# PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

## ATTENTION:  IMPORTANT CHANGES RELATED TO NEW OPERATING PLATFORM TRANSITION

On January 1, 2018, Highmark Health Options will transition to its new operating system. We've communicated information on this change, which will provide a more efficient and accurate operating environment and other benefits.  However, you may experience some temporary minor impacts as a result of this migration.  Detailed below is further information on what you can expect during the transition.

## CHECK RUNS

As a result of the operating system transition on January 1, 2018 you will experience a temporary change in when you receive payment for services as we sunset the current operating system.  The last accounts payable update under the current Highmark Health Options system will take place on December 22, 2017.   Payment for services that are included in that update will take place on December 27, 2017, and may be larger than most checks as we transition to our new system.  Please bear with us as we move to a new financial system. The new check cycles begin on 01/05/2018

## NAVINET ENHANCEMENTS

Enhancements to the transactions to which you currently have access in NaviNet will take place on December 29, 2017.  However, how you access the NaviNet transaction set will be slightly different.  Effective December 29, you will now need to select Highmark Blue Cross Blue Shield Delaware from the My Health Plans menu for both Highmark Delaware and Highmark Health Options member transactions.  The Health Options Highmark BCBSD option that you currently select will no longer be in use.

### Enhanced Features
Once in NaviNet you'll see the same Highmark Blue Cross Blue Shield transactions you're familiar with along with an enhanced set of Highmark Health Options transactions now available to providers.

The Enhanced Provider Features transaction will include:
- Provider Directory
- NIA RadMD Authorizations
- Claim Investigations for Medicaid members.  The Claim Investigation transaction on the main NaviNet transaction list can only be used for commercial members.

### Authorizations
Authorizations should be submitted via the Authorization transaction in the main transaction menu.  When submitting Authorizations for Medicaid members you will need to choose the Highmark Health Options categories and services.

### Eligibility and Benefits
To verify Eligibility and Benefits when the member does not present their ID card with the UMI you may search with either Medicaid ID or Highmark Health Options ID.

## TAXONOMY

When billing for services, if your National Provider Identifier (NPI) is associated with more than one Highmark contracted specialty, the Provider Taxonomy Code correlating to the contracted specialty should be submitted along with the NPI for efficient processing of your claim.  This will allow Highmark Health Options to accurately apply your contractual business arrangements with Highmark.

## TESTING

Extensive testing with typical and atypical clearinghouses and software vendors has taken place so that this system go-live should be seamless to you.  This testing was completed on November 16, 2017.

## QUESTIONS

If you have any questions about the changes highlighted in this communication, please call us at 1-844-325-6251 to speak directly with a Provider Services Representative in the Provider Service Center.