



NaviNet and Provider Portal Training Guide

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as, routine eligibility, benefits and claims status inquiries.

NIA/Magellan is a separate company that administers prior authorization for certain services for Highmark Wholecare.

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 14 counties in northeastern Pennsylvania, 12 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.

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NaviNet

1. Go to <https://navinet.navimedix.com>.
2. Enter **Username** and **Password**, then click **Sign in**.

Sign In

Username:

Password:

Sign In

[Forgot your password?](#)
[Forgot your username?](#)

Choose Profile

Search for a provider profile.

1. Enter data using any of the options and click **Search**.

Choose Profile

Group Name:	<input type="text"/>	City:	<input type="text"/>
Office Name:	<input type="text"/>	State:	<input type="text" value="v"/>
Plan Name:	<input type="text"/>	Username:	<input type="text"/>
Office TIN/Account Number:	<input type="text"/>		

Search **Clear**

Health Plans message center

The Health Plans message center has the following sections:

1. **Important Announcements**
2. **Messages from the Health Plan**
3. **Link to the Health Plans Website** (by clicking their logo)
4. **Hours of Availability**
5. **Provider Resources:** Links to the plans HealthSparq website to look up participating providers, pharmacies, OTC Benefit Catalog, etc.
6. **Forms:** Links to frequently used forms for providers
7. **Contact Us:** Telephone Numbers to provider services and a link to the plan's website

NantHealth | NaviNet WORKFLOWS HEALTH PLANS

Highmark WholeCare

Workflows for this Plan

- Claim Status Inquiry
- Eligibility and Benefits
- Provider Directory
- NIA RadMD Authorizations
- Enhanced Highmark WholeCare Provider Features

Cultural Competence

The Commonwealth Fund's *Cultural Competence in Health Care Report* which provides the following definition for Cultural Competence: "Cultural competence in health care describes the ability of systems and health care professionals to provide high quality care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet each individual's social, cultural, and linguistic needs."

Highmark Wholecare has assembled a list of resources and web based tools to assist you and your office staff in providing care that is sensitive to the cultural and linguistic differences of your patients. [Provider Cultural Toolkit](#)

Resources include:

Important Announcements

- Shortage of Iodinated Contrast Agents
- HealthHelp - New Implementation Date
- 2022 Annual Provider Accessibility Audit Notification
- NaviNet and Enhanced Provider Portal Update

Important Reference Materials

- Coronavirus: Resources and Information for Gateway Members
- Practice Changes
- Authorization Code Look-Up Tool
- Provider Update Announcements
- Post GateTech EOB Adjustment Code Crosswalk

Links

- Link
- HealthHelp
- Accessibility of Care Standards
- Link
- Coronavirus Article
- Telemedicine
- Practice Change Form/Medicare
- Medicare
- Look-Up Tool
- Medicaid Provider Updates
- Medicare Provider Updates
- Post GateTech EOB

HIGHMARK WHOLECARE

Hours of Availability

Mon-Fri: 7:00am-5:00pm ET

Resources

- Accessibility to Care Standards
- Find A Provider
- Find A Pharmacy
- OTC Benefit Catalog

Forms

- Medicaid Forms and Reference Materials
- Medicare Forms and Reference Materials

Contact Us

Highmark Wholecare
 Four Gateway Center
 444 Liberty Avenue, Suite 2100
 Pittsburgh, PA 15222-1222

Provider Svcs PA Medicaid
 1-800-392-1147
 Provider Svcs PA Medicare
 1-800-685-5209

Provider Changes
 1-855-451-6680

www.highmarkwholecare.com/

Workflows for this Plan

Workflows for this Plan

Claim Status Inquiry
Eligibility and Benefits
Provider Directory
NIA RadMD Authorizations
Enhanced Highmark WholeCare
Provider Features

Claims Status Inquiry

The Claim Status search screen to search for specific claims and see the status of the claim; pending, paid, or denied.

Claim Status: Search

[Reset Search Fields](#)

Billing Entity

Type Name or ID to find provider...

Patient Details

Member ID

Last Name

Date of Birth

mm/dd/yyyy

Claim Status Details

Service Start

03/25/2020

Service End

06/23/2020

Claim ID

Optional

[Reset Search Fields](#)

Search

The Member ID, Last Name and Date of Birth fields are required when searching for a claim.

Claim Status Details

The Claim Status Details screen has the following sections:

1. **Claim Status:** Displays the current status of the claim (i.e. pending or finalized)
2. **Claim ID:** Claim ID assigned by Highmark Wholecare and Service Dates of Claim
3. **Claim Details:** Patient Account and Member ID; Provider Name, NPI, Tax ID for Billing and Servicing Provider
4. **Payment Details:** Billed & Paid Amount; Payment Number and Date
5. **Claim Line Details:** CPT, HCPCS and/or Revenue Codes Billed; Claim Line Status and/or Denial Message Code; Amount Billed & Paid on Service Line
6. **Customer Service Phone Number**

[Back to Claim Status Search](#) | Claim Status: Highmark WholeCare

Claim Status Details

Jane Doe
born on 01/01/1999

1
2
[View/Print](#)

✓ **Finalized** (Claim Status as of 07/20/2022)
 Claim ID: 2022
 Service Dates: 07/13/2022 to 07/13/2022

The claim/encounter has completed the adjudication cycle and no more action will be taken. Accepted for processing.

ADDITIONAL DETAILS
 Patient a/c: 12345678910
 Clearinghouse: 22199
 Trace Number: 2459

INSURANCE DETAILS
 Highmark WholeCare
 Member ID: 12345678910

BILLING ENTITY
 John Smith
 NPI: 1098765432
 Tax ID: 1234456789
 Payer ID: P000034

SERVICING ENTITY
 John Smith
 NPI: 1098765432

Total Billed: **\$149.00**
Total Paid: **\$66.41**

4 Payment Number: 123456
(Paid on 07/21/2022)

Claim and Service Line Details: 5

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 99213-95	1.0	07/13/2022 to 07/13/2022	--	⌚ Accepted The claim/encounter has been accepted into the adjudication system. Accepted for processing. The claim/encounter has been accepted into the adjudication system. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$149.00	\$66.41

6

For questions about this claim, contact Professional Services, phone (800) 685-5205

Eligibility and Benefits

Search by the Member ID, or the member's Name and DOB (date of birth) to see the member's current plan status and benefit information.

Eligibility and Benefits: Patient Search

Search by Member ID

Member ID

OR

Search by Name

Last Name

Date of Birth

Date Of Service

[Reset Search Fields](#)

Highmark WholeCare
No additional payer information on file
View/Print

Active from 03/15/2021 to 01/01/2026

Member ID:
Group: PA Medicaid-Lehigh Cap S1
Service Date: 07/25/2022

INSURANCE DETAILS
Products: Health Choices Adult
Type:

PRIMARY CARE PROVIDER
CHRISTOPHER L. HATHUR
4311 Easton Ave
Bethlehem, PA 180201431
NPI:

Benefits

- Health Benefit Plan Coverage
- Chiropractic
- Dental Care
- Emergency Services
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Physical Therapy
- Professional (Physician) Visit - Office
- Skilled Nursing Care
- Skilled Nursing Care - Room and Board
- Urgent Care
- Vision (Optometry)

Physical Therapy

In-Network:

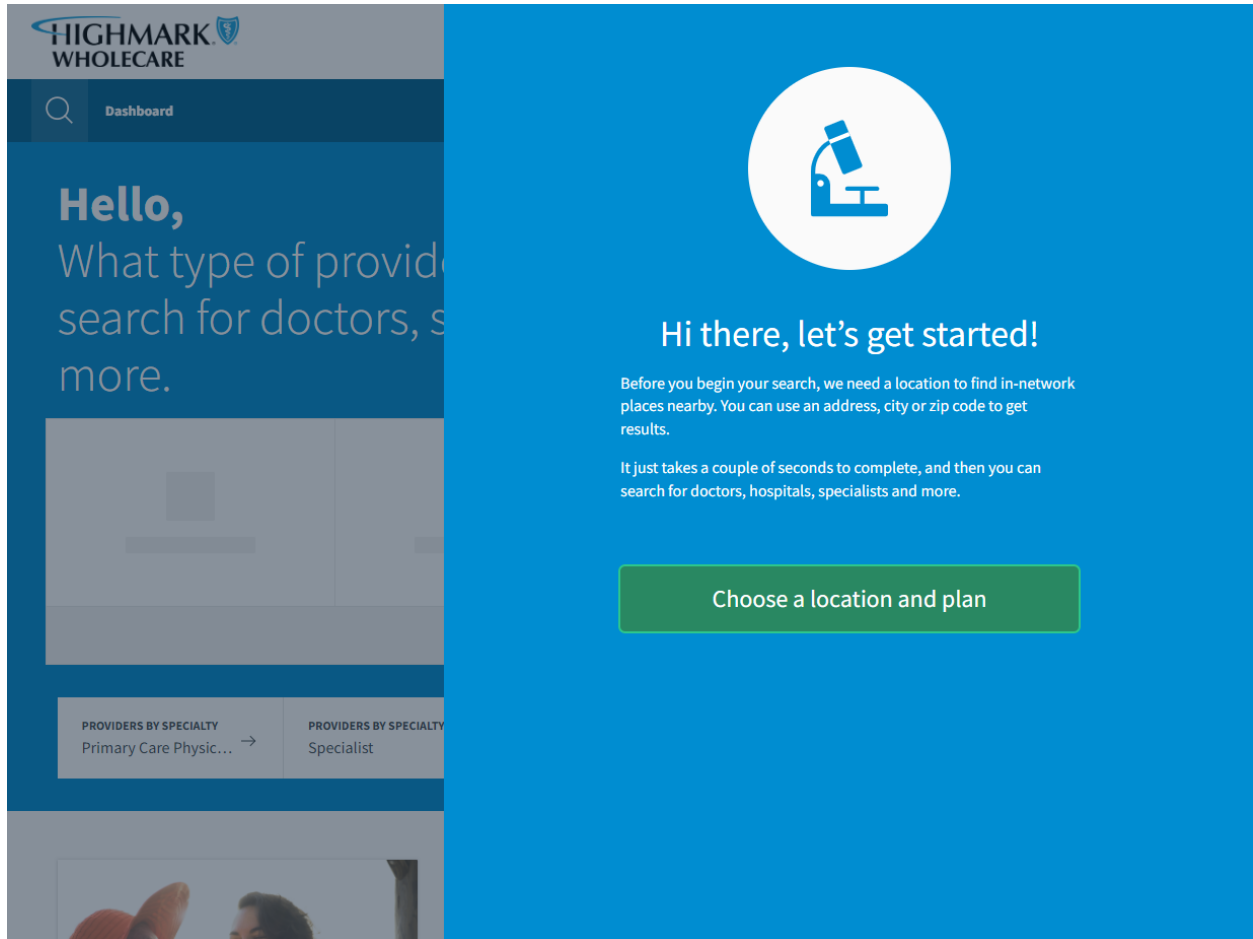
Out-of-Network:

Co-Pay:	<div> \$0 Individual Authorization : Required </div>	<div> \$0 Individual Authorization : Required </div>
Co-Insurance:	<div> 0% Individual Authorization : Required </div>	<div> 0% Individual Authorization : Required </div>

★ Set as default benefit view


Provider Directory

The HealthSparq (Provider Search) website will allow providers to search for Participating Providers with Highmark Wholecare Medicare or Medicaid



NIA RadMD Authorizations

Visit the NIA Website www.radmd.com to submit an NIA Authorization to be reviewed for approval. **Note:** Users will need to setup a username and password for the RadMD site.


[Help](#) [Login](#)

Existing RadMD Users
[Click Here](#)

RadMD.com: For first time visitors

Please fill out this form only for yourself. Shared accounts are not allowed.

Which of the following best describes your company?
 -- Please Select an Appropriate Description -- [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
First Name:	Last Name:	Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
<input type="text"/>	<input type="text"/>	First Name:	Last Name:
Phone:	Fax:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Phone:	Email:
Email:	Confirm Email:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		
Company Name:	Job Title:		
<input type="text"/>	<input type="text"/>		
Address Line 1:	Address Line 2:		
<input type="text"/>	<input type="text"/>		
City:	State:		
<input type="text"/>	<input type="text"/>		
Zip:			
<input type="text"/>			

If you have problems, please contact us at RadMdSupport@magellanhealth.com.

Highmark Wholecare uses RadMD for authorization reviews for the following outpatient services:

- Advanced Imaging Services (PET scans, CAT scans, MRI, etc.)
- Physical, Speech, and Occupational Therapy
- Musculoskeletal surgery
- Interventional Pain Management Procedures

Enhanced Highmark Wholecare Provider Features

Highmark Wholecare Provider Portal page - The Provider Portal is a secure and flexible web application that allows the submission of electronic authorizations and much more. There are exclusive features housed in this portal that are not available from the NaviNet Portal.

Provider Portal

HIGHMARK WHOLECARE
Provider Portal

Provider Portal - Home

Select a Provider

NPI:

This will allow you to interact with the Highmark Wholecare Provider Portal for the different providers you have access to. Your provider selection will be maintained throughout your Provider Portal session and can be changed again at any time by clicking on the selected provider name in the top right corner of the page.

Announcements & News

Adjustment Code Crosswalk
For your convenience - We have added a Post GateTech Explanation of Benefit (EOB) Adjustment Code Crosswalk. Please click on the following link to view the Adjustment Code Message Crosswalk.

[Adjustment Code Crosswalk Document](#)

— Posted 7 months ago

Missing email address!
We do not have your email address.
Please provide an email address so we can keep in touch!

Please Provide Email Address

Appeal Request/Claim Dispute

New Request/Dispute

Submit a new Appeal Request or Claim Dispute.

1. Enter the data to search by the Member ID or Member Name & Date of Birth data and click **Search**.

Search by Member ID

Search by Member ID

Search by Member Name

2. Select the type of request/dispute.

Appeal Request / Claim Dispute

Home / Appeal Request / Claim Dispute

Submitting a request / dispute for:

NPI #:

Provider ID:

Change

Selected member Information:

Name: JAMES

Date of Birth:

Plan Type: MEDICARE

ID:

Change

Please select the type of request / dispute:

Provider Appeal
A request for reconsideration of a denial based on medical necessity of a submitted claim or authorization.

Retrospective Review
Request for authorization after service has already been performed.

Claim Dispute
Questioning a claims processing or billing procedure.

Provider Appeal - A request for reconsideration of a denial based on medical necessity of a submitted claim or authorization. You can submit with specific claims or without claims. Make sure to enter the reason you are appealing in the Notes section.

You have selected:
Provider Appeal

Change

Please associate claims to this appeal / dispute:

Select Specific Claims

- or -

Submit Without Claims

Notes (Required)

Please enter notes here

Max of 4000 characters.

Requestor (Required)

Requestor Name

Requestor Address

Requestor Phone

Laura

PETERSBURG, PA17520

Enter or confirm the requestor's contact information.

Attach supporting documentation and click **Submit**.

Upload Supporting Documentation

You may drag and drop supporting documents here or use the buttons below

You may attach up to 100 supporting documents at 12 MB each

+ Add documents

✕ Remove all documents

Timely filing criteria for initial bills are 180 days from the date of service.

All EPSDT claims and primary care services must be submitted within 60 calendar days from the date of service.

Practitioners must bill within 60 days from the date of an Explanation of Benefits (EOB) from the primary carrier when Gateway Health is secondary.

Corrected claims or requests for review are considered if information is received within the 180-day follow-up period from the date on the initial remittance advice.

Submit

Retrospective Review - To request authorization after service has already been performed, you can submit a retrospective appeal request. Select the reason for the request.

You have selected:
Retrospective Review

Change

Please select the reason for the appeal / review:

You were provided the wrong insurance information upon admission.

You are contractually exempt from this policy.

The member was incapacitated or physically and/or mentally unable to provide you with their health insurance coverage.

You filed an authorization within the urgent or emergent timeframes as listed above and dispute that the services were emergent in nature.

Claim Dispute - If you are questioning a claims processing or billing procedures, you can submit a claims dispute which will be reviewed by the claims department.

You have selected:
Claim Dispute

Change

Please associate claims to this appeal / dispute:

Select Specific Claims
Claim selection is required

Notes (Required)

Please enter notes here
Max of 4000 characters.

Requestor (Required)

Requestor Name	Requestor Address	Requestor Phone
Laura	PETERSBURG, PA17520	

Enter or confirm the requestor's contact information.

Attach supporting documentation and click **Submit**.

Upload Supporting Documentation

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+ Add documents ✕ Remove all documents

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Practitioners must bill within 60 days from the date of an Explanation of Benefits (EOB) from the primary carrier when Gateway Health is secondary.
Corrected claims or requests for review are considered if information is received within the 180-day follow-up period from the date on the initial remittance advice.

Submit

Prior Request/Dispute.

View an appeal or claims dispute request that has already been submitted.

Appeal Request / Claim Dispute

[Home](#) / [Prior Appeal Requests](#) / [Claim Disputes](#)

Prior Request / Dispute Submissions

You are viewing Appeal Requests and Claim Disputes submitted for the selected provider, MEMBER

Confirmation #	Date Submitted	Member ID	Form Type	Claims	Attachments
MDAP-55170	12/01/2020 02:22 PM		Provider Appeal	0	1
MDCL- 	01/27/2022 12:55 PM		Claim Dispute	1	2

Authorization

Authorization History

Enter specific dates, authorization number, or member last name & ID to locate authorization status for a particular provider.

Authorizations: History

[Home](#) / [Authorization History](#)

IMPORTANT: Search Results data will only be as recent as the prior business day.

Search Criteria

Selected Provider

(click to change)

Enter Auth Search Details

Start Date:

End Date:

Auth ID (Optional)

[Advanced Search Options](#)

Submit Form

Additional Details

3 Authorizations Found

Show entries

Search:

Authorization ID	Member Name	Member ID	Date Submitted	Expiration Date	Status
*OP		*01	3/24/2020	6/24/2020	Approved
*OP		*01	3/25/2020	6/25/2020	Approved
*OP		*01	4/8/2020	7/8/2020	Approved

Showing 1 to 3 of 3 entries

[< Previous](#)
[1](#)
[Next >](#)

Submitting a New Prior Authorization [Click Authorizations, Procedure Code Auth Lookup.](#)

1. Review the general information about services that always require an authorization.

Authorization & Code Lookup Enhancements Presently Available to PA Providers Only

For PA Medicaid

The following items always require an authorization:

Inpatient Services

- Hospital inpatient admissions
- All other inpatient admissions (e.g. acute, skilled nursing facility, and rehabilitation)
- Services rendered at or provided by a non-par provider
- Covered services that do not have a fee attached
- Musculoskeletal Surgery Procedures (e.g. Knee/Hip/Shoulder Surgery and Cervical/Lumbar Spine Surgery)
 - [Link to NIA](#)

Outpatient Services


- Potentially experimental, investigational or cosmetic services
- Home Health Care
- Prosthetics
- Power Wheelchairs
- Hospice Services
- Radiology Management, Physical Therapy, Occupational Therapy, Speech Therapy, Musculoskeletal Surgery Procedures (MSK), Trigger Point Injections and Interventional Pain Management
 - [Link to NIA](#)
- Sterilization/Abortion Services
 - Please contact Adagio
- Services rendered at or provided by a non-par provider
- Covered services that do not have a fee attached
- **As of January 1, 2020**, all managed care organizations (MCOs) that provide outpatient drug services to Medicaid beneficiaries in Pennsylvania and the State Fee-for-Service (FFS) program will use the same Preferred Drug List (PDL). Any drugs designated as non-preferred will require prior authorization. In addition, the PA Medicaid MCOs and the FFS program will apply the same clinical prior authorization criteria to determine medical necessity for medications included on the PDL. You may access the complete statewide PDL now through the [Department of Human Services](#) website. Please note that all requirements and conditions governing coverage of outpatient drugs, including but not limited to prior authorization criteria, apply whether a drug is provided through the Pharmacy benefit or Medical benefit.
- Chemotherapeutic drugs, symptom management drugs and supportive agents will require authorization when prescribed for a member 21 years of age or older and being used for an oncology related indication. The Highmark Wholcare Provider Portal Procedure Code Lookup Tool below can be used to determine if the medication being administered requires authorization.
- Miscellaneous J-codes (J3490, J3590, J8499, J8999, J9999) may require authorization on a drug-by-drug basis. Please refer to notifications of authorization requirements posted on the provider update webpage: <https://www.gatewayhealthplan.com/provider/medicaid-resources/medicaid-provider-updates>. When permanent HCPCS codes are assigned to medications, the lookup tool below will be updated to reflect the authorization requirement.

2. Use the **Code Authorization Lookup Tool** to see if a specific CPT or HCPCS code requires an authorization.

Code Authorization Lookup Tool

Search Criteria:

Plan Provider

Date of Service
 

Search By:

Code to Search:

If the code does not require authorization, you will see a message.

No Authorization requirements found, please reference disclaimers listed above.

Claims

Batch Claims Search


Search processed claim information and associated check or batch check amounts.

Claims Status: Search

Home / Claims Status: Search

Note: Search Results only contain claims that are completed.


Search Criteria


Selected Provider 


[Change Provider](#)

Enter Claim Status Details

Search By:

Payment Dates 

Payment Start 

Payment End (Optional) 

Claim ID (Optional)

[Advanced Search Options](#)

[Search Claims](#)

Self-Audit/Overpayments

Use this form to self-identify over payments to the Payment Integrity Department for review.

Provider Self Audits / Overpayments

[Home](#) / [Claims](#) / [Self Audits](#) / [Overpayments Form](#)

Highmark Wholecare cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this online form for any self-identified overpayments to the Highmark Wholecare Payment Integrity Department.

If the claims in regard to your request have a Date of Service that is three (3) years or older please send a check in addition to a printed request form to the following address:

Highmark Wholecare
Attention: Payment Integrity Department
Four Gateway Center
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222-1222

Self Audits / Overpayments Form:

[Download Form](#)

☐ I understand I must mail a request form and check for claims older than three (3) years

Provider Information

Provider ID

Provider Name

RESPIRATORY CARE

Provider NPI Number

[Change Provider](#)

Self Audit / Overpayment Information

Retraction Request (claims less than 3 years old from Date of Service)

Reason for Refund

For "Auto Insurance Identified (PA Medicaid Member)" please submit the following form (with check) found here: [Refund Form](#)

Detailed Description of Overpayment

Office / Vendor Information

Office / Vendor Provider ID

Enter Office / Vendor Provider ID & Click Search

[Search Office / Vendor Provider ID](#)

Office / Vendor Name

Office / Vendor Tax Identification Number

Enter Tax Identification Number

Contact Person at Provider's Office / Vendor

Laura

Contact Phone Number

Contact Email Address

Enter Contact Email

Provider Portal

Member / Claim Information

Member / Claim

Claim ID

Enter Claim ID & Click Search

Search Claim ID

Member Name

Member ID #

Date of Service

Total Billed

\$

Total Paid

\$

Refund Amount

\$

Enter Refund Amount

Add Another Claim

Other Information

Period of Claims (based on dates of service)

If there is no date range please just enter a date in the "Date of Service - Period Start Date" field.

Date of Service - Period Start Date

MM/DD/YYYY

Date of Service - Period End Date (optional)

MM/DD/YYYY

Supporting Documentation

Please attach any and all supporting documentation here.

The processing of your request may be delayed if adequate documentation is not provided.

You may drag and drop supporting documents here or use the buttons below

You may attach up to 100 supporting documents at 12 MB each

+ Add documents

✕ Remove all documents

Submit Form

Self-Audits / Overpayments History

Shows historical data about previous submissions of self-audits sent through the Provider Portal.

Provider Self Audits / Overpayments History

Home / Claims / Self Audits / Overpayments History

Submitted Self Audits / Overpayments

0 Self Audits / Overpayments Found. If you have questions about your submissions please contact your Provider Relations Representative.

Show 10 entries

Search:

Date Submitted

Confirmation Number

Claim Number(s)

Attachments

No data available in table


Showing 0 to 0 of 0 entries

< Previous

Next >

Complaints

Select a **Category** from the drop-down.

 New Complaint Message

To: Highmark Wholecare

Message Category

Department:

Category:

-- Select One --
 Provider Relations
 Provider Complaints - Highmark Wholecare
 Provider Complaints - Highmark Wholecare Medicare Assured

Welcome to the Highmark Wholecare Provider Complaint Messaging Centre!

Because we view complaints as helpful feedback, Highmark Wholecare has created this system for providers to raise issues with our policies, procedures and administrative functions. Your complaint will be investigated and the details of the findings and disposition will be communicated back in writing within 30 days. If your complaint needs additional time to resolve we will provide status updates as applicable.

To aid our investigation please ensure your email contains the following information:

- Provider/Practice Name
- Provider/Practice NPI
- Contact Name
- Contact Phone Number

The Provider Complaint Messaging Center is NOT for submission of Administrative Reviews (claims payments disputes) or Clinical Appeals. If you wish to submit a claims dispute or appeal, click the Appeal Request / Claim Dispute link within the menu on the left.

Thank you again for taking time to raise this concern with us.

You are interacting with the Provider Complaint Messaging Centre for the selected provider,

Enter the message in **Message Content**.

Provider/Practice Name

Provider/Practice NPI

Contact Name

Contact Phone Number

Message Subject

Message Content

B I U S Ix [List Icons] [Link Icon] [Image Icon] [Table Icon] Format [Source Icon]

Add **Attachments**, if necessary, and then click **Send Message**.

Attachments

You may drag and drop documents here or use the buttons below

You may attach up to 500 documents at 12 MB each

+ Add documents

✕ Remove selected documents

✕ Remove all documents

Total Documents attached: 0 / 500

Send Message

Cancel Writing Message

Complete Health Risk Survey

Select the plan.

Complete Health Risk Survey

Medicaid HRA

Medicare HRA

You may receive a notice indicating you are leaving the Highmark Wholecare Provider Portal, select **Exit**.

Leave this page?

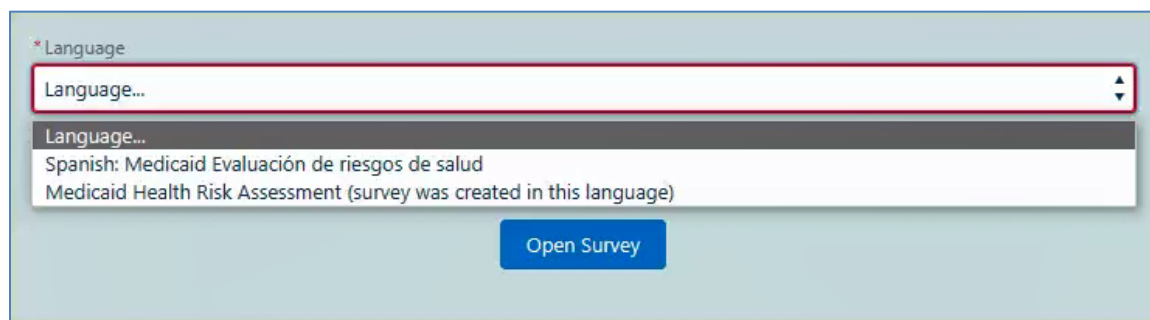
Are you sure you want to leave this page?

The task you started is not complete and you will lose all the updates you have made.

Stay

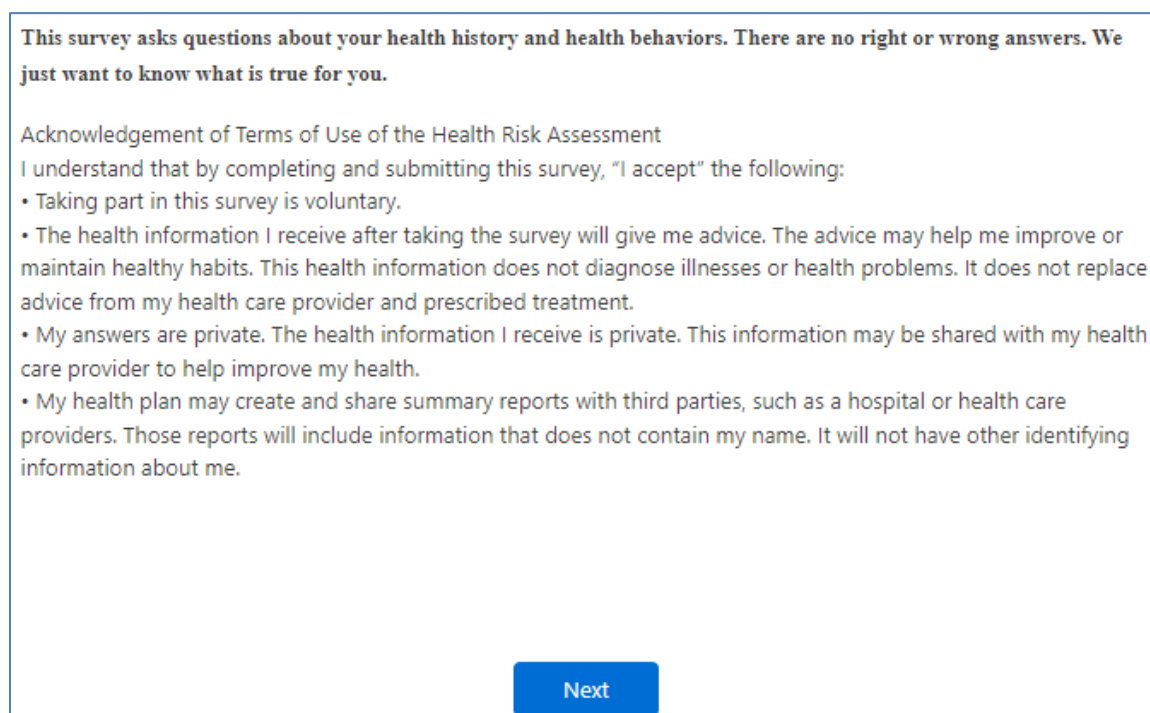
Exit

Select a **Language** and click **Open Survey**.



A screenshot of a web form. At the top, there is a label "* Language". Below it is a dropdown menu with "Language..." selected. The dropdown is open, showing two options: "Language..." and "Spanish: Medicaid Evaluación de riesgos de salud Medicaid Health Risk Assessment (survey was created in this language)". Below the dropdown is a blue button labeled "Open Survey".

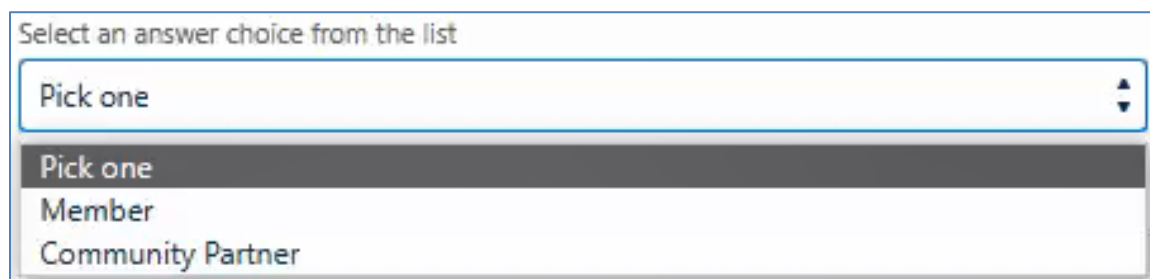
Review the **Terms** and click **Next**.



A screenshot of a web form showing the "Terms" section. The text reads: "This survey asks questions about your health history and health behaviors. There are no right or wrong answers. We just want to know what is true for you." Below this is a section titled "Acknowledgement of Terms of Use of the Health Risk Assessment" followed by the statement: "I understand that by completing and submitting this survey, 'I accept' the following:". There are four bullet points: "Taking part in this survey is voluntary.", "The health information I receive after taking the survey will give me advice. The advice may help me improve or maintain healthy habits. This health information does not diagnose illnesses or health problems. It does not replace advice from my health care provider and prescribed treatment.", "My answers are private. The health information I receive is private. This information may be shared with my health care provider to help improve my health.", and "My health plan may create and share summary reports with third parties, such as a hospital or health care providers. Those reports will include information that does not contain my name. It will not have other identifying information about me." At the bottom is a blue button labeled "Next".

Select the proper role and fill out the form accordingly.

Medicaid HRA



A screenshot of a web form. At the top, there is a label "Select an answer choice from the list". Below it is a dropdown menu with "Pick one" selected. The dropdown is open, showing two options: "Pick one" and "Member Community Partner".

Medicare HRA

Select an answer choice from the list

Pick one

Pick one

Member

Provider

Community Partner

Sales Agent

Member Name (first and last):

Member Role

Who is filling out this survey?

Select an answer choice from the list

Member

Member Name (first and last):

Enter up to 200 characters...

Date completed:

Please enter in mm/dd/yyyy format.

Enter your response...

Member ID:

Enter your response...

Previous

Next

Provider Role

Who is filling out this survey?
Select an answer choice from the list

Provider

Provider Name:

Enter up to 200 characters...

Provider NPI (xxxxxxxx):

Enter up to 200 characters...

I attest that I am assisting in the completion of this Health Risk Assessment on behalf of and with direction input from:

☒ Yes ☐ No

Member Name (first and last):

Enter up to 200 characters...

Date completed:
Please enter in mm/dd/yyyy format.

Enter your response...

Member ID:

Enter your response...

Member MBI:

Enter your response...

Previous

Next

Community Partner Role

Who is filling out this survey?

Select an answer choice from the list

Community Partner

Select Community Partner Organization:

Select an answer choice from the list

Pick one

Community Partner Name:

Enter up to 200 characters...

I attest that I am assisting in the completion of this Health Risk Assessment on behalf of and with direction input from:

☒ Yes

☐ No

Member Name (first and last):

Enter up to 200 characters...

Date completed:

Please enter in mm/dd/yyyy format.

Enter your response...

Member ID:

Enter your response...

Member MBI:

Enter your response...

Previous

Next

Sales Agent Role

Who is filling out this survey?

Select an answer choice from the list

Sales Agent

Agent ID:

Enter up to 200 characters...

I attest that I am assisting in the completion of this Health Risk Assessment on behalf of and with direction input from:

☒ Yes

☐ No

Member Name (first and last):

Enter up to 200 characters...

Date completed:

Please enter in mm/dd/yyyy format.

Enter your response...

Member ID:

Enter your response...

Member MBI:

Enter your response...

Previous

Next

Help & Support/ Help & User Guides

Review multiple training and informational topics regarding the Provider Portal.

Help: Frequently Asked Questions

[Home](#) / [Help & Support](#) / [Frequently Asked Questions](#)

[WHAT IS THE PROVIDER PORTAL?](#)

[HOW DO I KNOW WHAT FEATURES ARE AVAILABLE?](#)

[WILL I RECEIVE AN AUTHORIZATION NUMBER OF NOTIFICATION OF A DENIAL ELECTRONICALLY?](#)

[HOW CAN I UTILIZE THE AUTHORIZATION SEARCH TOOL?](#)

Reporting

Provider Reports

1. Select the type of report from the dropdown.

Reporting

[Home](#) / [Reporting](#)

You are viewing reports for the selected provider, [Provider Name]

You have new reports

- [NCQA Letter - 4 Reports](#) (10/02/2019 - 12/08/2020)

Select a Report -- Select Report --

Report Options

Start Date

06/24/2022

Get Results

Note: Load time

-- Select Report --


- Care Plan
- Claims Letter
- COVID Vaccination Report
- EPSDT
- EPSDT
- Highmark Wholecare Practitioner Excellence
- Hospital Admission Report
- MMA Prescriber Notification
- NCQA Letter
- PCP Portfolio
- PCP Portfolio
- PHY-SAR Fax Project Numbers
- Provider Letters
- Provider Letters - Approval
- Provider Letters - Denial

2. Click **Get Results** if reports are available.

Get Results 0 reports available, 0 unread

Secure Messaging


Please refer to the **Secure Messaging User Guide** for more detailed information.



Secure Messaging


[Home](#) / [Secure Messaging](#)


You are interacting with secure messages for ?

[Secure Messaging User Guide](#)


Inbox



[Sent Messages](#)



[View archive](#)


[View Trash](#)


Read messages you have received, sent, archived, or sent to the trash.

You currently have no unread messages


New Message


[View Drafts](#)

Create a new message or view previously drafted messages.


Reports

Read reports generated for you.

4 unread reports.

New message

Send a secure message.

1. Click **New Message**.
2. Select the desired Highmark Wholecare **Department** to receive the message.

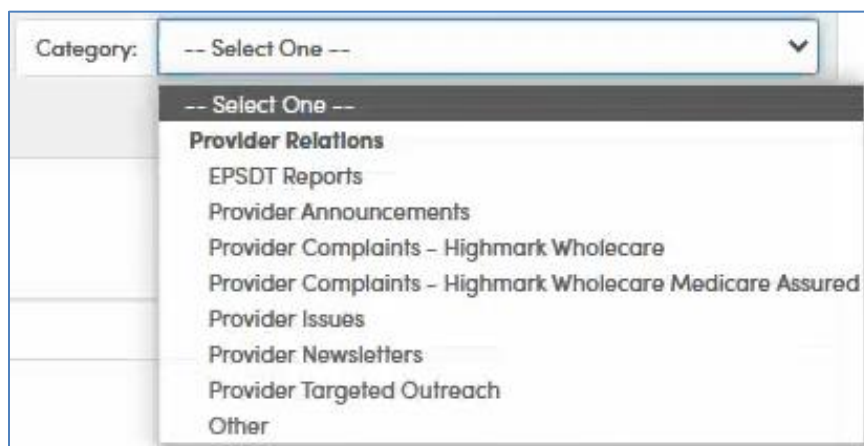
Message Category

Department: -- Select One --

-- Select One --

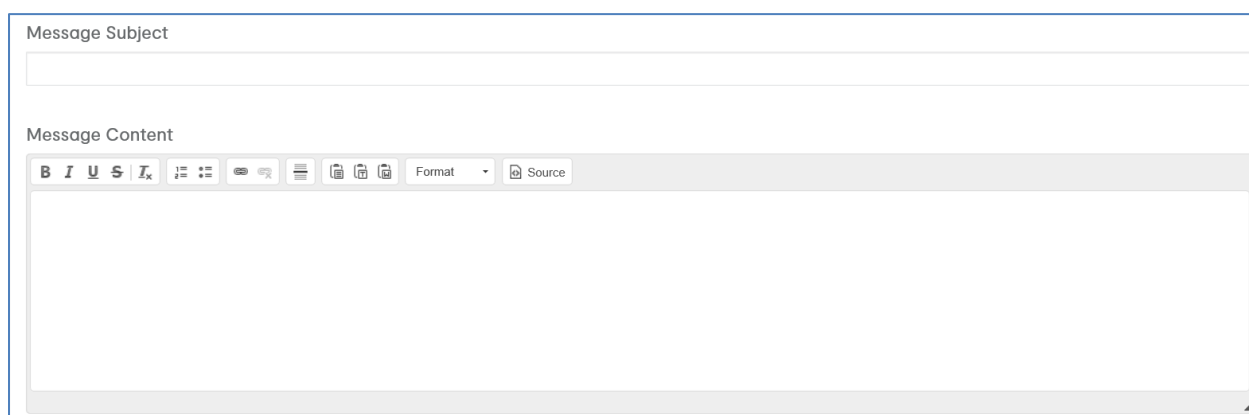
Clinical Services
 Provider Relations
 Provider Services
 Quality Improvement

3. Select a **category**. The categories will change based on the selected department.



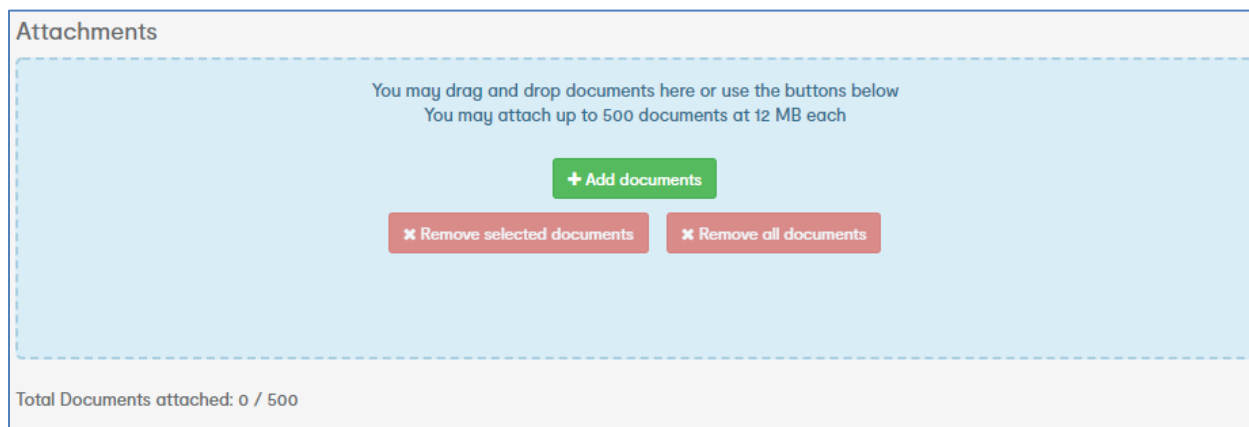
A screenshot of a web form showing a dropdown menu. The label 'Category:' is to the left of the dropdown. The dropdown is open, showing a list of options. The first option is '-- Select One --'. Below it, under the heading 'Provider Relations', are the following options: 'EPSDT Reports', 'Provider Announcements', 'Provider Complaints - Highmark Wholecare', 'Provider Complaints - Highmark Wholecare Medicare Assured', 'Provider Issues', 'Provider Newsletters', 'Provider Targeted Outreach', and 'Other'.

4. Enter a **Subject** and **Message Content**.



A screenshot of a message composition form. It has two main sections: 'Message Subject' and 'Message Content'. The 'Message Subject' section has a single text input field. The 'Message Content' section has a rich text editor with a toolbar containing icons for bold, italic, underline, strikethrough, bulleted list, numbered list, link, unlink, and text color. There is also a 'Format' dropdown menu and a 'Source' button. The main text area is a large, empty white box.

5. Attach **documents**, if necessary.



A screenshot of the 'Attachments' section of a form. It features a light blue dashed border containing the text: 'You may drag and drop documents here or use the buttons below' and 'You may attach up to 500 documents at 12 MB each'. Below this text are three buttons: a green '+ Add documents' button, and two red buttons with white text: '✕ Remove selected documents' and '✕ Remove all documents'. At the bottom of the section, outside the dashed border, is the text 'Total Documents attached: 0 / 500'.

- a. Click **Add** documents.
- b. Navigate to the location of the file and select it.
- c. Click Open.

6. Save the message as a draft, cancel the message or **Send Message**.

Save Draft

Send Message

Cancel Writing Message

Shift Care

Providers who are not set up to provide shift care will see a message stating **there are no shift care reports available for the selected provider**.

Shift Care

Home / Shift Care / Month Listing Report

Modifying Shift Care Reports for the selected provider:XXXXXXXXXXXXXXXXXXXX ☐ Change

There are no shift care reports available for the selected provider.

Providers who do have Shift Care Agreements established with Highmark Wholecare will be able to report their monthly shift care hours for Highmark Wholecare members and review previous months' submissions.

Monthly Listing

While viewing records navigation is available at the top of the screen, click on the heading to return to that page.

Shift Care

Home / Shift Care / Month Listing Report / Month Detail / Member Detail

Review Existing Records

1. Click **Monthly Listing Report**.

Please note that reports older than 3 months are read only and cannot be edited. Reports that can still be updated will have **Yes** in the Editable column on the Month Listing Report screen.

- Click the **month** you wish to view.

Month Listing Report					
Select a month in the table below of which you wish to report shift care hours.					
Report Month	Authorized Hrs	Unstaffed Hrs	Status	Report Due	Editable
August 2020	4364	0	New	09/10/2020	Yes
July 2020	4654	0	Complete	08/10/2020	Yes
June 2020	4155	182.5	Complete	07/10/2020	Yes
May 2020	4135	257	Complete	06/10/2020	No
April 2020	4121	636.75	Complete	05/08/2020	No

Report features

- Authorized hours are listed in the blue box and unstaffed hours in the yellow box.
- The number of entries to display can be changed.
- Additional pages can be accessed at the bottom of the page.
- Click the member name to review.

February 2020 Report Details

Select New Month

Hours

Authorized
3415

Unstaffed
269.25

1

⚠ Shift care hours unstaffed must be submitted by 3/10/2020. Hours not submitted by this date shall be reported to the Department of Human Services accordingly.

Select a member in the table below of which you wish to report shift care hours.

Show10▼entries

2

Search:

Name	Member ID	Procedure Code	Authorized Hrs	Unstaffed Hrs	Status
KENDRA		S9123	160	8	Complete
ALL		S9124	152	48	Complete
BEN		S9122	124	13	Complete
FOO		S9124	168	0	Complete
GAI		S9122	145	0	Complete
JOE		S9124	181	157.25	Complete
KEA		S9122	160	0	Complete
KEL		S9122	166	0	Complete
MA		S9124	232	18	Complete
PAT		S9124	294	0	Complete

4

Showing 1 to 10 of 17 entries

3

< Previous

1

2

Next >

Member Record

The member record will display:

1. The date the record was last updated is listed.
2. The diagnosis and procedure codes in use.
3. The description of the service.
4. The number of authorized hours per month.
5. The number of unstaffed hours.

February 2020 | Complete

1

Date Last Updated by Provider: 3/12/2020 8:20:41 AM
Date Last Updated by Gateway Health: 3/12/2020 8:20:41 AM
Last Modified By Provider

KENDRA

Member ID

Member Date of Birth:

Primary Diagnosis: OTHER CONGENITAL ANOMALIES OF INTESTINE (751.5)

2

Home Health Aide (HHA) or Skilled Nurse (SN): SN S9123

Authorized Hours for Skilled Nursing or Home Health Aide Services

8 hours per night, X 5 nights per week

3

Example: 8 hours/ night 7 nights/ week

Number of Authorized Hours per Month

160

4

"If the 'Number of Authorized Hours per Month' does not accurately reflect what has been authorized, please contact your care management representative."

Total Hours Unstaffed for the Month

8

5

Number calculated from the sum of Unstaffed Hours entered.

6. The unstaffed hours and the explanation are listed farther down the page. Since the report is read only, you cannot remove or add records.

Date Unstaffed	Hours Unstaffed	Unstaffed Explanation	
Tue, Feb 18 2020	8 hrs	NA-Caregiver was late	Remove

Add a record

- The reason codes are listed. Please note that "Other Agency" is no longer available.

Reason Codes	
Unable to Staff	Hours 0
Assigned Staff Not Available	Hours 8
Family Refused / Family Deferred	Hours 0
Private Insurance is Covering these Hours	Hours 0
Hospitalized	Hours 0
Other Agency	Hours

- The detailed explanation and action taken are listed near the bottom of the report.

Reason for Unstaffed Hours	2/18- nurse called off sick.
Action Taken to Resolve Unstaffed Hours	Resolved
<p>Provide significant detail of all efforts for each member missing any authorized hours. There should be enough information provided so the Department of Human Services will have no questions regarding actions taken to cover authorized hours in each case. Provide a fundamental understanding of why these cases have shifts that were not being covered. For example, geographic reasons, problems in the home with the family, the overnight hours, etc...</p>	

Edit Member Record

- While on a report that is available for editing, click the member you wish to edit.

Name	Member ID	Procedure Code	Authorized Hrs	Unstaffed Hrs	Status
KENDRA		S9123	184	0	New
AL. RTIS		S9124	184	0	New
BE. IR		S9122	133	0	New

- Copy and paste the reason for the authorized hours from the Letter of Medical Necessity.

Authorized Hours for Skilled Nursing or Home Health Aide Services Example: 8 hours/ night 7 nights/ week	Example: 8 hours/ night 7 nights/ week
--	--

- Click **Add a record**.

Date Unstaffed	Hours Unstaffed	Unstaffed Explanation
<div>Add a record</div>		

4. Enter the date, number of unstaffed hours by your agency, and the reason code for your agency's unstaffed hours.
 - a. UN No assigned staff, for discharged members on the report.
 - b. FR/FD Family declined replacement staff, notifies Highmark Wholecare and the state that coverage was available.
 - c. Hospitalized - If you have the hours staffed but the member is in the hospital, use hospitalized rather than family refused/family deferred. This shows that the agency had appropriate coverage.
 - d. Please note that "Other Agency" is no longer an option.

Date Unstaffed	Hours Unstaffed	Unstaffed Explanation	
Tue, Aug 25 202 ▼	8 hrs	<div> <div>— Select Explanation —</div> <div> FR/FD-Holiday, staff not needed UN-No assigned staff NA-Caregiver called out NA-Caregiver was late FR/FD-Family cancelled, no explanation FR/FD-Family declined replacement staff FR/FD-Family on vacation/away FR/FD-Family cancelled, no services needed FR/FD-Child attending day care FR/FD-Hours not needed, parent/caregiver came home early H-Hospitalized PI-Private Insurance is Covering These Hours </div> </div>	<div>Remove</div>
<div>Add a record</div>			
<div>Number of Authorized Hours per Month</div>		<div>for the Month</div>	

5. Add additional records as necessary to account for all unstaffed hours by your agency.
6. Enter the reason your agency could not provide staff for those hours and the resolution. Please note that the hours listed are for your agency alone. Do not indicate that another agency provided staffing.

Reason for Unstaffed Hours	
<div>Family cancelled and indicated that no services were needed.</div>	
Action Taken to Resolve Unstaffed Hours	<div>Resolved ▼</div>

- Mark the form complete and click **Save**.

Your name and password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. By clicking "Save", you are certifying the number of hours shift care was provided and, if necessary, the reason all of the approved hours were not provided.

Would you like to mark this form as complete?

☐ Form is Complete ☐ Form is NOT Complete

Cancel Save

Member Discharged

When a member has been discharged from the agency and the member is on the report.

- Enter the date, number of unstaffed hours by your agency, and **UN – No assigned staff** as the reason code.

Date Unstaffed	Hours Unstaffed	Unstaffed Explanation	
Tue, Sep 8 2022	8 hrs	UN-No assigned staff	Remove

- Enter **Member was discharged on** and list the date as the reason your agency could not provide staff for those hours and the resolution.

Reason for Unstaffed Hours

Member was discharged on Monday 9/7/2020

Action Taken to Resolve Unstaffed Hours

Resolved

For more information, please contact ShiftCare@highmarkwholecare.com

Substance Use Disorder Resources

A resource page of links to information and a registration button to access various online trainings and additional information.

Substance Use Disorder Resources

[Home](#) / [Substance Use Disorder Resources](#)

Supporting Highmark Wholecare Members with Substance Misuse, Addiction, or Recovery

Welcome to the Highmark Wholecare Substance Use Disorder resource page. This resource page contains provider tools you might find useful in screening and interacting with your patients who may be experiencing problems associated with the misuse of drugs and or alcohol. This resource page includes job aids to support you and your team, member brochures that offer your patients education about substance misuse, addiction, and treatment options, and information about how to register for online SBIRT training.

Highmark Wholecare has partnered with University of Pittsburgh School of Pharmacy, Program and Evaluation Unit (PERU) to support Highmark Wholecare's providers in their work with a patient in addiction recovery, or currently misusing substances. Our collaboration brings Highmark Wholecare's providers tools and training to support screening for substance use disorder using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process. SBIRT is designed to prevent members from developing a substance use disorder, for early detection of a suspected substance use disorder, and to refer members for treatment when indicated. SBIRT is not intended for members already diagnosed with a substance use disorder or those members already receiving substance use disorder treatment services. However, Highmark Wholecare's resource page includes other information to help you and your team work with a patient already diagnosed with substance use disorder.

Highmark Wholecare is committed to supporting our providers as they work with members experiencing substance use disorder. This includes supporting providers in the use of SBIRT in order to improve the overall all health of our members by ensuring regular substance abuse screening in primary care settings. Highmark Wholecare also offers technical support to our providers via an Addiction Specialist who can work with the provider and their team, offering guidance and tips on how best to work with a patient experiencing substance use disorder.

Below, you will find a registration form for access to a series of online training materials and resources Highmark Wholecare has developed for our providers, in collaboration with PERU. You may select individual courses to take, or you may complete the entire series to receive continuing education. Please note, continuing education credits are only available to prescribers and LSW/LCSW/LPC/LMFT. Once you complete the registration form and click submit you will be notified, via email in 2-3 business days, of your user name and password.

[Register](#)

If you have already received your log in credentials you may use the following link to access the training: [Training Login](#)

Provider Tools

[Key Points of SBIRT](#)
[SBIRT Introducing Screening to Patients](#)
[SBIRT Brief Intervention Provider Guide](#)
[SBIRT Brief Intervention Talking Points](#)
[SBIRT Provider Checklist](#)

Member Brochures

Highmark Wholecare has developed member brochures on the topics of substance use prevention and treatment, as well as information about substance use and adolescent populations. Please share these materials with your patients. Please contact your Highmark Wholecare Provider Relations Representative if you would like to receive printed copies of these brochures to display in your practice.

[A Quick Guide To Preventing Drug and Alcohol Addiction](#)
[A Quick Guide To Treatment and Recovery – Drug and Alcohol Addiction](#)
[A Quick Guide To Helping Children and Teens Stay Drug and Alcohol Free](#)

Questions

If anyone in your practice has questions about Substance Use Disorder, SBIRT, or would like additional support from a Highmark Wholecare Addiction Specialist, please contact your Gateway Provider Relations Representative.

Wholecare Resource Center

Confirm the provider.

Wholecare Resource Center

[Home](#) / [Wholecare Resource Center](#)

Confirm or change the provider that's submitting the referral on behalf of the member(s):

_____ NPI #: _____


[Confirm](#) [Change](#)

Select the state.


Select the state of the member(s) that are being referred:

[Pennsylvania](#) [Delaware](#)

Enter the zip code and click Search.



Support Sign Up Log In



Highmark Wholecare members can use our Wholecare Resource Center to find food assistance, help paying bills, and other free or reduced cost programs, including new programs for the COVID-19 pandemic:

ZIP [Search](#)

This curated database of resources is created by findhelp and brought to you by Highmark Wholecare. Findhelp is a separate company that gathers community based organization resources for Highmark Wholecare.

By continuing, you agree to the [Terms & Privacy](#)


This resource is brought to you by: <https://www.HighmarkWholecare.com/>

Select Language

Suggest Program Claim Programs Accessibility Terms Privacy

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Select the type of program.



SupportSign UpLog In

ZIP or keyword or program na

Select Language

Highmark Wholecare members can use our Wholecare Resource Center to find food assistance, help paying bills, and other free or reduced cost programs, including new programs for the COVID-19 pandemic:

FOOD

HOUSING

GOODS

TRANSIT

HEALTH


MONEY


CARE

EDUCATION

WORK

LEGAL





2,099 programs

in the Slippery Rock, PA 16057 area

Choose from the categories above and browse local programs, or search for any service. Select Language to translate the site.

This curated database of resources is provided by Highmark Wholecare Resource Center.

Suggest ProgramClaim ProgramsAccessibilityTermsPrivacy

My Account

View the individual, group, and office details.

My Account

Home / My Account

Account Profile

All Information on this page is provided from NavlNet. Your email address is able to be edited and stored within our system for communications purposes.

User Details

First Name

Laura

Middle

Not Provided

Last Name

ProviderId

Email Address

Please Provide Email Address

Save

Please provide an email address

You have not verified your email address.

Resend verification email

Group Details

Group Name

RESP CARE

Address

Phone

Fax

Not Provided

Contact

Not Provided

ID

Office Details

Office Name

RESP CARE

Address

Phone

Fax

Not Provided

Contact

Not Provided

ID

Log Out

Log out of the provider portal.