

Operating System Transition Updates

Date Opened	Description	Resolution	Date Closed
1/1/2018	Clearinghouse Updates: RelayHealth/Change Health (Emdeon) Notice: Highmark Health Options Eligibility Payer ID Consolidation	<p>Effective December 29, 2017, eligibility transactions for the following payers must be submitted to a different Payer ID to avoid rejections at RelayHealth/Change Health (Emdeon).</p> <p>Payer Name: Highmark Health Options Old RelayHealth Payer ID: GATEHP New RelayHealth Payer ID: WVMHP Connection Type: X12</p> <p>Search Options for Payer ID HHO:</p> <ul style="list-style-type: none"> • Member ID, Subscriber First Name, Subscriber Last Name, Subscriber Date of Birth • Member ID, Dependent First Name, Dependent Last Name, Dependent Date of Birth <p>Enrollment Requirements for Payer ID HHO:</p> <ul style="list-style-type: none"> • Payer enrollment for electronic eligibility are not required. <p>Action Required:</p> <ul style="list-style-type: none"> • Please update your system on December 29, 2017 with the new Payer ID to avoid transactions rejecting for the payer list above. • Submit eligibility requests to this payer using the noted search options. • When a payer requires enrollment, forms must be submitted and approved on Enrollment Central to begin submitting transactions. 	1/1/2018
1/3/2018	Provider Portal Update: <ul style="list-style-type: none"> • Batch Claim inquiry function on NaviNet is not working as designed • Providers can use the single claim inquiry functionality 	Defect Correction: <ul style="list-style-type: none"> • Fix released on 01.19.2018 	Closed
1/3/2018	Provider Portal Update: <ul style="list-style-type: none"> • Highmark Health Options is unable to be selected as an option on the Navinet provider portal • All work for DE Medicaid members is to be done via Highmark Delaware 	No separate selection needed with this transition	1/3/2018

1/10/2018	<p>Provider Portal Update:</p> <ul style="list-style-type: none"> • Questions around member search functionality on NaviNet 	<p>Providers are requested to search using either the Medicaid ID, the Highmark Health Options ID or the newly created UMI. Key the numeric value and hit search. If you have searched with the Medicaid or Highmark Health Options IDs, the UMI will be presented to you on the detail page.</p>	1/10/2018
1/10/2018	<p>Provider Portal Update:</p> <ul style="list-style-type: none"> • Additional claim information functionality via the Provider Portal 	<p>To find additional detail on your claim via the provider portal, hover on the claim line. If the claim was rejected, the reason code and description will be displayed</p>	1/10/2018
1/11/2018	<p>Clearinghouse Updates:</p> <p>RelayHealth/Change Health (Emdeon) Notice: Highmark Health Options identified a disruption in normal EDI claim processing and delivery from Relay Health/Change Health (Emdeon). This resulted in rejections for the impacted claims processed at Relay Health/Change Health (Emdeon) from 12/22/17 to 1/12/18</p>	<ul style="list-style-type: none"> • Payer ID for Relay Health/Change Health (Emdeon) will continue to be 47181 • Relay Health/Change Health (Emdeon) has implemented a change on their claims submission system to allow for successful transmission of claims <p>Action Required:</p> <ul style="list-style-type: none"> • As of 1/12/18, please resubmit claims that were rejected in the 12/22/17 to 1/12/18 time period 	1/12/2018
1/18/2018	<p>Provider Portal Update:</p> <ul style="list-style-type: none"> • Some providers may be experiencing issues with Electronic Funds Transfer (EFT) 	<p>It is recommended that providers attest their EFT responsible party through NaviNet if they are receiving paper checks and would like to receive EFT.</p>	1/18/2018
1/18/2018	<p>Remittance Advice Update:</p> <ul style="list-style-type: none"> • Denial Reason Codes may be unclear on your remittance advice 	<p>Descriptions of reason codes and other reference documentation around what your remittance means can be found at http://www.wpc-edi.com/reference/</p>	1/18/2018
1/24/2018	<p>Billing Taxonomy Update:</p> <p>Providers with more than one contracted specialty are seeing claims rejected from their clearinghouses.</p>	<p>When billing for services and using an NPI, the Provider Taxonomy Code correlating to the contracted specialty must be submitted along with the NPI to process your claim. This will allow Highmark Health Options to accurately apply your contractual business arrangements with Highmark. For assistance in identifying your appropriate taxonomy code, please call us at 1-844-325-6251 to speak directly with a Provider Services representative in the Provider Service Center.</p>	1/24/2018
1/24/2018	<p>Claims Submission Update:</p> <p>Claims submitted without a valid 9 digit zip code are being rejected.</p>	<p>HIPAA 5010 rules regulating the Billing Provider Address and Service Facility Location Address require a valid 9 digit zip code with claims submission. This will require changes to add the last 4 digits to zip codes currently in use. Highmark Health Options will be enforcing this standard with claims submission moving forward.</p>	1/24/2018
1/24/2018	<p>Claims Submission Update:</p> <p>Claims submitted with nonspecific procedure codes that do not have an accompanying description of service will be rejected by</p>	<p>The HIPAA Version 5010 implementation guide describes Non-Specific Procedure Codes as codes that may include, in their descriptor, terms such as: "Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous;</p>	1/24/2018

	the payer.	Prescription Drug Generic; or Prescription Drug, Brand Name". If a procedure code containing any of these descriptor terms is billed, a corresponding description of that procedure is required; otherwise, the claim is not HIPAA compliant. Highmark Health Options is enforcing this standard with all claims submissions.	
2/1/2018	Claims Submission Update: Paper Claims that have been submitted on a black and white version of the 1500 or UB-04 form are denying.	Highmark Health Options will only accept paper claims on a 1500 Form or a UB-04 Form (or their replacements). No other billing forms will be accepted. Paper claims that are not received on original forms with red ink may delay final processing as original forms are required for every claim submission.	2/1/2018
2/1/2018	Claims Submission Update: Providers that are billing with the legacy Highmark Health Options Member ID numbers are having their claims reject.	Providers can bill with member ID's in the following formats: Medicaid ID, the Highmark UMI or the legacy Highmark Health Options ID without the 01 suffix at the end of the string.	2/1/2018
2/5/2018	Clearinghouse Updates: Providers are not receiving their electronic remittance from their respective clearinghouses.	ERA (Electronic Remittance Advice), also known as an 835 transaction, is the electronic version of a providers remittance advice that can be used to post payments electronically without manual intervention if your vendor supports auto posting. Registration for ERA is done through your clearinghouse. Any questions regarding ERA should be directed to your clearinghouse help desk.	2/5/2018
2/5/2018	Provider payment setup	If you are setup to receive electronic funds transfer (eft) for claim payments related to Highmark Delaware members, you will automatically be setup to receive electronic funds transfer (eft) for claim payments related to your Highmark Health Options members. Equally, if you are setup to receive paper checks for payments related to Highmark Delaware members, you will automatically be setup to receive paper checks for claim payments related to your Highmark Health Options members. Changes in your payment setup can be made through the NaviNet provider portal.	2/22/2018
2/5/2018	How to receive a copy of your remittance	Participating providers who would like a printed copy of a remittance that is less than 180 days old, we request that you go through NaviNet to accomplish this. If your office would like a printed copy of a remittance that is greater than 180 days old, please call our Provider Services hotline at 1-844-325-6251 and we will have that documentation mailed to your office.	2/22/2018