

# 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

		Diamond State Health Plan— Plus Long Term Services and Support (LTSS)	
MEMBER NAME <b>FIRSTNAME MI</b> <b>LASTNAME</b> MEMBER ID # <b>XHD123456789001</b>		PCP INFORMATION <b>PCPNAME PCPNAME</b> <b>XXX-XXX-XXXX</b> DOB <b>01-01-1900</b>	
MEDICAID ID <b>12345678910</b> RxBIN <b>004336</b> RxPCN <b>ADV</b> RxGrp <b>RX2339</b>		Electronic Payer ID <b>47181</b>	


		<a href="http://www.highmarkhealthoptions.com">www.highmarkhealthoptions.com</a>	
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.  <b>Diamond State Health Plan - Plus Long Term Services and Support (LTSS)</b>		Member Service <b>1-855-401-8251</b> TTY Hearing Svc <b>Dial 711 or 1-800-232-5460</b> 24 Hr. Nurse Line <b>1-844-325-6251</b> Behavioral Health <b>1-844-325-6251</b> <b>For Providers:</b> Eligibility IVR <b>1-844-325-6251</b> Pre-Certification <b>1-844-325-6251</b> Pharmacy <b>1-800-364-6331</b> Help Desk*	
		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.  <small>*Pharmacy Benefits Administrator</small>	

### HHO DSHP Plus Sample ID Card

		Diamond State Health Plan—Plus	
MEMBER NAME <b>FIRSTNAME MI</b> <b>LASTNAME</b> MEMBER ID # <b>XHD123456789001</b>		PCP INFORMATION <b>PCPNAME PCPNAME</b> <b>XXX-XXX-XXXX</b> DOB <b>01-01-1900</b>	
MEDICAID ID <b>12345678910</b> RxBIN <b>004336</b> RxPCN <b>ADV</b> RxGrp <b>RX2339</b>		Electronic Payer ID <b>47181</b>	

		<a href="http://www.highmarkhealthoptions.com">www.highmarkhealthoptions.com</a>	
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### HHO DSHP Sample ID Card

		Diamond State Health Plan	
MEMBER NAME <b>FIRSTNAME MI</b> <b>LASTNAME</b> MEMBER ID # <b>XHD123456789001</b>		PCP INFORMATION <b>PCPNAME PCPNAME</b> <b>XXX-XXX-XXXX</b> DOB <b>01-01-1900</b>	
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## 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

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

CONTACT PROVIDER SERVICES  
1-844-325-6251

## NEW EXPLANATION OF PAYMENT (EOP)

HIGHMARK HEALTH OPTIONS												Payment Amount	\$145.24												
 <b>STATEMENT OF PROVIDER CLAIMS PAID</b> <b>PAYEE NAME</b> DELAWARE MEDICAL CENTER MAIN STREET WILMINGTON, DE 19801												Check/EFT Date	10/21/2015												
												Check/EFT Trace Number	EFT0992100077												
PO Box 890402 Camp Hill, PA 17089-0402 CONTACT PROVIDER SERVICES 1-800-346-6251												Production End Cycle Date	10/16/2015												
												Payee ID	1234567890												
												Payee Tax ID	123456789												
<table border="1"> <thead> <tr> <th>Patient Name</th> <th>Patient ID</th> <th>Group/Policy</th> <th>Patient Control Number</th> <th>Medical Record Number</th> <th>Auth/Ref Number</th> </tr> </thead> <tbody> <tr> <td>JANE DOE</td> <td>ABC123</td> <td>123456789</td> <td>00004567</td> <td></td> <td></td> </tr> </tbody> </table>														Patient Name	Patient ID	Group/Policy	Patient Control Number	Medical Record Number	Auth/Ref Number	JANE DOE	ABC123	123456789	00004567		
Patient Name	Patient ID	Group/Policy	Patient Control Number	Medical Record Number	Auth/Ref Number																				
JANE DOE	ABC123	123456789	00004567																						
Claim Number	Line Item Control Number	Dates of Service From To	Rendering Provider ID	Sub Prod Svc/Mod	Adj Prod Svc/Mod	Units	Charge	Clin Adj Amt	Grp Cd/Clin Adj Rsn Cd	Remark Code	Clin Payment	Adj Qty	Pat Resp												
12345678901	0001	08/24/2015 - 08/24/2015	1811174923	99213	99213	1	\$230.00	\$64.76	CO45		\$145.24														
							***TOTAL	\$230.00	\$84.76		\$145.24		\$20.00												
<b>HIGHMARK BCBSO HEALTH OPTIONS INC</b>																									
Charge		Adj Amt		Provider Adj Amt		Provider Adj Cd		Provider Adj ID		Payment Amt															
\$230.00		\$84.76		\$0.00						\$145.24															
1A000001 <span style="float: right;">Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association</span>																									

## 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](http://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](http://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](http://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](http://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](http://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](http://www.highmarkhealthoptions.com). You can check the status of your claims, verify benefits, and submit requests at [www.NaviNet.net](http://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