



DECEMBER 2017

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

NEW OPERATING PLATFORM TO GO LIVE ON JANUARY 1, 2018

On January 1, Highmark Health Options will transition to its new processing platform (EHS) which will provide you with improved service and responsiveness by integrating to a single point. This upgrade will allow for more timely and accurate payments and combined operations functionality. We want to ensure that our service standards remain consistent throughout the transition and that this integration is as seamless as possible to both Providers and our members that you serve.

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. This number will remain unchanged. For direct answers to your questions during the platform integration please use the Provider Service Center phone number for immediate access to a representative who can assist you.

CHANGES FOR PROVIDERS

New Member ID Cards:

Highmark Health Options members will be issued new ID cards which will contain a new Member ID number. An example of the new Highmark Health Options Member ID card is shown on Page 2.

New Addresses for Correspondence:

Type of Correspondence	New Address
Medicaid General Correspondence	P.O. Box 890419, Camp Hill, PA 17089-0419
Medicaid Claims	P.O. Box 890402, Camp Hill, PA 17089-0402
Medicaid Checks	P.O. Box 890407, Camp Hill, PA 17089-0407

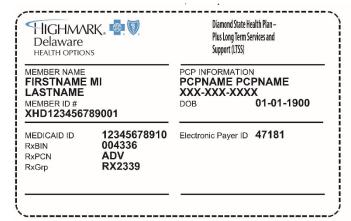
ADVANTAGES FOR PROVIDERS

- Application and provider file update processing will be completed in the same manner
- You will receive the same Provider outreach and training
- EDI assistance will still be available
- Enhanced NaviNet functionality and ease of use
- Faster and more efficient, accurate payment processing
- Single point of contact for operational functions
- Commitment to and investment in technology and innovation that will grow with the business
- Sustainable platform for future development and enhancement
- Responsive solution that offers improved experience
- Evidence of value placed on members and providers with a desire to provide the highest quality, accessible service, and tools
- You will be able to use the same EDI Number

NEW MEMBER ID CARDS

Beginning January 1, 2018 Highmark Health Options members should be using new ID cards with the updated address. The ID card will also include a new Member ID number.

HHO DSHP LTSS Sample ID Card







24 Hour Nurse Line: 24 hour access to nurses who provide health education and support.

Call the Behavioral Health number to get help obtaining services. If your medical condition is very serious or life or death, go to the nearest emergency room (ER). In an emergency dial 911.

Always carry your ID card. Be sure to give your Highmark Health Options card, your state Medicaid ID card and any other insurance ID cards to your provider

Diamond State Health Plan - Plus Long Term Services and Support (LTSS)

CVS caremark

www.highmarkhealthoptions.com

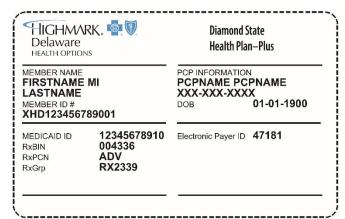
Member Service 1-855-401-8251 TTY Hearing Svc Dial 711 or 1-800-232-5460 1-844-325-6251 1-844-325-6251 24 Hr. Nurse Line Behavioral Health For Providers:

Eligibility IVR
Pre-Certification
Pharmacy
Help Desk* -844-325-6251 1-844-325-6251 1-800-364-6331

File claims to: Highmark Health Options Claims Dept P.O. Box 890402 Camp Hill, PA 17089-0402

Highmark Blue Cross Blue Shield Delaware and Highmark Health Options are Independent Licensees of the Blue Cross and Blue Shield Association.

HHO DSHP Plus Sample ID Card





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www.highmarkhealthoptions.com

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Eligibility IVR Pre-Certification 1-844-325-6251 Pharmacy Help Desk*

File claims to: Highmark Health Options Claims Dept P.O. Box 890402 Camp Hill, PA 17089-0402

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*Pharmacy Benefits Administrator

♥CVS caremark

HHO DSHP Sample ID Card





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♥CVS caremark

*Pharmacy Benefits Administrator

NEW EXPLANATION OF PAYMENT (EOP)

Highmark Health Options will be updating the EOP to contain detailed explanation of payment, including:

- Patient Information including benefit and member type information
- Claim Information billed services
- Basic payment information pricing detail, member cost share, etc.
- Based on the current process design, paper checks and EOPs will be included in the same mailing



PO Box 890407, Camp Hill, PA 17089-0407

1A000001

DELAWARE MEDICAL CENTER MAIN STREET WILMINGTON, DE 19801

Highmark Health Options

CONTACT PROVIDER SERVICES 1-844-325-6251

PaymentAmount \$145.24 Check/EFT Date 10/21/2015

Check/EFT Trace Number EFT0992100077

Production End Cycle Date 10/16/2015

Payee ID 1234567890

Payee Tax ID 123456789

NEW EXPLANATION OF PAYENT (EOP)

HIGHMARK Delaware HEALTH OPTIONS PO BOX 890402 Cam CONTACT PROVIDE 1-800-346-6251	p Hill, PA 17089-0402	Sī	STATEMENT OF PROVIDER CLAIMS PAID PAYEE NAME DELAWARE MEDICAL CENTER							Payment Amount Check/EFT Date Check/EFT Trace Number Production End Cycle Date Payee ID Payee Tax ID		\$145.24 10/21/2015 EFT0992100077 10/16/2015 1234567890 123456789	
Patient Name JANE DOE			Patient ID ABC123		Group/Po 123456789	-	000045	t Control Num	ber Mer	fical Record N	lumber Au	th/Ref Nu	mber
Claim Number	Line Item Control Number	Dates of Service From To	Rendering ProviderID	Sub Prod Svc/Mod	Adi Prod Svc/Mod	Units	Charge	Clm Adi Amt	Grp Cd/Clr Adj Rsn Co		Clm Payment	AdiQty	Pat Resp
12345678901	0001	08/24/2015 - 08/24/2015	1811174923	99213	99213	1	\$230.00		76 CO45 00 PR3		\$145.24	4	
					•	**TOTAL	\$230.00	\$84.7	6		\$145.24	4	\$20.00
HIGHMARK BC	BSD HEALTH OPTIONS Charge \$230.00		Adj Amt	Pro	ovider Adj Am		Provide	er Adj Cd		Provider Adj I	D		Payment Amt
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1A000001		Higi	hmark Health O	ptions is an in	dependent lice	ensee of the	Blue Cross and E	Blue Shield Asso	ociati on				Page 1 of 1

IMPORTANT INFORMATION ABOUT YOUR REMITTANCE

- The Health Care Remittance Advice (paper remit) coincides with the check or electronic payment for the referenced claims.
- Electronic Funds Transfer, also known as an ACH Direct deposit, provides an easy method of depositing funds automatically to your bank account. For more information please visit www.highmarkhealthoptions.com.
- The Provider Remittance provides detailed payment data based on the information provided to us.
- If all or part of the claim has been denied, consult the Claim Adjustment Reason Code (CARC) and or the Remittance Advice Remark Code (RARC). To find the text of the CARC or RARC code, go to Washington Publishing Company at www.wpc-edi.com/reference.
- If you are not satisfied with the explanation given, and wish to appeal, please access the Provider Appeal form that can be found on our website at www.highmarkhealthoptions.com. Please include the subscriber identification number and the claim number from the front of this remittance. Include any additional information that will support your reason for appealing our claims processing action, such as emergency room reports, operative reports, letter of medical necessity, etc.
- In some cases, we may need to have our medical consultants review the claim. If you disagree with our consultants, we will review the claim with the help of committee of appropriate medical professionals who will make the final decision.

IMPORTANT INFORMATION ABOUT YOUR REMITTANCE

Have Questions? We can Help.

Self Service Technology

There is free registration with NaviNet to receive your remittance electronically. Providers may access a secure Web site at www.NaviNet.net to check eligibility, benefits, claim status and remits. Providers may utilize the Health Options Interactive voice response (IVR) to manage member eligibility verification. Access the Highmark Health Options IVR, a voice response system, at 1-844-325-6251.

We comply with the deficit reduction act. Call 1-844-325-6251 or go to www.highmarkhealthoptions.com for our fraud and abuse policy or payment resolution process. This payment will be reported to the IRS under the TIN shown. If incorrect, notify us in writing. Changes will be made on a prospective basis.

Administrative Claim Disputes

Provider disputes are requests that are not regarding medical necessity rather are administrative in nature such as, but not limited to, disputes regarding the amount paid, appeals of denials regarding lack of modifiers, refunded claim payments due to incorrect payment or coordination of benefit issues. You may fax these requests to 1-844-207-0334 or mail to Highmark Health Options, Administrative Claims, P.O. Box 890402, Camp Hill, PA 17089-0402.

Clinical Appeals

Clinical provider appeals are cases that are denied due to lack of prior authorization or denied based on medical necessity. You may fax these requests along with all supporting documentation to 1-855-501-3904. or mail to Highmark Health Options, Attn: Clinical Provider Appeals P.O. Box 22278 Pittsburgh, Pa 15222. Appeals must be filed within 90 days from the date of the Notice of Adverse Benefit Determination.

Provider Services

You can contact our provider services at: Highmark Health Options: 1-844-325-6251. The Highmark Health Options provider manual can be found at www.highmarkhealthoptions.com. You can check the status of your claims, verify benefits, and submit requests at www.NaviNet.net.

How to balance your Remittance Advice (RA) amounts reported in this RA document, if present, must balance at three levels: service line, claim, and total remittance:

1. Service Line Balancing

Although the service payment information is situational, it is required for all professional claims or anytime payment adjustments are related to specific lines from the original submitted claim. When used, the submitted service lines minus the sum of all monetary adjustments must equal the amount paid for the service line.

Charge - Adjustment Amount = Line Payment Amount

2. Claim Balancing

Balancing must occur at the claim level so that the submitted charges minus the sum of all monetary adjustments equals the claim paid amount.

Charge - Adjustment Amount = Claim Payment Amount

3. Remit Balancing

Within the remit, the sum of all claim payments minus the sum of all provider level adjustments equals the total payment amount.

Sum total of all Claim Charges – the Sum of all Adjustments = Total Payment amount of this Remit Advice