New Facility
GENERAL OVERVIEW

HIGHMARK

Agenda

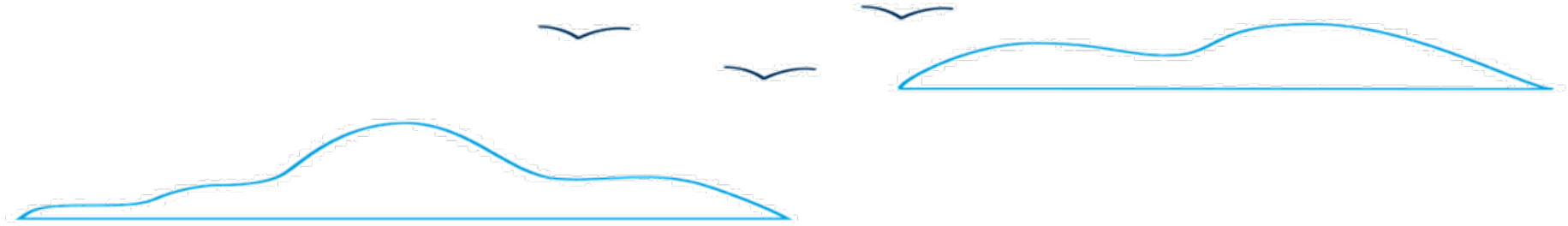
Welcome	Highmark Service Areas
	Sample ID Cards
	Product Offering
Claims	Claims Submission
	Claims Reimbursements
	Claims Inquiries
	Coordination of Benefits
BlueCard®	BlueCard Program Overview
	BlueCard Claims Submission
Medical Management & Utilization Review	Eligibility of Services
	Utilization Management
	Authorizations
	Medical Management Partners
	BlueCard & Third-Party Administrator Members
Resources	Communication Channels

HIGHMARK®

Welcome to

HIGHMARK®

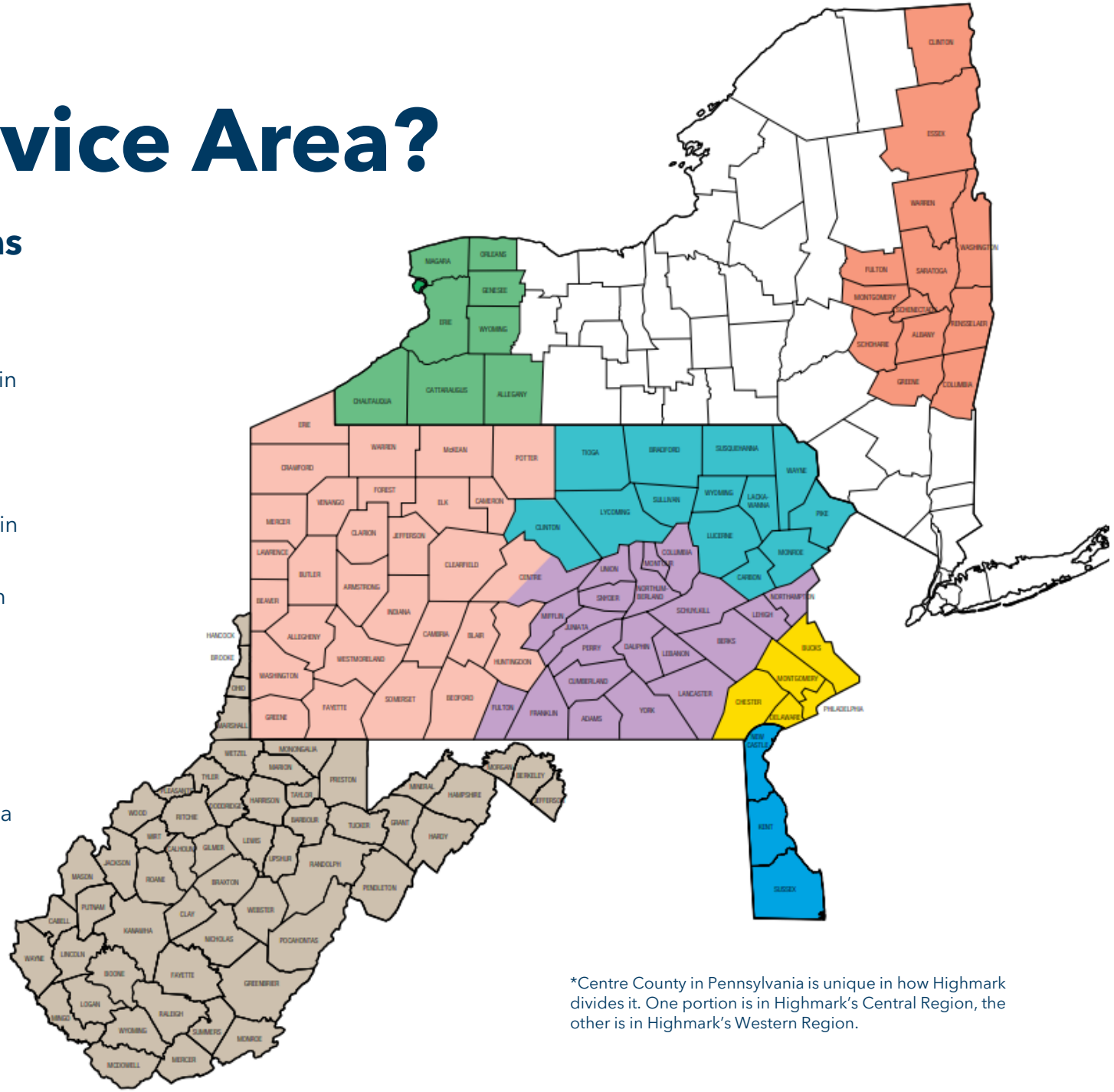
An Independent Licensee of the Blue Cross and Blue Shield Association



What Is My Service Area?

Highmark defines its service areas as outlined in the maps.

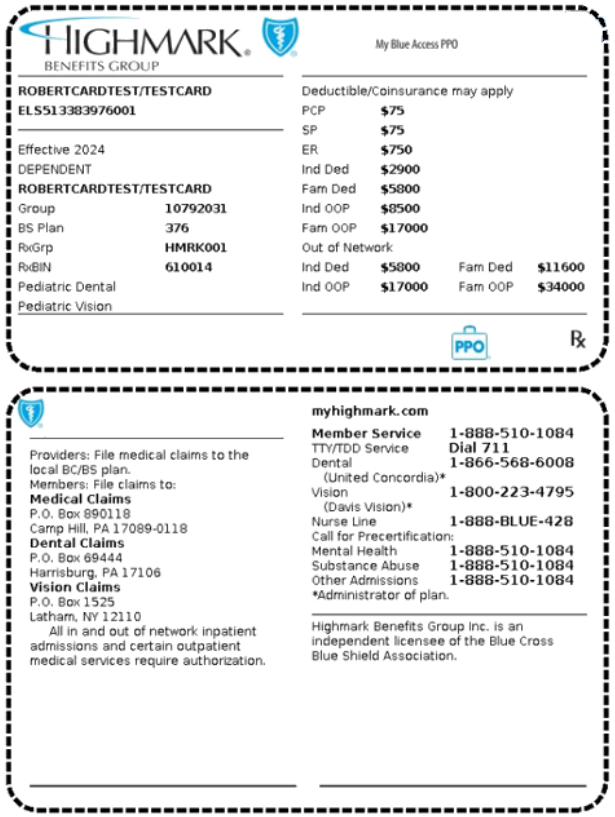
- **Delaware –** All 3 counties in Delaware
- **New York Northeastern Region –** Serves 13 counties in northeastern New York
- **New York Western Region –** Serves 8 counties in western New York
- **Pennsylvania Western Region –** Includes 29 counties in western Pennsylvania*
- **Pennsylvania Central Region –** Includes 21 counties in central Pennsylvania*
- **Pennsylvania Northeastern Region –** Includes 13 counties in northeastern Pennsylvania
- **Pennsylvania Southeastern Region –** Includes 5 counties in southeastern Pennsylvania
- **West Virginia –** Includes all 55 counties of West Virginia
- Not included in Highmark Service Areas



*Centre County in Pennsylvania is unique in how Highmark divides it. One portion is in Highmark's Central Region, the other is in Highmark's Western Region.

Sample ID Cards

SEPA Direct Pay (PPO)



HIGHMARK. BENEFITS GROUP

My Blue Access PPO

ROBERTCARDTEST/TESTCARD
ELS513383976001

Effective 2024
DEPENDENT
ROBERTCARDTEST/TESTCARD

Group	10792031
BS Plan	376
RxGrp	HMRK001
RxBIN	610014
Pediatric Dental	
Pediatric Vision	

Deductible/Coinsurance may apply

PCP	$75		
SP	$75		
ER	$750		
Ind Ded	$2900		
Fam Ded	$5800		
Ind OOP	$8500		
Fam OOP	$17000		
Out of Network			
Ind Ded	$5800	Fam Ded	$11600
Ind OOP	$17000	Fam OOP	$34000

PPO Rx

Providers: File medical claims to the local BC/BS plan.
Members: File claims to:
Medical Claims
P.O. Box 890118
Camp Hill, PA 17089-0118
Dental Claims
P.O. Box 69444
Harrisburg, PA 17106
Vision Claims
P.O. Box 1525
Latham, NY 12110
All in and out of network inpatient admissions and certain outpatient medical services require authorization.

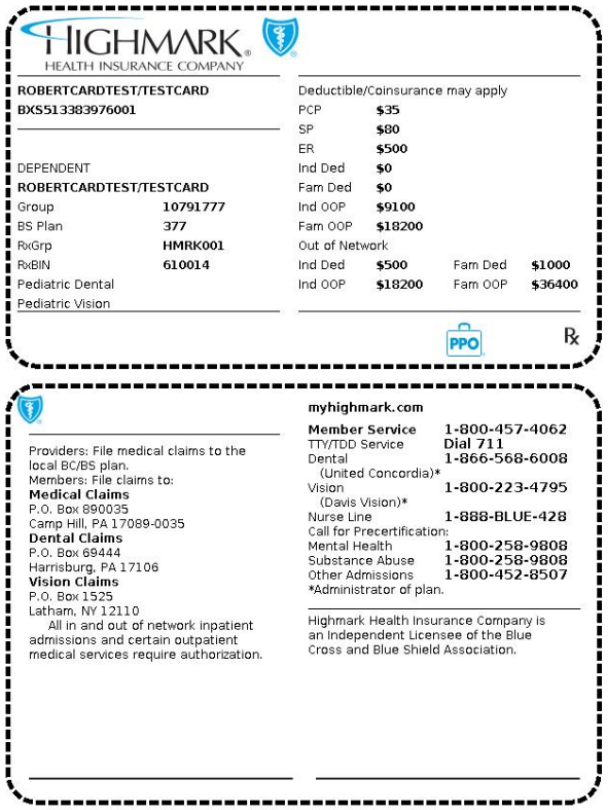
myhighmark.com

Member Service	1-888-510-1084
TTY/TDD Service	Dial 711
Dental (United Concordia)*	1-866-568-6008
Vision (Davis Vision)*	1-800-223-4795
Nurse Line	1-888-BLUE-428
Call for Precertification:	
Mental Health	1-888-510-1084
Substance Abuse	1-888-510-1084
Other Admissions	1-888-510-1084

*Administrator of plan.

Highmark Benefits Group Inc. is an independent licensee of the Blue Cross Blue Shield Association.

SEPA Small Group (PPO)



HIGHMARK. HEALTH INSURANCE COMPANY

ROBERTCARDTEST/TESTCARD
BXS513383976001

DEPENDENT
ROBERTCARDTEST/TESTCARD

Group	10791777
BS Plan	377
RxGrp	HMRK001
RxBIN	610014
Pediatric Dental	
Pediatric Vision	

Deductible/Coinsurance may apply

PCP	$35		
SP	$80		
ER	$500		
Ind Ded	$0		
Fam Ded	$0		
Ind OOP	$9100		
Fam OOP	$18200		
Out of Network			
Ind Ded	$500	Fam Ded	$1000
Ind OOP	$18200	Fam OOP	$36400

PPO Rx

Providers: File medical claims to the local BC/BS plan.
Members: File claims to:
Medical Claims
P.O. Box 890035
Camp Hill, PA 17089-0035
Dental Claims
P.O. Box 69444
Harrisburg, PA 17106
Vision Claims
P.O. Box 1525
Latham, NY 12110
All in and out of network inpatient admissions and certain outpatient medical services require authorization.

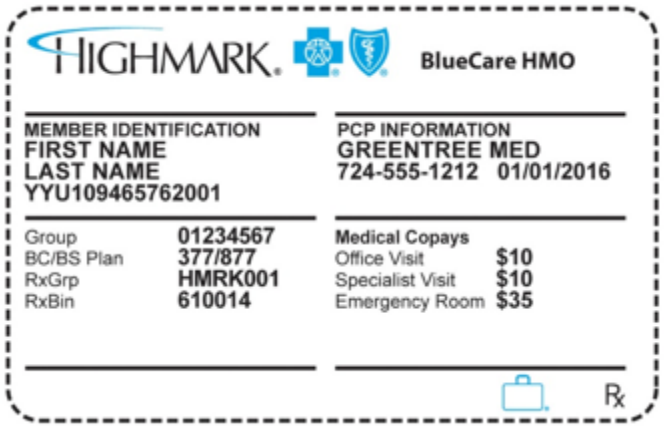
myhighmark.com

Member Service	1-800-457-4062
TTY/TDD Service	Dial 711
Dental (United Concordia)*	1-866-568-6008
Vision (Davis Vision)*	1-800-223-4795
Nurse Line	1-888-BLUE-428
Call for Precertification:	
Mental Health	1-800-258-9808
Substance Abuse	1-800-258-9808
Other Admissions	1-800-452-8507

*Administrator of plan.

Highmark Health Insurance Company is an Independent Licensee of the Blue Cross and Blue Shield Association.

Highmark Blue Cross Blue Shield Example (not specific to SEPA)



HIGHMARK. BlueCare HMO

MEMBER IDENTIFICATION
FIRST NAME
LAST NAME
YYU109465762001

PCP INFORMATION
GREENTREE MED
724-555-1212 01/01/2016

Group	01234567
BC/BS Plan	377/877
RxGrp	HMRK001
RxBin	610014

Medical Copays

Office Visit	$10
Specialist Visit	$10
Emergency Room	$35

Rx

*Included because SEPA Providers will see members from Western PA, DE, WV, and NY; they need to be able to recognize a Highmark BCBS ID card

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Products That Highmark Offers...

- **Commercial** (Broad & Narrow Network Products)
- **National Groups** (sold by Highmark, not BlueCard)
- **Narrow Group Tiered Products**
- **CHIP**
- **ACA**
- **Medicare Advantage** (coming to SEPA in 2025)

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*your facility may not be contracted for all of the products (i.e. only certain providers will have CHIP to start)

New Facility Training:
Claims

Claims Submission

All claims are to be submitted electronically

Please ensure that the correct NAIC code is utilized: **54771S**

Please refer to the Highmark Provider Manual

CONTACT CARD

Highmark EDI
(800) 992-0246

Vendor, Trading Partner, Software Submissions

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Claims Submission

NAIC Code

- NAIC code for 837 institutional will be **54771S**

Vendor, Trading Partner, Software Submissions

- Contact Highmark EDI
  (800) 992-0246

Billing Formats and Protocols

- Refer to the Highmark Provider Resource Center
  https://hbs.highmarkprc.com/

Professional Claim Submissions

- No changes

Claims Reimbursements

ECHO Health is utilized to issue electronic reimbursements

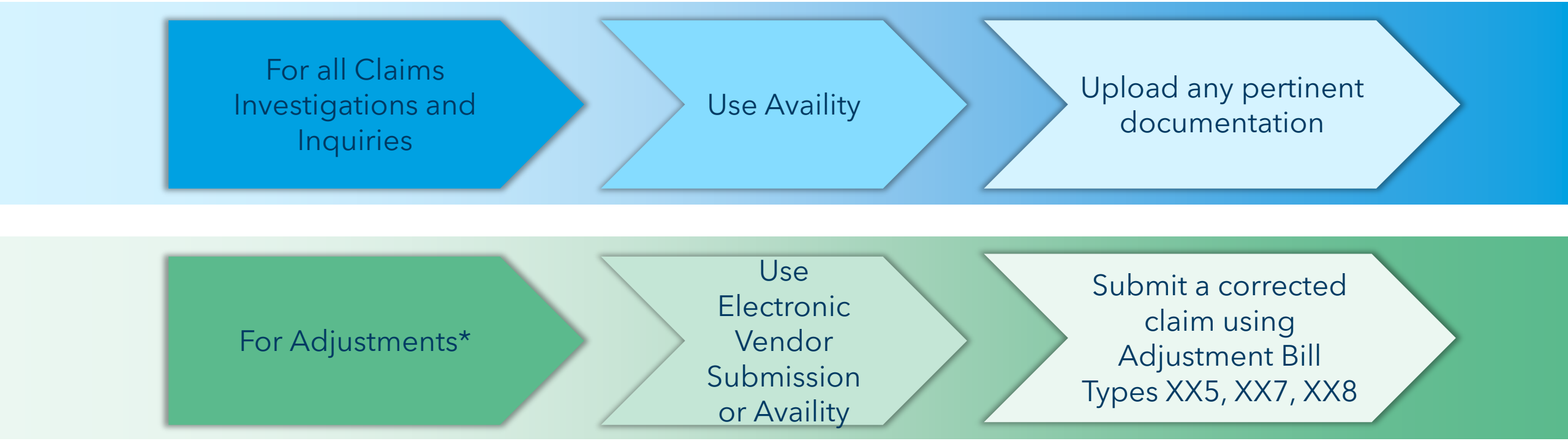
ECHO Health

Set up an account directly: **https://www.echohealthinc.com/provider**

For assistance signing up for the ECHO Provider Portal, access the user guide: **https://content.highmarkprc.com/Files/ClaimsPaymentReimb/echo-health-portal-user-guide.pdf**

Additional Assistance is available via an instructional video: **https://content.highmarkprc.com/Files/ClaimsPaymentReimb/echo-provider-portal-demo.mp4**

Claims Inquiries



⚠ **Never send a check for a refund** ⚠

*Adjustment bill types may not be used for changes in Member ID or Provider NPI

Coordination of Benefits

Medicare Crossover

- Highmark Medigap claims will cross over from CMS
- Must allow 30 days from Medicare Crossover prior to re-submitting a Medigap claim

Secondary/Tertiary Coverage

- Standard UB-04 requirements
- Use appropriate CAS Codes
- Paper EOBs/remittances are not required
- Highmark services requiring authorization must have an authorization on file even if the service is secondary or tertiary to another carrier(s)

New Facility Training:
BlueCard®

BlueCard®: Program Overview

Use Highmark as your contact for all aspects of Claims Processing

Submit to Local Plan

- If your patient's identification card includes a Blue Cross and Blue Shield service mark, and you do not participate with that member's Home Plan, it may be submitted to Highmark Blue Shield*

Investigation/Inquiry

- Contact Highmark via Availity
- Do not contact the Home Plan for inquiries submitted through Highmark

Payment

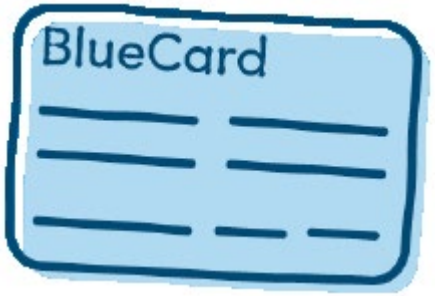
- You will receive Reimbursement at your Highmark contracted rate
- You will receive it on your Highmark Electronic Transmittal/Remittance

*The exception to this is Independence Blue Cross members. IBC claims must be submitted to IBC.

BlueCard®: Program Overview

What is BlueCard?

BlueCard™ allows access for Out-of-Area Members to your facilities.



What does the PPO Suitcase logo signify?

BlueCard Preferred Provider Organization (PPO) or Exclusive Provider Organization (EPO) members can be identified by the "**PPO in a suitcase**" logo on their card.

Exclusive Provider Organizations offered by other BCBS, EPO & HMO:

- Members' Home Plan dictates eligibility for out-of-network services.
- Members receive no benefits for care obtained outside the network (except emergency care).
- Members' ID cards include information on the back, stating that these members have no or limited benefits, except when receiving services from a BlueCard PPO provider.

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For more information on the BlueCard Program, please see the Highmark Provider Manual (Chapter 2, Unit 6)

BlueCard™: Program Overview

To determine benefits and eligibility for out-of-area patients:

- Call the **Home Plan** using the number on the member's ID card
- Call BlueCard™ eligibility **1 (800) 676-BLUE (2583)**
- Online via **Availity**, through Blue Exchange

The main identifiers for BlueCard™ Members are:

- The **Alpha Prefix**: used to identify the Blue Plan or national account to which the member belongs

- The **blank suitcase logo** on the ID card: means the member has traditional, Point of Service, or HMO benefits and would use the Participating Provider Network

- The **PPO in a suitcase** logo on the ID card: means the member has PPO or EPO benefits and would use the PremierBlue Shield network

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BlueCard®: Program Overview

Not all BlueCard® products share network eligibility

(HMOs and EPOs)

Be sure to ask:

1. Is the facility in-network for the member's product?
2. Does the patient require additional referral/ authorization for services outside the home network?
3. Does the patient have any additional co-insurance or deductible for services outside the home network?

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BlueCard Claims Submission

Highmark Commercial Member Claims	IBC Member Claims	All other BCBSA Plan Member Claims
Must be submitted to Highmark	Must be submitted to IBC	Can be submitted to either Highmark or IBC*

NOTES

- A claim cannot be sent to **both** Highmark and IBC
- Claim adjudication and follow-up must be completed with the plan in which the claim was submitted

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*if you have a direct contract with another Home Plan, you must submit those member claims to that Home Plan

BlueCard Claims Submission Exceptions

Highmark Medicare Advantage Member Claims

Must be submitted to IBC through 2024

FEP (Federal Employee Program)

FEP Institutional UB04 Claims must be submitted to IBC

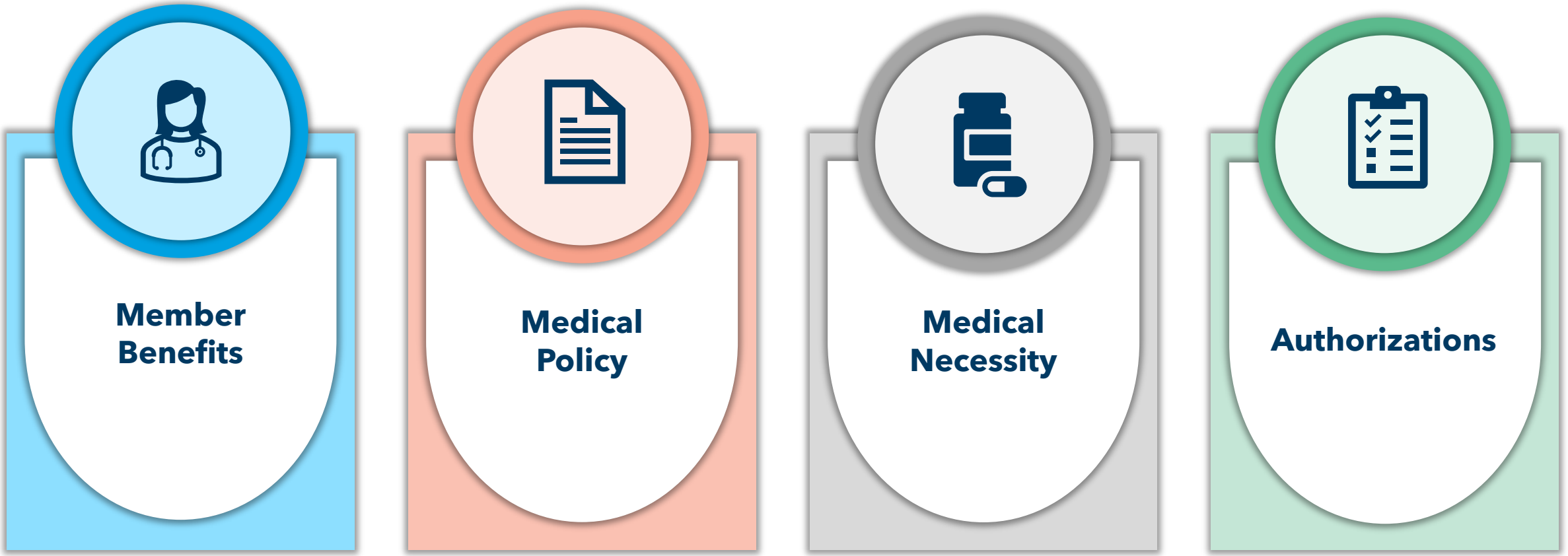
FEP Professional 1500 Claims must be submitted to Highmark

New Facility Training:

Medical Management & Utilization Review

Eligibility of Services

Eligibility of Services is determined by:



Utilization Management

Diagnosis code and procedure code on authorization must match the submitted claim.

Use Availity® for all Authorization needs

1 Authorizations

- Verify Member Eligibility and Benefits
- Verify Medical Policy
- Verify Vendor Authorization Procedures and Policies
- Verify Codes for Requiring Authorization

2 Retrospective Review

- For services performed but not authorized prior to the rendering of the service, Retrospective Reviews need to be pursued
- Contact Highmark for all Retrospective Services
- Contact Vendor for all Vendor Managed Authorizations

3 Appeals

- If a claim has been submitted, utilize secure messaging on Availity to pursue appeals on authorization denials
- Upload all appropriate documentation with the appeal
- Appeals need to be submitted within 180 days of the authorization denial date, unless the member contract specifies a different timeframe

4 Peer-to-Peer

- If member benefits allow for Peer-to-Peer reviews, contact 844-945-5525 to schedule a Peer-to-Peer review
- Investigational/Experimental Services* for fully insured products are eligible for Peer-to-Peer reviews

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*Highmark self-insured groups may offer Peer-to-Peer reviews on Investigational/Experimental Services based upon group benefits

Utilization Management

Diagnosis code and procedure code on authorization must match the submitted claim.

Use Availity® for all Concurrent and Discharging needs

1

Concurrent Reviews

- Can be completed on Availity

2

Discharge Planning

- Can be completed on Availity

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Authorizations

Availity®

www.Availity.com

The **fastest** and **most accurate** means of entering & managing authorizations

Always use Availity first. If your issue cannot be resolved using Availity, you can utilize the following alternate forms of communication:

(800) 452-8507

UM Team (for clinical issue resolution)

Availity provides all status information on authorizations

Inpatient Faxes*

(800) 416-9195

PA Highmark members

(877) 650-6069

Highmark DE members

Outpatient Faxes*

(888) 236-6321

PA Highmark members

(800) 670-4862

Highmark DE members

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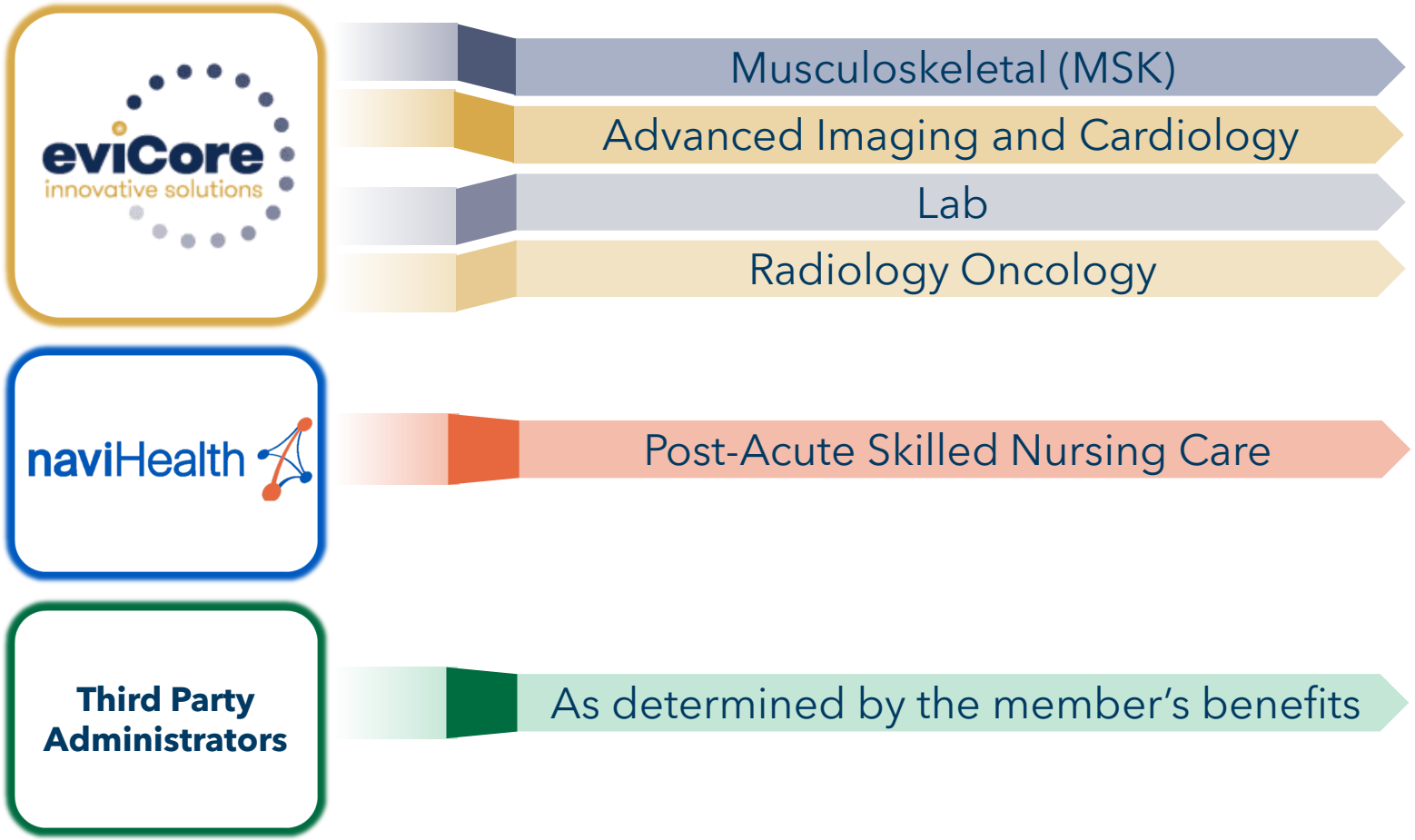
*Faxing should be utilized ONLY when electronic submissions are not available.
Please indicate proper return fax numbers in all fax submissions.

Medical Management Partners

Our partners in Member Care



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* naviHealth is only MA for LTAC, IRF, and SNF for Highmark beginning in 2025

BlueCard and Third Party Administrator Members

All medical management is coordinated with the member's Home Plan/TPA

Medical management, Medical Policy, and Final Determinations of eligibility are determined by the member's Home Plan/TPA. Highmark Policy is not applied

Provider appeals are submitted to the Local Plan. Peer-to-Peer reviews can be submitted to the Local Plan or directly to the Home Plan/TPA

New Facility Training:

Resources

Communication Channels for Providers

PRC: https://hbs.highmarkprc.com/
- Credentialing
- Highmark Provider Manual
- Reimbursement Policy Information
- Bulletins, Newsletters, and Updates
- Authorization Information
- Medical Policy Information

Provider Resource Center

Highmark Provider Portal- Availity

www.Availity.com
- Credentialing
- Eligibility and Benefits
- Submitting Authorizations
- Claims Research
- Provider Investigations
- Uploading Documents

(844) 945-5525

Mon-Fri 8am-5pm
effective 12/18/23

Provider Services

Provider Account Liaison

Contact PAL:
- For escalated issues
- For unresolved Provider Service inquiries, after two outreaches

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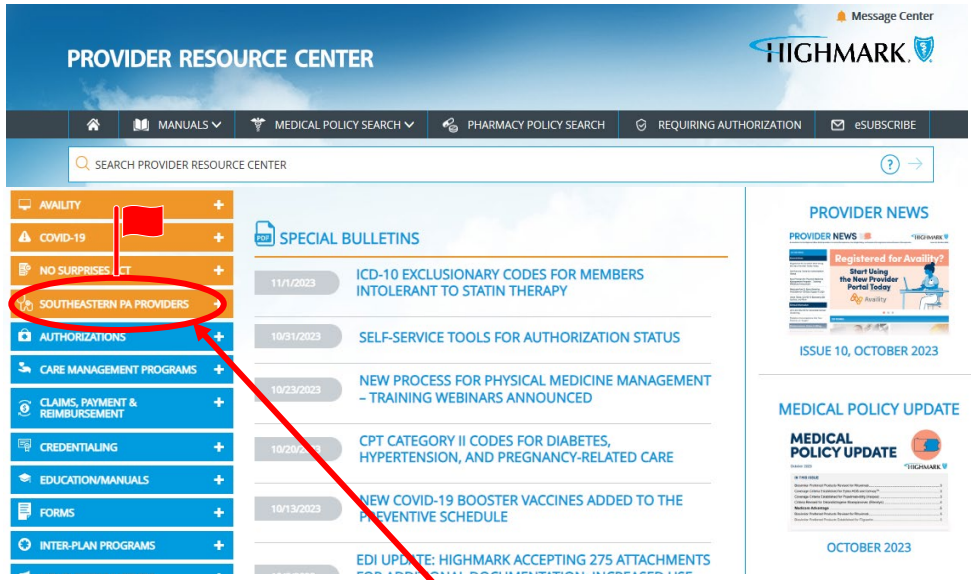
Communication Channels

Provider Resource Center (PRC)
https://hbs.highmarkprc.com/

Credentialing

Highmark Provider Manual

Reimbursement Policy Information



Bulletins, Newsletters, and Updates

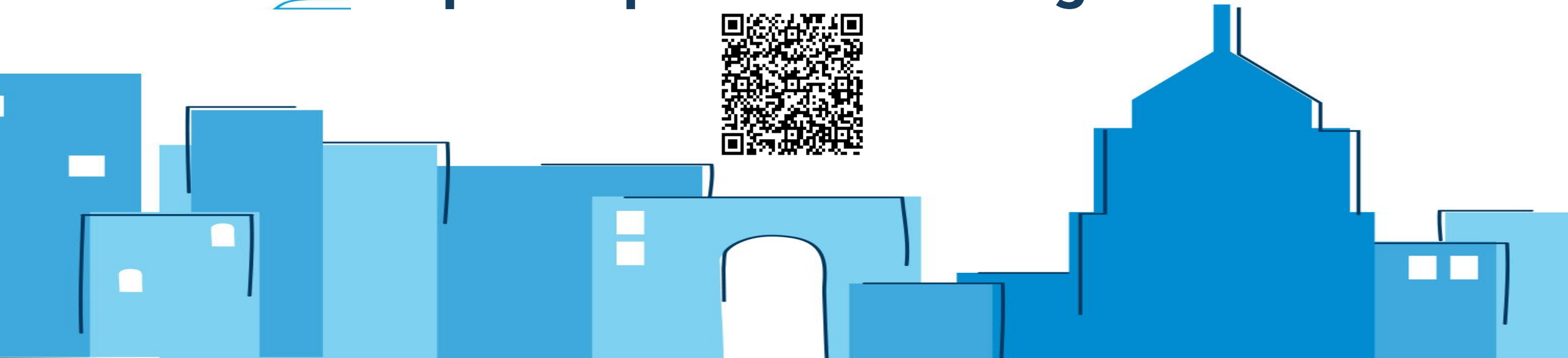
Authorization Information

Medical Policy Information

Designated SEPA information

Questions?

Please take a brief survey to help us improve this training:



Appendix

Retrospective Authorizations FAQs

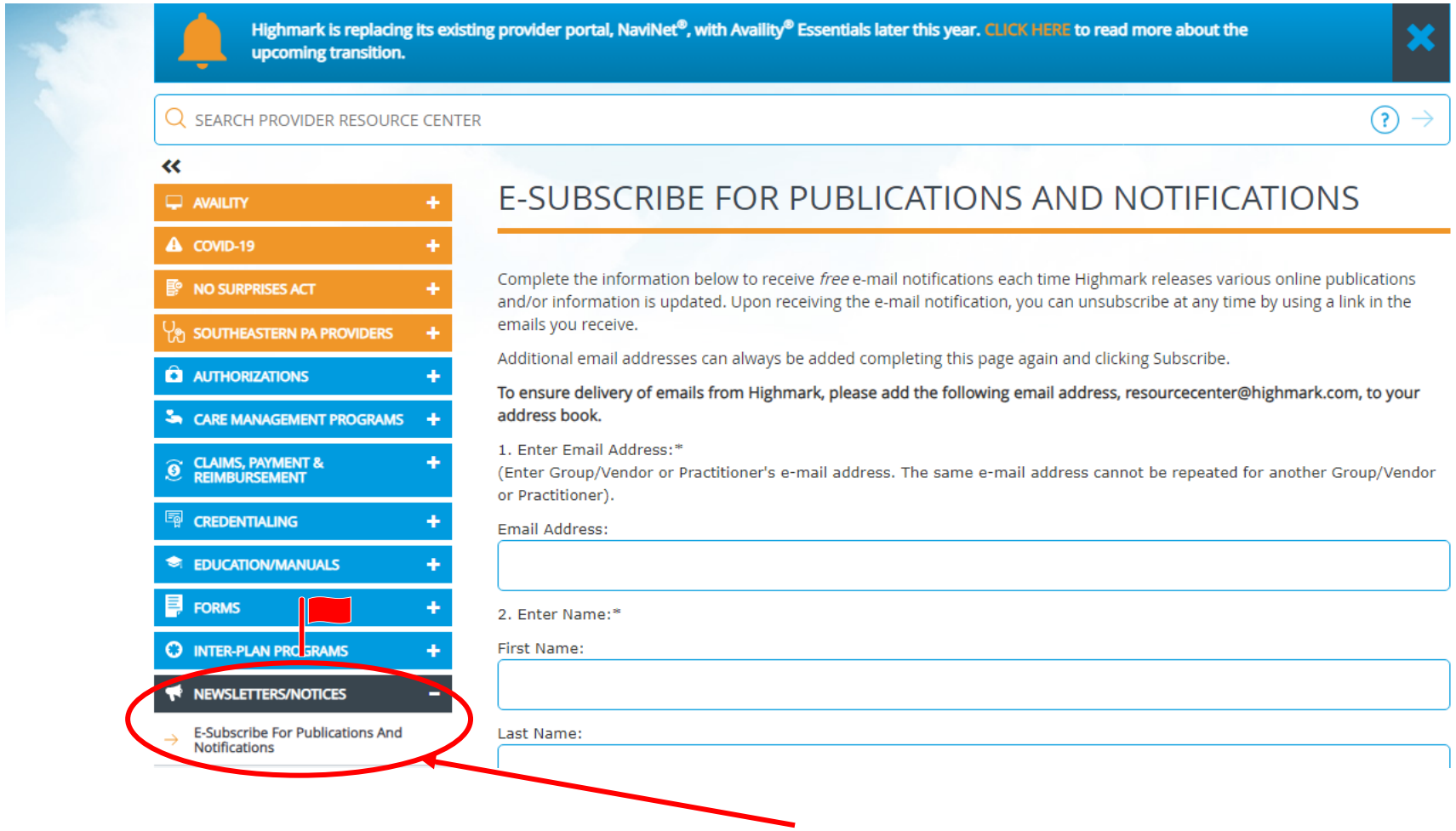
Retrospective Authorization Reviews & Appeals:

Retrospective Authorizations can be pursued within 180 days of date of service unless member benefits define otherwise
Appeals on denied authorizations can be pursued within 180 days of the authorization denial unless member benefits define otherwise
Peer-to-Peer reviews can be completed on any denied appeal, as long as the member's benefits include Peer-to-Peer process
Medical necessity denials are eligible for any appeal*: **Highmark Medical Review, P.O. Box 890392, Camp Hill, PA 17089-0392**
Non-covered benefits are not eligible for provider appeal or Peer-to-Peer reviews, members maintain the right to appeal

*Highmark self-insured groups may offer Peer-to-Peer reviews on Investigational/Experimental Services based upon group benefits

**Please refer to your denial letter for appeal rights

How to e-Subscribe



Go to "Newsletters/Notices"

SSO Guide

Axial
https://hbs.highmarkprc.com/Education-Manuals/Axial-Healthcare

Cash Management
https://hbs.highmarkprc.com/Education-Manuals/Highmark-Provider-Manual **Section 6.7**

COB Questionnaire
https://hbs.highmarkprc.com/Education-Manuals/Highmark-Provider-Manual **Section 6.6**

Cover My Meds

Provider Facing Analytics

Provider File Management
https://hbs.highmarkprc.com/Education-Manuals/Provider-Data-Accuracy-Compliance

Provider Resource Center
https://hbs.highmarkprc.com/Southeastern-PA-Providers/SEPA-Provider-Information

Free Market Health
https://hbs.highmarkprc.com/Pharmacy-Program-Formularies/Free-Market-Health

Behavioral Health

Care Management

Utilization Management

Initial, concurrent review and retrospective reviews using the following resources:

- Milliman Care Guidelines (MCG) for psychiatric
- American Society of Addiction Medicine, ASAM (substance use disorder)
- Medical Policy

Supported by a team of medical directors (psychiatrists) who determine medical necessity when Care Management is unable to approve a requested service

Services subject to initial review and concurrent review:

- Inpatient psychiatric/SUD
- Residential psychiatric/SUD
- Additional services are subject to prior authorization and concurrent review based on specific ASO client preferences and expectations (i.e., ABA, PHP, IOP).
- Initial review is suspended when individual states mandate specific prior/initial authorization expectations or suspension of prior/initial authorization.

Licensed Mental Health Clinicians
Behavioral Health Coaches

Behavioral Health

Case Management

Behavioral Health Case Management programs:

- Transition of Care
- Depression
- Complex Case Management
- Substance Use Disorder
- Behavioral High Acuity Team (BHAT) (for targeted products)
  - Members with a chronic physical health condition as well as co-occurring SUD or depression
  - Serious Mental Illness (SMI)
- Pediatric

SEPA Region Facility Claims NAIC Codes

As part of Highmark's expansion into the five counties of Southeastern Pennsylvania (SEPA), we will be establishing a new NAIC code for facility/UB-04/837I claim submission, effective January 1, 2024.
The chart below outlines the appropriate use of NAIC codes for providers in the SEPA region.

Southeastern Pennsylvania (SEPA)		
NAIC Code	**Provider Type**	**Products**
54771S	SEPA Region Facility Type Providers (UB-04/837I)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.
54771	All Other Provider Types (1500/837P)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.

To avoid claim rejections, ensure you or your Trading Partner (Clearinghouse, Vendor, or Billing Service) are submitting claims using the correct NAIC code. If your Trading Partner has questions about this change, they can call EDI Operations at **1-800-992-0246**.

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Highmark Plan Codes

Plan Code	Location
376 377	**SEPA**
363 364 378 865	**Non-SEPA Pennsylvania**
070 570	**Delaware**
278 379	**New York**
443 943 944	**West Virginia**

Legal Disclaimers

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All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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