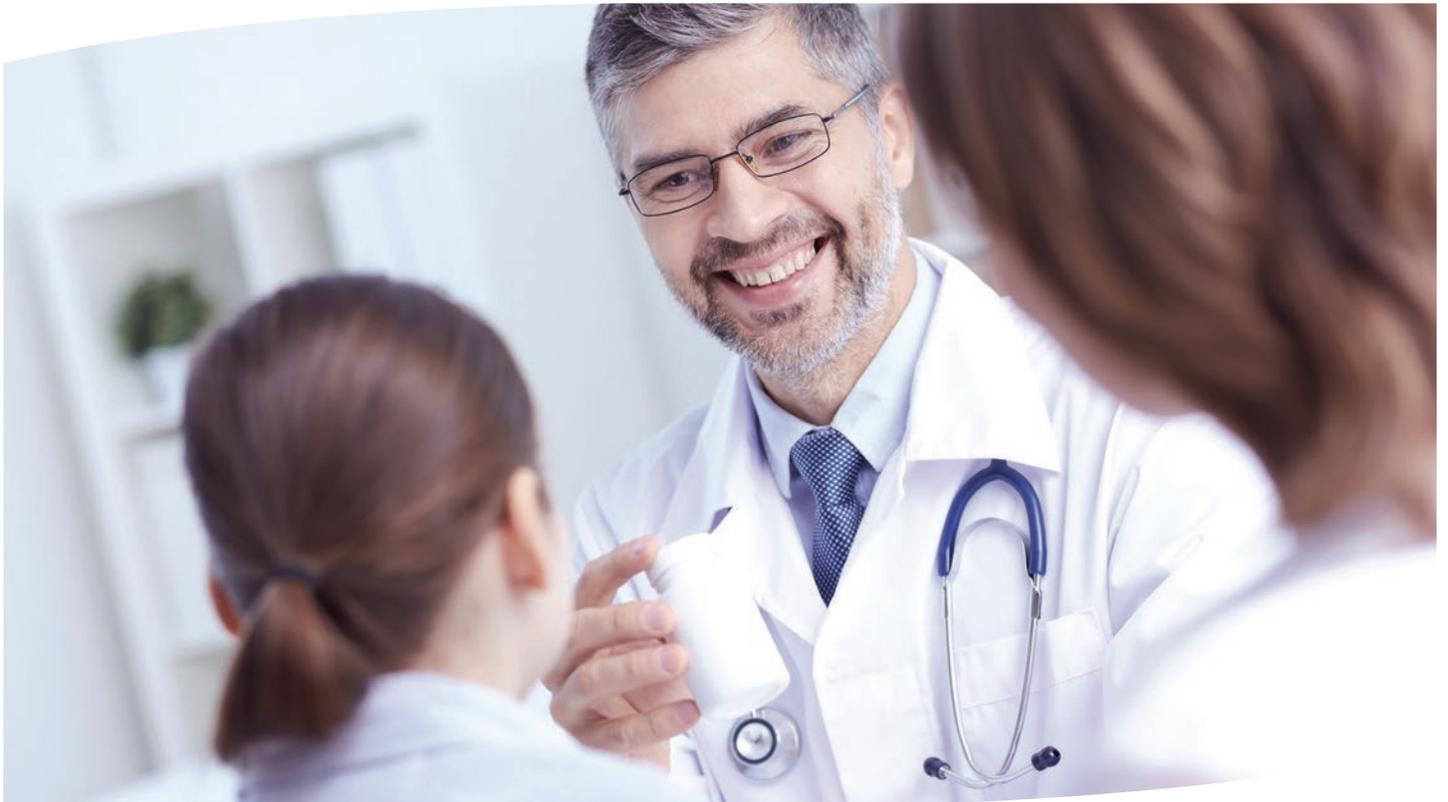


HIGHMARK BLUE CROSS BLUE SHIELD TRANSITION GUIDE

FOR NETWORK PROVIDERS AND FACILITIES





Highmark Inc. and Blue Cross of Northeastern Pennsylvania (BCNEPA) have worked together for decades to bring your patients the quality health care benefits and services that they have come to rely on.

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Highmark and Blue Cross of Northeastern Pennsylvania have merged, and we'll continue to serve the 13 counties of northeastern Pennsylvania as Highmark Blue Cross Blue Shield.

As we complete this transition, we continue to build on our long-standing relationship to enhance, over time, the benefits and services your patients covered by our health plans receive. The merger brings additional value to the market with new products and services, continued affordability, and a positive experience for your patients.

Your patients will benefit from expanded care delivery systems and continued access to high-quality, efficient provider networks and value-based care through population health management programs like Patient Centered-Medical Homes (PCMH).

This guide gives you an overview of the operational and process changes that your patients will experience when their health coverage renews to Highmark. It also gives you a summary of changes that impact you as a provider, starting in January 2016.

CHANGES TO YOUR PATIENTS' COVERAGE

As your patients begin transitioning from BCNEPA to Highmark health plans, it becomes even more important to verify their benefits using the **Eligibility and Benefits Inquiry** transaction under **Workflows for This Plan** on the appropriate NaviNet® site.

Eligibility and benefits for patients who have renewed their 2016 coverage to Highmark health plans should be verified using Highmark's NaviNet.

Remember, however, that some patients will remain in BCNEPA health plans well into 2016. You should continue to verify these patients' benefits using the **Eligibility and Benefits Inquiry** on BCNEPA's NaviNet.

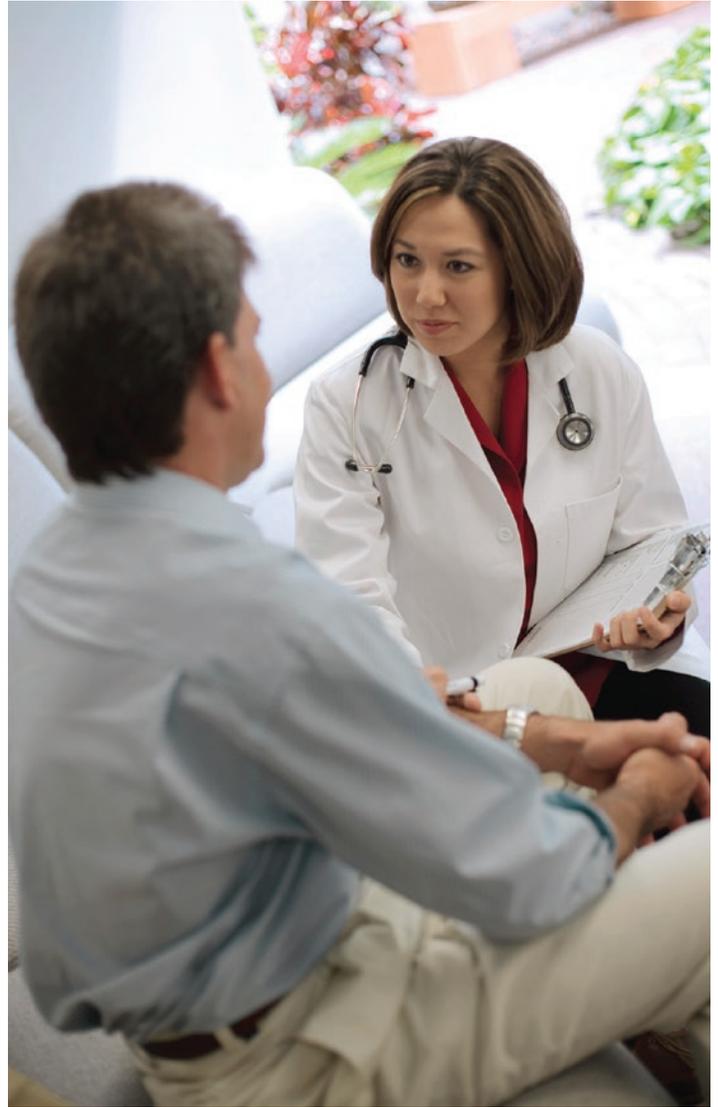
The following section explains some of the changes your patients will experience when they renew to a Highmark health insurance plan.

ID CARDS

Patients who enroll in 2016 Highmark health plans will receive new ID cards. In addition to the Highmark Blue Cross Blue Shield logo on the ID card, there will be a new alpha prefix in front of the ID number. If the patient's plan name has changed, that new plan name will be on the ID cards, along with any new phone numbers for Highmark Member Service.

Reminder: BCNEPA members will continue to transition to Highmark health plans throughout 2016. So it's important that each patient's ID card is checked when rendering care to ensure that claims are submitted to the correct insuring entity.

Members' ID cards can be viewed on Highmark's NaviNet using the **Eligibility and Benefits Inquiry** transaction, entering the member's ID card number and then selecting **View Current Member ID Card**.



MEMBER IDENTIFICATION	
FIRSTNAME	
LASTNAME	
YYU109465762001	
Group	01234567
BC/BS Plan	377/877
RxGrp	HMRK001
RxBIN	610014
Medical Copays	
Office Visit	\$10
Specialist Visit	\$10
Emergency Room	\$35

MEMBER IDENTIFICATION	
FIRSTNAME M	
LASTNAME	
QDA109465762001	
Group	09876543
Cov Eff Date	01-01-2016
BC/BS Plan	363/865
RxGrp	HMRK001
RxBIN	610014
Medical Copays	
Office Visit	\$40
Specialist Visit	\$60
Emergency Room	\$150
GOLD	

Sample ID Cards

CLAIMS

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 that 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 and 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 migrated 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.

REMITTANCE ADVICES, EXPLANATIONS OF BENEFITS AND EXPLANATIONS OF PAYMENTS

Starting in January 2016, if you have patients covered by Highmark Blue Cross Blue Shield AND patients covered by BCNEPA, you will receive paper and electronic remittance advices (RA/ERAs) and explanations of benefits (EOBs) from both insurers: BCNEPA and Highmark.

For patients who will be staying with BCNEPA health plans through 2016, you will continue to receive the proprietary First Priority Health® (FPH), First Priority Life Insurance Company® (FPLIC) and BCNEPA RAs, EOBs and electronic remittance advices (ERA/835).

As your patients transition to Highmark health plans, the Highmark Blue Shield logo will be shown on the RAs and EOBs.

- Enrollment will be under plan code 363.
- The ERA/835 file will be transmitted on Monday.
- The paper RAs/EOBs will be mailed on Wednesday.

If you receive electronic funds transfers, EOBs are available on Highmark Blue Shield's NaviNet under **Workflows**. Select **AR Management**, then **EOB and Remittance**.

If an employer group has a spending account, you may also receive a paper or electronic explanation of payment (EOP). The EOP will be generated within two weeks of the EOB. The way you receive the claim payment — electronic funds transfer (EFT) or paper check — is also how you will receive the EOP.

NEW ADDRESS FOR PAPER CLAIMS SUBMISSIONS

Effective Jan. 1, 2016, paper claims submissions for professional and facility providers for patients who have transitioned to Highmark health plans are to be mailed to the following address:

Claims
PO Box 890062
Camp Hill, PA 17089-0062

Please note: The address is not changing for patients who have not transitioned from BCNEPA to Highmark health plans.

PROVIDER SERVICE PHONE NUMBERS

To check benefits or claim status for members who have transitioned to Highmark health plans as of Jan. 1, 2016, providers need to call the following phone numbers and speak with a Provider Customer Service Representative:

Professional/Ancillary (1500 billers)

1-866-731-8080

Facility (UB billers)

1-866-803-3708

Call the following number for existing BCNEPA members AND members who have transitioned to Highmark health plans:

BlueCare® HMO, BlueCare HMO Plus and CHIP

1-800-822-8752

Call the following numbers for existing BCNEPA members who have not yet transitioned to Highmark health plans:

First Priority Life Insurance Company® (FPLIC) members

1-866-262-5635 and 1-888-345-2353

As a reminder, providers should **always** use Highmark Blue Shield's NaviNet as the first point of contact for members who have transitioned to Highmark health plans.

FEDERAL EMPLOYEE PROGRAM AND BLUECARD FACILITY CLAIMS

Federal Employee Program (FEP) and BlueCard facility claims for dates of service April 1, 2016, and after, are to be submitted to Highmark. As of April 1, 2016, Highmark will be the local plan for FEP and BlueCard facility claims.

Please note that facility claims with "Statement Covers Period (From – Through)" range dates of March through April (for example: 3/28/16 – 4/3/16) are to be submitted to Blue Cross of Northeastern Pennsylvania. Submission is based on the "from" date, **not** the "through/discharge" date. Claims that span date ranges March through April do not need to be split.

Facilities (UB billers) are to submit electronic claims to the NAIC code 54771W. Be sure to share this information with any billing vendors and/or clearinghouses that you use, as some clearinghouses may have a specific payer code.

Paper claims are to be mailed to the following address:

Highmark
PO Box 890062
Camp Hill, PA 17089-0062

Supporting claim documentation (e.g., medical records) is to be mailed to the following address:

Customer Service
PO Box 890035
Camp Hill, PA 17089-0035

Remember: Highmark Blue Shield's NaviNet is always your first point of contact to verify eligibility and benefits, claim submissions, claims inquiries and claim investigations.

For other questions, providers should call the Provider Service line at **1-866-763-3608** for FEP and **1-866-975-7290** for BlueCard. For precertification reviews, call **1-800-258-8809** or fax **1-888-241-5746**. For more information, check the *Highmark Facility Manual*, which is available on the Provider Resource Center (PRC) under **Facility Information**.



PLANS AND NETWORKS

Beginning Jan. 1, 2016, as your patients renew their health insurance coverage, they will move from BCNEPA health plans to Highmark health plans. As shown in the following charts, there will be some changes in plan names and networks.

CURRENT BLUE CROSS OF NORTHEASTERN PENNSYLVANIA PLANS

NEW HIGHMARK BLUE CROSS BLUE SHIELD PLAN

NETWORK CHANGES

2015 Plans for Large Groups (51+ employees)	2016 Plans for Large Groups (51+ employees)	
BlueCare PPO (FPLIC)	PPOBlue (HBCBS)	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare PPO Customized Groups	BlueCare PPO Customized Groups	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare Qualified High Deductible PPO (FPLIC)	PPOBlue Qualified High Deductible Health Plan (HBCBS)	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare EPO (FPLIC)	EPOBlue (HBCBS)	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare Traditional (FPLIC)	ClassicBlue (HBCBS)	Highmark Blue Shield statewide facility participating providers (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician participating providers
BlueCare Custom PPO	BlueCare Custom PPO	No change
BlueCare Qualified High Deductible Custom PPO	BlueCare Qualified High Deductible Custom PPO	No change
AffordaBlue SM	AffordaBlue	No change
BlueCare HMO	BlueCare HMO	No change
BlueCare HMO Plus	BlueCare HMO Plus	No change
BlueCare Senior (FPLIC) <i>with or without BlueCare Major Medical with or without Rx coverage</i>	Signature 65 (HBCBS) <i>with or without Major Medical with or without Rx coverage</i>	No change
2015 Plans for Small Groups (2-50 employees)	2016 Plans for Small Groups (1-50 employees)	
BlueCare PPO	BlueCare PPO	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare QHD PPO	BlueCare QHD PPO	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network

**CURRENT BLUE CROSS OF
NORTHEASTERN PENNSYLVANIA
PLANS**

**NEW HIGHMARK BLUE CROSS
BLUE SHIELD PLAN**

NETWORK CHANGES

2015 Plans for Small Groups (2-50 employees)	2016 Plans for Small Groups (1-50 employees)	
BlueCare Custom PPO	BlueCare Custom PPO	No change
BlueCare QHD Custom PPO	Not available for new or renewing business. You will be mapped to the closest BlueCare QHD PPO option	
AffordaBlue	AffordaBlue	No change
BlueCare Traditional	Not available for new business	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
BlueCare Senior	Not available for new or renewing business	
2015 Plans for Individuals	2016 Plans for Individuals	
myBlue® Choice	Not available for new or renewing business	
myBlue Choice LP	myBlue Choice LP	Highmark Blue Shield statewide facility network (which includes the First Priority Life facility providers) and PremierBlue Shield professional physician network
myBlue Access	myBlue Access	No change
myBlue Access LP	myBlue Access LP	No change
myBlue Access Catastrophic	myBlue Access Catastrophic	No change
myBlue Care	myBlue Care	No change
my Blue Cross, a Multi-State Plan	Not available for new or renewing business	
BlueCare Security	MedigapBlue	No change
CHIP	CHIP	No change

FPLIC = First Priority Life Insurance Company

FPH = First Priority Health

HBCBS = Highmark Blue Cross Blue Shield

HEALTH MANAGEMENT

Highmark's health management programs help to ensure that your patients get the proper care in the right setting, at the appropriate cost and with positive outcomes. Highmark's Medical Management & Policy team reviews services, supplies and medications before your patients' benefits are applied, to make sure those services are medically necessary and appropriate. This includes:

MEDICAL MANAGEMENT FAX NUMBERS

In the February 2016 *Provider Bulletin*, Medical Management & Policy (MM&P) updated the fax lines for BCNEPA legacy business. This was done to improve efficiencies and enhance the services we provide to you.

Please note: There are no changes to the phone numbers for legacy business except the fax lines. All requests should be submitted based on the service type of the request to the following fax numbers:

Inpatient Acute requests 1-855-329-8193
Sub-acute Inpatient/Home Health requests 1-855-329-8194
Outpatient/Predeterminations and all other requests 1-855-329-8195

As we continue to align our processes with Highmark and better serve our newly transitioned members, all requests for precertification reviews for former BCNEPA members who are now Highmark members need to use the following MM&P phone and fax numbers:

Phone number 1-800-452-8507
Fax number 1-800-416-9195

AUTHORIZATION (PRIOR APPROVAL/ PRECERTIFICATION) REQUIREMENTS

Beginning Jan. 1, 2016, BCNEPA's prior approval requirements for outpatient procedures and/or durable medical equipment (DME) will be updated to align with Highmark's authorization requirements. This means that when your patients move into Highmark plans, they will follow Highmark's authorization requirements.

This change will also increase the number of procedures that will require prior authorization. The services and equipment on the Procedures Requiring Authorization list will require prior authorization — **if the member's current coverage includes them as benefits**. As always, please be sure to verify the member's coverage before providing services.

To view Highmark's current list of procedures/DME requiring authorization, visit Highmark Blue Shield's PRC at highmarkblueshield.com. Click on **Administrative Reference Materials**, and then select **Procedures Requiring Authorization**.

BEHAVIORAL HEALTH AUTHORIZATIONS

Effective Jan. 1, 2016, PerformCare® will no longer provide behavioral health management services for Highmark Blue Cross Blue Shield members. Instead, all behavioral health and substance abuse authorizations will be handled by Highmark Medical Management and Policy (MM&P).

This change applies to all members, including patients who enroll in Highmark health plans effective Jan. 1, 2016, and patients who will remain covered by Blue Cross of Northeastern Pennsylvania health plans until their plans renew later in 2016.

Highmark MM&P can be reached at **1-800-258-9808**, weekdays between 8:30 a.m. and 7:00 p.m., and on Saturday and Sunday between 8:30 a.m. and 4:30 p.m.

This information was published in the November 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

MEDICAL POLICY

Effective Jan. 1, 2016, BCNEPA Medical Policy will transition to Highmark Medical Policy and all FFPH and FPLIC members will begin following Highmark's policies.

Some BCNEPA policies, which refer to specific benefits, will remain active on bcnepa.com, throughout 2016 and can be found at bcnepa.com/Providers/ProviderRelations/MedicalPolicies.aspx. The website will be updated with a note and table that advises providers (and members) when they should refer to **Highmark Medical Policy** on the PRC.

As always, please remember that a member's specific benefit always supersedes the insurer's Medical Policy.

CARE MANAGEMENT

Services that your patients previously received under Blue Health SolutionsSM, including Case and Health Management programs, will be offered under Highmark's Case and Condition Management Programs. Just as with the current program, teams of licensed clinical professionals coordinate care and help your patients achieve their goals for better health. Highmark also offers Blues On CallSM, a 24-hour nurse line, to help support your patients' health care decisions.

HEALTH MANAGEMENT PROGRAMS

Highmark's health and wellness programs are likewise similar to the Blue Health Solutions programs your patients are familiar with, but have different names and include even more resources.

Through a partnership with WebMD, Highmark offers a Wellness Profile (health risk assessment); lifestyle improvement classes, including smoking cessation; and several health management programs for chronic and costly conditions.

Online tools and self-guided programs are also available, along with Baby Blueprints[®], a program for women who are pregnant. And, there's a program that offers discounts on many wellness products and services.

PHYSICAL MEDICINE MANAGEMENT PROGRAM

Effective Jan. 1, 2016, physical medicine services (physical therapy, occupational therapy and manipulation services) provided to members will be administered by Healthways and will apply to all Highmark members — including those who have transitioned from BCNEPA to Highmark health plans. Since there may be employer groups who choose to not participate in the program, providers should use Highmark's NaviNet **Eligibility and Benefits Inquiry** transaction or the appropriate HIPAA electronic transaction to verify members' benefits prior to providing services.

Highmark patients must be registered at their initial visit each year when providing them with physical therapy, occupational therapy and manipulation services. The initial eight visits do not require authorization. Services that extend beyond eight visits will require providers to submit clinical information and a treatment plan to Healthways and, in some cases, the patient's pertinent medical records.

Please note: The program is not applicable to physical therapy, occupational therapy and manipulation services when provided:

- By a home health agency
- To members whose primary coverage is traditional Medicare (unless their Medicare benefits are exhausted)

You can find more information about this program in the November 2015 *Provider Bulletin* and on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

RADIOLOGY MANAGEMENT SERVICES

Both BCNEPA and Highmark require prior authorization of high-tech outpatient radiology services. These services are provided by National Imaging Associates, Inc. (NIA).

It's important to know that the radiology management services provided by NIA to BCNEPA members differ from the services provided by NIA to Highmark members.

Be sure to confirm each patient's benefits using the **Eligibility and Benefits Inquiry**. Use Highmark's NaviNet for patients who have transitioned to Highmark health plans and BCNEPA's NaviNet for patients who remained covered by BCNEPA health plans until their coverage renews in 2016.

Providers who do not currently have NaviNet access should call Provider Relations at **1-800-451-4447** to obtain access.

Please note: Information pertaining to Privileging Requirements is also available on the Highmark **Radiology Management Services** page. However, privileging requirements are not changing in January.

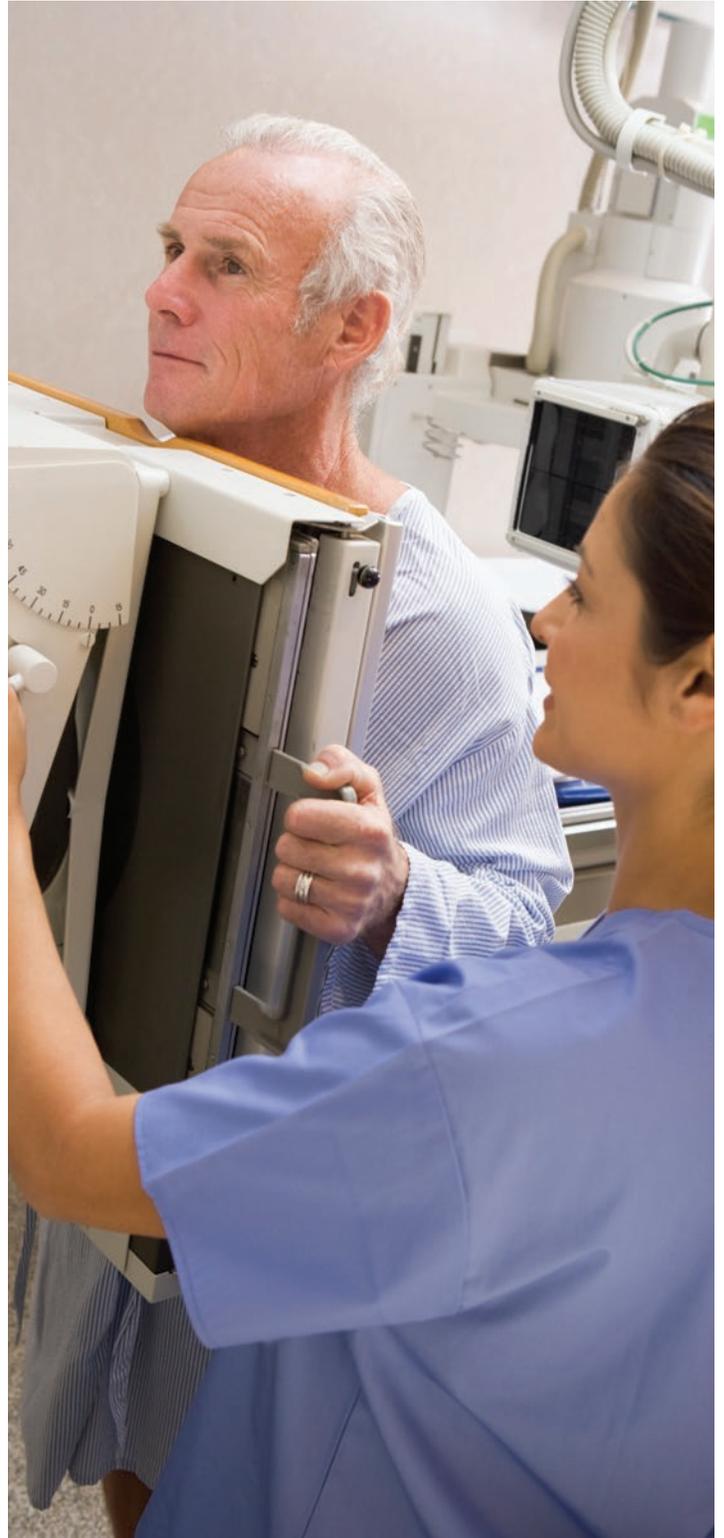
Complete information about Radiology Management Services can be found in the November 2015 *Provider Bulletin*. It is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

RADIATION THERAPY AUTHORIZATION PROGRAM

Effective Jan. 1, 2016, Highmark's Radiation Therapy Authorization Program will apply to all Highmark members — including those covered by commercial plans, members enrolled in Highmark's Freedom Blue PPO, a Medicare Advantage Plan, and those who have transitioned from BCNEPA to Highmark plans. The program is administered by eviCore (formerly CareCore).

Ordering providers will need to obtain authorizations for select outpatient radiation therapy services performed in either a professional or facility setting. Claims for services provided without authorization will be denied and the member (your patient) will be held harmless. Authorization requests can be submitted via the **Authorization Submission** transaction on Highmark's NaviNet.

Complete information about this program can be found in the November 2015 *Provider Bulletin*. It is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.



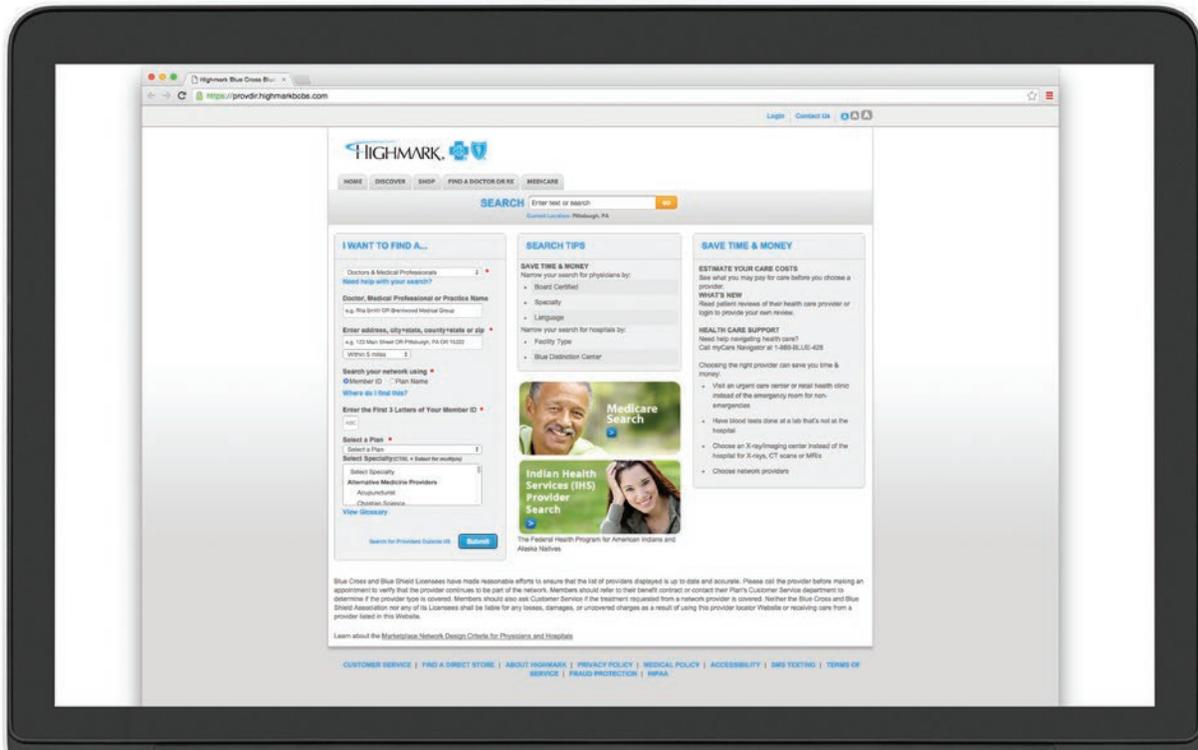
TOOLS AND RESOURCES

COST AND QUALITY COMPARISON TOOLS

Highmark offers a variety of online tools to empower your patients and give them information to make smart decisions. Once they are enrolled in Highmark health plans, your patients can compare providers' quality of care ratings and search for convenient locations with the **Find a Provider** tool. They can write their own Patient Experience Reviews of providers (and some facilities) and read other patients' reviews.

Professional and facility providers can review comments posted by their Highmark patients using Highmark Blue Shield's NaviNet. You can read patient reviews by clicking on **Find a Doctor** on Highmark's online directory. To learn more, refer to Patient Experience Reviews in the November 2015 *Provider Bulletin*. This information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

We also make it easy for your patients to search for medical procedures and services to compare cost estimates with the Care Cost Estimator. This tool uses real time data and takes into account how much members have met toward their deductible and what their plan-specific cost sharing is, so they get a more accurate estimate of their out-of-pocket cost.



PHARMACY BENEFITS

PHARMACY NETWORK

Your patients with Highmark coverage will continue to use Express Scripts, Inc. (ESI) for their prescription drug benefits. However, their coverage will use Highmark's Premier 2012 Network — which is being renamed Highmark's National Network effective Jan. 1, 2016. As a reminder, Walgreens Retail Pharmacies are not included in this network.

Please keep the following information in mind when prescribing medications for your Highmark patients.

PHARMACY FORMULARY

Patients with Highmark coverage will have a new pharmacy formulary. Depending on their coverage, this will be either the Comprehensive Incentive or the Progressive Incentive formulary.

PRIOR AUTHORIZATIONS

Your patients' prior authorizations for medications that are on file with BCNEPA will transfer to Highmark. However, some drugs may have different criteria for coverage and the lengths of authorizations may be different. Other medications may now need a new prior authorization before coverage is approved. Information about the drugs that will require prior authorizations is explained on the following pages.

HOME DELIVERY

Highmark will roll out a new home delivery program starting Jan. 1, 2016, called Active Choice. Active Choice works the same way as BCNEPA's Select Home Delivery program. Patients currently using Select Home Delivery will have their information automatically transferred to the Active Choice program. Those not currently using Select Home Delivery will receive a letter from ESI giving them information about using the program.

SPECIALTY DRUGS/PHARMACY

Highmark has its own specialty drug listing. Many specialty drugs will be the same as those under BCNEPA's plans, but some can be different. Once they are enrolled in Highmark plans, your patients have to get these drugs from Walgreens Specialty Pharmacy®.

PHARMACY COPAYS

Patients may have copay differences for certain medications depending on the tier classification on Highmark's formulary. Medications may cost your patients more or less depending on the Highmark plan selected and its associated drug formulary.



DRUG COVERAGE CHANGES

A number of important pharmacy changes will be effective **Jan. 1, 2016**. These are summarized below and have been previously reported in BCNEPA's *Provider Bulletin*.

MEDICATIONS MOVING TO MEDICAL BENEFIT

Certain medications that are covered under BCNEPA's pharmacy benefit will change to being covered instead under Highmark's medical benefit. As a result of this change, your patients will no longer be able to obtain these medications directly from a pharmacy and will need to work with their medical provider to get them. Medications include, but are not limited to, hemophilia factor products, enzyme therapies and subcutaneous immune globulins.

You can find the complete list of medications moving to the medical benefit in the November 2015 *Provider Bulletin*. This information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

MEDICAL INJECTABLE DRUG PROGRAM

Beginning Jan. 1, 2016, Highmark's voluntary Medical Injectable Drug Program will be available to providers in the NEPA region. The program will be administered by Walgreens Specialty Pharmacy (WSP) for patients who are enrolled in Highmark commercial (non-Medicare) health plans. Providers will be able to order specialty drugs directly from WSP, or they can continue to order medical injection drugs from another specialty pharmacy and be reimbursed the amount Highmark pays WSP.

You can find complete information about the Medical Injectable Drug Program, including the list of drugs that are included in the program, in the October 2015 *Provider Bulletin*. This information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

SELF-ADMINISTERED INJECTABLE OR ORAL BIOTECHNOLOGY DRUGS

Also beginning on Jan. 1, Highmark's program for Self-Administered Injectable or Oral Biotechnology Specialty Drugs will be available to providers in the NEPA region. Patients who are currently enrolled in Highmark health plans and members who transition from BCNEPA health plans will need to obtain the specialty drugs they use exclusively from WSP.

You can find the complete list of drugs that are included in this program on Highmark Blue Shield's PRC. From the PRC home page, go to **Pharmacy/Formulary Information**, and then select **Program for Self-Administered Injectable or Oral Biotechnology Drugs**.

This information was also published in the October 2015 *Provider Bulletin* and is available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

DELEGATION OF AUTHORIZATIONS FOR CERTAIN DRUGS TO WALGREENS

Prior authorization must be obtained from WSP for certain medical injectable drugs when administered by a physician to your Highmark patients. Claims submitted without a prior authorization from WSP will not be approved.

Providers can find more information, including the list of medical injectable drugs that require prior authorization from WSP, in the November 2015 *Provider Bulletin*. This information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

VACCINE COVERAGE

As patients with BCNEPA coverage transition from their current health plans to Highmark health plans, their coverage for vaccines (including the flu vaccine) will change.

Beginning Jan. 1, 2016, most vaccines will be covered under Highmark's medical benefit. This means your patients will not be able to get flu or allergy shots at some retail pharmacies. Patients are being advised to ask their provider about the vaccines that are appropriate for them and to get those shots at the provider's office.

CHANGES THAT IMPACT PROVIDERS

GOVERNING POLICIES AND PROCEDURES

Beginning Jan. 1, 2016, providers will be governed by two sets of policies and procedures as they relate to treating patients. To ensure that the correct insurer's policies and procedures apply, check each patient's member ID card to his/her Eligibility and Benefits information using NaviNet.

The two governing policies/procedures are outlined below:

- Patients who are still covered by FPH and FPLIC health plans because their coverage has not yet renewed for 2016. Patients who present an FPH or FPLIC ID card are bound by the Policies and Procedures outlined in the BCNEPA *Professional and Facility Policy and Procedure* manuals. To check Eligibility and Benefits information for patients with an FPH or FPLIC alpha prefix, please utilize BCNEPA/FPH's NaviNet.
- Patients who are now covered by Highmark Blue Cross Blue Shield health plans because their coverage has renewed for 2016 and they have transitioned to a Highmark plan. Patients who present a Highmark Blue Cross Blue Shield-branded ID card are governed by the Policies and Procedures outlined in the *Highmark Blue Shield Office Manual* and the *Highmark Facility Manual*. To check Eligibility and Benefits information on patients with a Highmark BCBS alpha prefix, please utilize Highmark's NaviNet.

This information was published in the October 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

CREDENTIALING PROCESS

Effective Nov. 9, 2015, providers in Highmark's NEPA service region are being credentialed and recredentialed based on Highmark Credentialing Policies and Procedures. Providers can check the status of their credentialing application via Highmark's NaviNet.

Complete information was published in the September 2015 and October 2015 issues of the *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

FIRST PRIORITY HEALTH COVERING PHYSICIANS

Effective Jan. 1, 2016, the following policy changes will apply to policies that govern FPH Covering Physicians and apply only to FPH members who renew/enroll in BlueCare® HMO and BlueCare HMO Plus.

- All physicians within a participating FPH group will be listed as covering for one another.
- Claims paid for physicians covering for a member's PCP will be reimbursed based upon the covering physician's contractual arrangement with FPH.
- FPH will no longer allow non-participating providers to cover for a participating FPH-network provider.

This information was published in the October 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

PRIMARY CARE PROVIDER CAPITATION ROSTER

Starting Jan. 1, 2016, primary care physicians will receive a new capitation roster for BCNEPA members who are transitioning to Highmark health plans. The roster will be available on Highmark Blue Shield's NaviNet under **Workflows for this Plan**. Select **AR Management**, and then select **PCP CAP Rosters**. If you don't have access to Highmark's NaviNet, the roster will be mailed to you.

You will continue to receive the FPH PCP Capitation Roster for members who have not renewed their coverage to a Highmark plan. This roster will be available on BCNEPA/FPH's NaviNet, or mailed to you, if you don't have access to BCNEPA/FPH's NaviNet.

Here is some general information about Highmark's capitation roster:

- The roster can be downloaded to a PDF or text file.
- The roster will be generated by "provider group," not by "physicians within the group."
- Capitation rosters will be a 13-month history.
- Providers receiving a Highmark capitation electronic funds transfer (EFT) will receive the capitation roster via Highmark's NaviNet.
- Providers receiving a paper check will receive the capitation roster by mail and can also access the roster on Highmark's NaviNet.

Please note: Qualified providers with access to BCNEPA/FPH's NaviNet will automatically be given Highmark Blue Shield access if not previously established. Eligible providers will receive details regarding this change in a prenotification email being sent within the next few weeks.

PROVIDER APPEALS PROCESS

Effective Oct. 1, 2015, following a pre-service or post-service initial denial by a Physician Advisor, the provider has the following appeal options:

Peer-to-Peer (PTP) discussion with the Physician Advisor

- If a treatment/service has been denied, the ordering physician may initiate a peer-to-peer discussion. This allows the referring physician to speak with a Physician Advisor.
- A peer-to-peer discussion may be scheduled by calling **1-800-462-0900**.
- Medical Directors will return calls within one business day of the request.
- This option is available for 180 days following the date of the initial denial.

Expedited Appeal (This applies to pre-service appeals only.)

An expedited appeal can be exercised (pre-service or concurrent cases only). The provider can request an expedited appeal and submit additional supporting documentation for review. A decision will be returned to the provider within a 72-hour time frame. If a provider exercises an expedited appeal, the PTP option is waived. This option is available for 180 days following the date of the initial denial.

Standard Appeal

A standard appeal can be exercised on any Highmark Physician Advisor denial. The provider can request a standard appeal and submit additional supporting documentation for review. A decision will be returned to the provider within a 30-day time frame. If a provider exercises a standard appeal, the PTP and expedited appeal options are waived. This option is available for 180 days following the date of the initial denial. This information was published in the October 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

COMPLAINT AND GRIEVANCE APPEALS

Effective Jan. 1, 2016, all administrative claims process appeals are to be mailed to the following address:

**Complaint/Grievance Department
PO Box 890179
Camp Hill, PA 17089-0179**

This information was published in the November 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

TIMELY FILING APPEALS

Effective Jan. 1, 2016, for your patients who are enrolled in Highmark health plans, please initiate an adjustment request for any claim that was rejected for timely filing by submitting a NaviNet claim investigation or by calling the customer service telephone number listed on the reverse of the member ID card.

You will need to indicate the reason that the adjustment is being requested and provide proof of timely filing when appropriate.

Please note that some members will continue to be in BCNEPA health plans until their group coverage renews in 2016. You should continue to submit timely filing appeals for these patients' claims, within 90 days of the date of the remittance advice, to the appropriate address, following the current process for NEPA providers.

This information was published in the November 2015 *Provider Bulletin* and is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

PREVENTIVE HEALTH GUIDELINES

Beginning Jan. 1, 2016, patients who have transitioned from BCNEPA health plans to Highmark health plans will follow Highmark's Preventive Health Guidelines. The guidelines are located on Highmark Blue Shield's PRC. Click on the **Clinical Reference Materials** link. Then, select **Clinical Practice and Preventive Health Guidelines** to access all of the preventive guidelines and immunization schedules.

Patients who remain covered under BCNEPA health plans will follow the current BCNEPA Preventive Schedules until their coverage renews in 2016. The schedules are available in the **Providers** section at bcnepa.com.

This information was published in the October 2015 *Provider Bulletin* and is available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

PRODUCTS AND PROGRAMS

COMMUNITY BLUE MEDICARE HMO

Effective Jan. 1, 2016, Highmark is offering Community Blue Medicare HMO, a select high-value network product that will offer high quality at a lower cost for seniors in 14 central and northeastern Pennsylvania counties, including Lackawanna, Luzerne, Lycoming, Sullivan, Susquehanna, Tioga, Wayne and Wyoming counties in the NEPA Region.

The product features a local network of 21 acute care hospitals and more than 4,800 physicians. A shared network in select western Pennsylvania locations will be available to members traveling across the state, including an additional 50 acute care facilities and more than 11,500 physicians.

You can find more information about Community Blue Medicare HMO in the November 2015 *Provider Bulletin* and on Highmark Blue Shield's PRC on the new **Community Blue Medicare HMO** page. Information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

AIS HOME VISIT PROGRAM

Highmark's Advanced Illness Services (AIS) Program, which is currently available to Medicare Advantage members in Berks, Cumberland, Dauphin, Lancaster, Lebanon and York counties will further expand to include the rest of the Central Region, as well as the 13-county northeastern Pennsylvania service area, effective Jan. 1, 2016.

Through a partnership with Aspire Health, this program provides palliative care and physician support services to enhance the quality of life for Highmark's Medicare Advantage members who are facing a serious or chronic, life-limiting illness.

Complete information about this program can be found in the November 2015 *Provider Bulletin*. Details are also online under AIS Home Visit Program on Highmark's PRC and on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

NATIONAL DRUG CODES

Highmark requires the submission of the National Drug Code information on drug claims billed under the medical benefit for Highmark members. This requirement has been in place since Nov. 16, 2015, and is being expanded to include Highmark's northeastern Pennsylvania service area beginning Jan. 1, 2016.

Complete reporting information can be found in the November 2015 *Provider Bulletin*. This information is also available on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

PLAN AND ALPHA PREFIX GUIDE

On the next page, you will find a list of the 2015 BCNEPA plans with the corresponding Highmark Blue Cross Blue Shield plans for 2016. This information can also be found in the November 2015 *Provider Bulletin* and on the new **Information Exclusively for Providers in Northeastern Pennsylvania** page on Highmark Blue Shield's PRC.

PLAN AND ALPHA PREFIX GUIDE

BLUE CROSS OF NORTHEASTERN PENNSYLVANIA PLAN — 2015	BCNEPA ALPHA PREFIX	HIGHMARK BLUE CROSS BLUE SHIELD PLAN — 2016	HIGHMARK ALPHA PREFIX
Large Group		Large Group	
BlueCare PPO	QFG	PPOBlue	YYM
BlueCare Qualified High Deductible PPO	QFG	PPOBlue Qualified High Deductible Health Plan	YYM
BlueCare Traditional	QFT	ClassicBlue	QDC
BlueCare EPO (member works or resides out-of-area)	QFO	EPOBlue	YYB
BlueCare Custom PPO (EPO – INN)	QFI	BlueCare Custom PPO (EPO-INN)	JUF
BlueCare Qualified High Deductible Custom PPO	QFI	BlueCare Qualified High Deductible Custom PPO	JUF
AffordaBlue	QFZ	AffordaBlue	JUD
BlueCare HMO	YZH	BlueCare HMO	JUH
BlueCare HMO Plus	YZH	BlueCare HMO Plus	JUH
BlueCare PPO Customized Groups	EBU, GSQ, LPO, LYB, NNU, NTJ, NTQ, SRI, WOH, WMH	BlueCare PPO Customized Groups	EBU, LPO, LYB, NNU, NTJ, NTQ, SRI, WOH, WMH
BlueCare Senior	YZM/ZAS	Signature 65	QDS
Small Group		Small Group	
BlueCare PPO (SHOP)	QFR	BlueCare PPO Blue (SHOP)	JUL
BlueCare PPO	QFG	BlueCare PPO	HNG
BlueCare Qualified High Deductible PPO	QFG	BlueCare Qualified High Deductible PPO	HNG
BlueCare Custom PPO (EPO-INN)	QFI	BlueCare Custom PPO (EPO-INN)	JUF
BlueCare Custom PPO (on Exchange)	QFQ	BlueCare Custom PPO (on Exchange)	JUJ
AffordaBlue (on Exchange)	QFE	AffordaBlue (on Exchange)	JUK
AffordaBlue (off Exchange)	QFZ	AffordaBlue (off Exchange)	JUD
BlueCare Traditional	QFT	BlueCare Traditional	HNN
Individual – Direct Pay On Exchange		Individual – Direct Pay On Exchange	
myBlue Choice (PPO) (Canceled 12/31/15)	QFL		
myBlue Choice LP (PPO QHD)	QFL	myBlue Choice LP	JUC
my Blue Cross, a Multi-State Plan (PPO) (Canceled 12/31/15)	QFJ		
myBlue Care	QFA	myBlue Care	JUT
myBlue Access (Custom PPO)	QFN	myBlue Access	JUQ
myBlue Access LP (Custom PPO QHD)	QFN	myBlue Access LP	JUQ
myBlue Access Catastrophic	QFN	myBlue Access Catastrophic	JUQ
Individual – Direct Pay Off Exchange		Individual – Direct Pay Off Exchange	
myBlue Choice (PPO) (Canceled 12/31/15)	QFF		
myBlue Choice LP (PPO QHD)	QFF	myBlue Choice LP	HNL
myBlue Care	QFB	myBlue Care	JUS
myBlue Access (Custom PPO)	QFH	myBlue Access	JUP
myBlue Access LP	QFH	myBlue Access LP	JUP
myBlue Access Catastrophic	QFH	myBlue Access Catastrophic	JUP
CHIP	YZH	CHIP	JUM
BlueCare Security	YZM	MedigapBlue	QDS



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Express Scripts, Inc. is a registered trademark of Express Scripts Holding Company. Express Scripts is an independent company that administers pharmacy services and is not affiliated with the Blue Cross Blue Shield Association.

NaviNet is a registered mark of NaviNet, Inc., a separate company that provides a secure, Web-based portal between providers and health care insurance plans.

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Please note that self-funded group benefits may be different from the benefits and services described here.

Highmark Blue Cross Blue Shield provides FSAs, HRAs and HSAs that are administered by Health Equity, Inc., an independent personal health care financial services company not affiliated with the Blue Cross Blue Shield Association.

Bank of America is an independent company that is the custodian of Highmark health spending accounts (HSA). Highmark does not offer banking, investment or financial services. HSA funds are maintained in accounts under the custody of Bank of America, a separate company that does not offer Blue Cross and/or Blue Shield products or services.

The information in this brochure is for plans offered through First Priority Life Insurance Company® or First Priority Health®, which are licensed affiliates of Highmark Blue Cross Blue Shield.

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