

Highmark Product News: Important Updates Coming for 2019

When Highmark members visit your office or facility in 2019, they will be presenting new identification cards. They may be new Highmark members. Or, they might be existing members with only a few benefit changes or may be enrolled in a completely different Highmark plan.



That is why, as a new benefit year approaches, we want to give you advance notice of Highmark commercial and Medicare Advantage product changes, enhancements, and innovations coming in 2019.

To help you and your staff prepare, we will be publishing an overview of product changes later this year on our online Provider Resource Center (PRC), which is accessible through NaviNet[®] or through our website, under **Helpful Links**. Please watch the PRC and NaviNet for news about this web page and share it with your staff so they can keep up with what's new and what's changing with Highmark products in 2019.

We look forward to another successful year of working with you to connect our members to quality care.



Reminder: New Musculoskeletal Surgery and IPM Services Program Starts Oct. 1

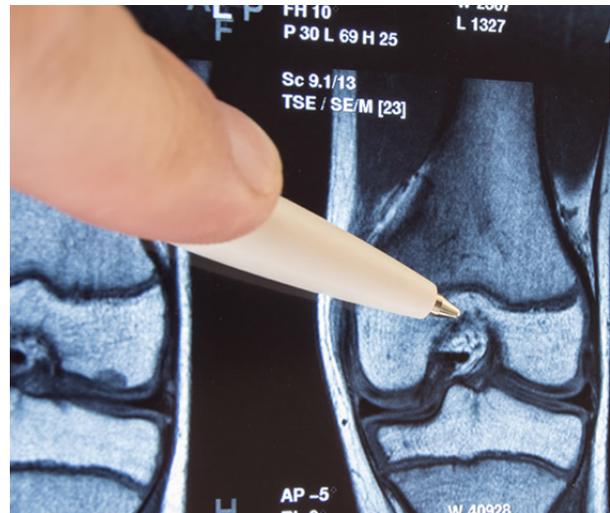
Working with health care providers, we are helping to institute nationally accepted, evidence-based care guidelines. Often, these approaches only require small changes to the way most practitioners already deliver care. And more importantly, they are proven to add up to better patient outcomes and lower costs.

Beginning Oct. 1, 2018, Highmark is working with eviCore healthcare to implement a musculoskeletal (MSK) surgery and interventional pain management (IPM) services program. The new program includes a comprehensive clinical review, including predictive intelligence, clinical decision support, and peer-to-peer discussions.

This process confirms our members receive only medically necessary and appropriate MSK surgical and IPM services in the least intensive setting to promote the best outcomes.

Thank you for your continued assistance in ensuring that Highmark members receive appropriate, medically necessary services in a quality, clinically appropriate fashion.

See [Issue 4, 2018](#) , of *Provider News* for additional details. Also, the new MSK-IPM page is available on the Provider Resource Center under **Care Management Programs**.





True Performance Continues Strong Growth, Success

Highmark's True Performance value-based reimbursement (VBR) program for PCPs continues to grow as it nears completion of its second full year in operation.

Already one of the largest PCP-based private VBR programs in the country, True Performance has seen eligible PCP participation increase to 85%. This includes 7,950 participating physicians from 578 entities in the service areas of Highmark and its affiliated health plans.

Thanks to the hard work and dedication of True Performance-participating PCPs, the program's impact on the affordability and quality of health care for Highmark members also continues to build, said Charles DeShazer, MD, senior vice president and chief medical officer, Highmark Health Plan. Through June 2018 of the current measurement year, True Performance has achieved more than \$153 million in avoided health costs, driven by significantly lower rates of Emergency Department (ED) utilization and inpatient admissions, according to Dr. DeShazer.

So far in 2018, True Performance providers' ED utilization rates are 10% lower than those of providers not in the program, with potentially avoided costs of \$21 million. Inpatient admission rates are 17% lower for True Performance providers compared to providers not in the program, with potentially avoided costs of \$132 million.

When combined with 2017 results, the program has achieved a total of \$415 million in avoided costs to date — \$59 million for ED utilization and \$356 million for inpatient admissions.

“PCPs have the most insight into a patient’s total health picture and have the greatest opportunity to properly manage chronic illness — which can help avoid the need for emergency medical treatment or hospital admissions,” Dr. DeShazer notes.

True Performance PCPs get data tools and support from Highmark that can enhance their ability to proactively identify potential gaps in care and help ensure patients with chronic illness are properly addressing their health care needs. That support, and the opportunity to be rewarded for providing high-quality and high-value care, continues to attract primary care practices to the program.

Practices tout benefits of program

Mon Health Medical Center in Morgantown, WV, joined True Performance in 2018. The structure of True Performance has helped their various PCP clinics streamline processes, share ideas, and implement best practices at all locations, said Sam Cilento, decision support analyst in the Quality Department at Mon Health.

“Our PCPs now are even more engaged with their patients in helping them meet expectations of care and manage their health better throughout the year,” Mr. Cilento added.



In addition to helping enhance patient care, True Performance has meant stability for Neal M. Davis, DO, in Carbondale, PA. “The incentive revenue I am earning through True Performance has helped me remain independent, which is very important to me,” said Dr. Davis, who joined the program in 2017.

Another participant in the program since 2017, Sistersville Rural Health Clinic in Sistersville, WV, has found great value in True Performance, both in terms of quality care and resources for their quality initiatives, said Trisha O’Neil, director of QI/PI at

Sistersville. “True Performance helps us in our quest to ensure the highest quality of care possible for our patients,” Ms. O’Neil said.

Sistersville has used its True Performance incentive revenue to help fund additional staffing for the collection of quality data, proactive patient outreach, and contacting other facilities and providers for follow-up regarding outpatient services, such as colonoscopies, Ms. O’Neil added. “We also use the incentive funds to support in-house education programs for our providers,” she said.

Somerset Family Practice in Somerset, PA, has been in True Performance since 2017. The program’s monthly data feeds make it easier to monitor patients of all ages, said Kassie Smith, RN, Clinical Care Coordinator at Somerset. “I can run a complete report to include all measures for pediatric, adult commercial, and Medicare patients all at one time,” she explained.

The program’s monthly care coordination reimbursement also provides regular revenue for ongoing care management and patient outreach, Ms. Smith added.

E. A. Hawse Health Center in Baker, WV, joined True Performance in 2017. The practice staff like the easy access the program gives them to Highmark data and the support that allows them to enhance patient care, said Linda Lutz, QA/QI and compliance director at E.A. Hawse. “We use the True Performance reports as quality indicators for our practice, and care gap reports are always at our fingertips through NaviNet[®],” she noted.

Watch *Provider News* for updates on how True Performance is supporting and empowering PCPs to improve care quality while lowering costs for Highmark members.





Sharecare to Support Highmark Members on the Journey to Better Health

PCPs: Your Highmark Patients May Be Contacting You About Preventive Exams

Achieving better health is a lot like training for a long-distance race. The journey requires time, commitment, and hard work.

But, combined with expert guidance from their care providers, patients often need extra support and encouragement along the way.

That's why in 2019, Highmark will offer its members an exciting new health and wellness program that can help them reach the finish line and "break the tape" toward improved health.

We've teamed up with Sharecare — an innovative digital health and wellness company co-owned by Dr. Mehmet Oz — to provide members with tools and resources to improve their health. With Sharecare, our members will receive ongoing personalized guidance to help them live a healthier lifestyle by eating right, exercising, getting adequate sleep, reducing stress, and adopting other healthy behaviors.

Some members, if offered a rewards program through their employer, will have the opportunity to earn points for completing various activities to receive an incentive. Some of those activities include:

- **Sharecare RealAge test:** This online wellness questionnaire assigns members a RealAge (which may be younger or older than their actual age) based on their health habits and lifestyle.
- **Preventive exam:** Participants earn points for getting an annual preventive exam.
- **Preventive screenings:** They are encouraged to get screened for breast, cervical, and colorectal cancer.
- **Wellness activities:** Eligible participants are encouraged to get a diabetic retinal eye exam, have a diabetic HbA1c test, engage with a health coach, and track their stress levels, physical activity, eating habits, and sleep quality.

If you are a PCP, your Highmark patients may be contacting you to schedule a preventive exam or specific health screening for 2019 so they can complete their wellness programs. Please be prepared for their calls and questions.

After registering, downloading the app, and completing the RealAge test, Highmark members will receive ongoing emails and messaging from Sharecare to support them in living healthier. Plus, your Highmark patients have access to in-depth information about specific health conditions.



Jeff Arnold, co-founder, chairman, and chief executive officer, Sharecare; Deborah Rice-Johnson, president, Highmark Health Plan; and Mehmet Oz, MD, professor of surgery, Columbia University, were among the presenters at the Sharecare kickoff event for employers on Sept. 27, 2018, in Pittsburgh. Highmark is proud to begin offering our members exclusive access to personalized content via the Sharecare app, starting in January 2019.

Sharecare Unveiled at Employer Event

Highmark kicked off the Sharecare program in September by hosting an event in Pittsburgh for our employer group customers who purchase coverage for their employees. Deborah Rice-Johnson, president, Highmark Health Plan, welcomed Dr. Oz as the featured speaker.

Employers from throughout Highmark's service area received an overview of Sharecare. They also were updated on specific health issues impacting today's workforce and how those concerns can be addressed through employee wellness programs.

Watch *Provider News* for more information and updates on Sharecare.



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eviCore To Manage Highmark's Advanced Imaging and Cardiology Services Program Beginning Jan. 1, 2019

As announced in a [Special eBulletin](#)  dated Oct. 1, 2018, Highmark is partnering with eviCore healthcare for a new Advanced Imaging and Cardiology Services Program, effective Jan. 1, 2019. This program incorporates a comprehensive, evidence-based clinical review, including predictive intelligence, clinical decision support, and peer-to-peer discussions.

The eviCore program will replace the National Imaging Associates (NIA) program. However, eviCore will oversee the same Highmark members and issue prior authorization for largely the same set of advanced diagnostic imaging and cardiology services with a few additions.

Thank you for your continued assistance in ensuring that Highmark members receive necessary services in a high-quality, clinically appropriate fashion. We appreciate your support and the care you provide to our members and your patients.

For more information, see the Special eBulletin, which was posted on our online Provider Resource Center (PRC). Additionally, you can find detailed information about the new Advanced Imaging and Cardiology Services Program on the PRC under **Care Management Programs**.



Coming Soon: Provider Education Webinars

In coming weeks, Highmark will begin hosting live Provider Education Webinars.

Webinar topics will include:

- New provider orientation
- Product changes, enhancements, and innovations
- Changes in provider networks
- New and current initiatives to improve care quality and reduce care costs
- General administrative information
- And more!



Webinars will be live with an opportunity to ask questions during each session. At the end of each webinar, you'll have the opportunity to complete a survey and give us suggestions for future topics.

At Highmark, we know how important it is that you have the most up-to-date knowledge when it comes to taking care of our members and keeping your practices running smoothly. Watch the Provider Resource Center for news about upcoming webinars and other helpful educational resources.



Highmark to Phase Out Fillable PDF Forms

Starting Jan. 1, 2019, the fillable PDF forms located on Highmark’s online Provider Resource Center (PRC) will be discontinued. You will continue to have access to the electronic forms available on the PRC, which are easier to use and process faster and more efficiently than fillable forms.

The following table shows the electronic equivalents of the fillable forms.

Fillable Form	Electronic Form
Facility-Based Provider Affirmation Statement	Facility-Based Provider Affirmation Statement
Request for Assignment Account	Request for Assignment Account
Request for Addition/Deletion to Existing Assignment Account	Request for Addition/Deletion to Existing Assignment Account
Provider File Maintenance Request	Adding a Practice Address
Provider File Maintenance Request	Existing Address Change Form for Professional Providers
Provider File Maintenance Request	Provider Change Form

Electronic forms are available on the PRC under **Forms > Provider Information Management Forms**.



The Opioid Crisis: Everyone's Problem

In [Issue 2, 2018](#) of *Provider News*, we outlined what Highmark is doing to help overcome the abuse of prescription opioid medications. [Click here](#) to see our updated information.

Recently, the Centers for Disease Control and Prevention (CDC) reported that overdose deaths from prescription opioids were five times higher in 2016 than in 1999. The most common drugs are:

- Methadone
- Oxycodone
- Hydrocodone

Highmark supports the CDC's guidelines on prescribing opioids. The recommendations improve how opioids are prescribed for chronic pain, ensuring patients have safe access to effective pain treatment while reducing the risk of inappropriate use.



For more information on determining when to start or continue opioids, selecting opioid dosage or duration, or assessing risk of opioids, check the [CDC Guideline for Prescribing Opioids for Chronic Pain](#).

Reminder for new prescriptions

According to the CDC, [more than 11.5 million Americans](#), age 12 and older, reported misusing prescription opioids in 2016.

Highmark's guidelines include:

- **Short-acting opioids:** For individuals new to therapy, initial prescriptions will be limited to seven days. Prior authorization applies. These patients will receive a maximum 14-day supply for short-acting opioids within a 30-day period without additional authorization.

- **Long-acting opioids:** Prior authorization is required, with confirmation of diagnosis, for new users to initiate therapy.

There are exceptions for patients with cancer or other terminal illnesses.

Methadone maintenance coverage

Effective Jan. 1, 2018, Highmark covers methadone maintenance as a treatment option. To find a methadone dispensary in your area, visit the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) web site](#)  and enter the city or ZIP code.

National Rx Take Back

The U.S. Drug Enforcement Agency (DEA) Prescription Drug Take Back happens twice each year. The fall date is Oct. 27, 2018.

The initiative provides a convenient and responsible way for individuals to dispose of prescription drugs that they no longer need or aren't taking.

During the April 2018 drop-off day, local groups and law enforcement agencies in West Virginia collected 6,171 pounds of prescription drugs.

Sources:

- Portenoy R.K., Foley K.M. "Chronic Use of Opioid Analgesics in Non-Malignant Pain: Report of 38 Cases." *Pain*, 1986, May;25(2):171-86 Abstract.
- Porter J., Jick H. "Addiction Rare in Patients Treated with Narcotics." *New England Journal of Medicine*, 1980, Jan. 10;302(2):123.
- cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm 
- hhs.gov/opioids/about-the-epidemic/index.html 
- deaddiversion.usdoj.gov/drug_disposal/takeback/ 
- samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2015-NSDUH 



Highmark Coding Tips

New Publication for Coding Guidance

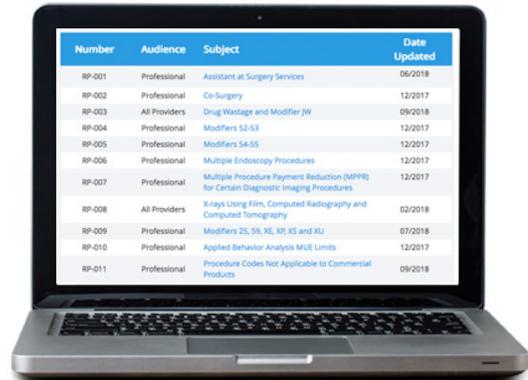
Highmark is now providing periodic articles with billing and coding best practices for our providers. The articles cover correct coding guidelines and offer tips to avoid common billing mistakes.

The first article outlines cardiovascular stress test coding and reporting time-based procedures.

Access this information on our online

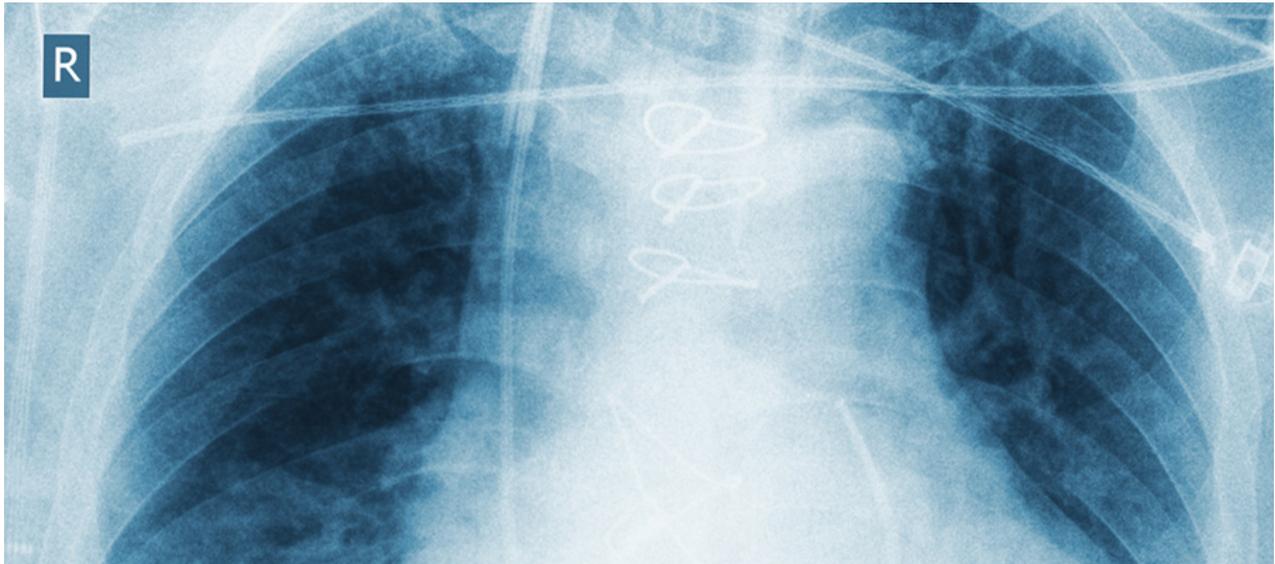
Provider Resource Center (PRC), which is accessible via NaviNet[®] or through our website under **Helpful Links**. On the PRC, select **Claims, Payment & Reimbursement** and **Highmark Coding Tips**.

Important Note: Please continue to use the [Reimbursement Policy](#) page on the Provider Resource Center for specific code edits in Highmark's claims processing system. Also, remember that *Medical Policy Update* is the primary source for news about medical policy, coding updates, claims administration, and related needs.



Number	Audience	Subject	Date Updated
RP-001	Professional	Assistant at Surgery Services	06/2018
RP-002	Professional	Co-Surgery	12/2017
RP-003	All Providers	Drug Wastage and Modifier JW	09/2018
RP-004	Professional	Modifiers 52-53	12/2017
RP-005	Professional	Modifiers 54-55	12/2017
RP-006	Professional	Multiple Endoscopy Procedures	12/2017
RP-007	Professional	Multiple Procedure Payment Reduction (MPPR) for Certain Diagnostic Imaging Procedures	12/2017
RP-008	All Providers	X-rays Using Film, Computed Radiography and Computed Tomography	02/2018
RP-009	Professional	Modifiers 25, 59, XE, XJ, X5 and XU	07/2018
RP-010	Professional	Applied Behavior Analysis MUE Limits	12/2017
RP-011	Professional	Procedure Codes Not Applicable to Commercial Products	09/2018





Important Reminders About COPD

More than 16 million people in the United States have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), according to the Centers for Disease Control and Prevention (CDC).

Perhaps even more alarming is that millions more people may have the disease but are currently undiagnosed, the CDC notes.

At your practice or facility, you may see COPD patients every day, along with those who have signs and symptoms of this chronic disease, which includes emphysema and chronic bronchitis. Because November is [National COPD Awareness Month](#) , Highmark offers the following reminders to support our network care providers.

Please share this helpful information with the physicians and other care providers in your office or facility.

COPD causes and risk groups

The most common cause of COPD in the U.S. is tobacco smoke, followed by air pollution, infections, and genetic causes. Never smoking or smoking cessation are the top strategies for preventing COPD.

According to the CDC, populations most at risk for COPD include:

- People over age 65
- People who belong to these ethnic groups:
 - American Indian
 - Alaska Native
 - Multi-racial non-Hispanic
- Women
- People with asthma
- People with less than a high school education

COPD symptoms, diagnosis, and treatment

Common signs of COPD include:

- Frequent coughing
- Wheezing
- Shortness of breath
- Excess mucus production
- Difficulty with deep breathing

Measuring lung function with spirometry is the simplest way to diagnose COPD and monitor effectiveness of treatment.

Treatment involves increasing activity tolerance, alleviating symptoms, and decreasing exacerbations. Along with smoking cessation, methods to treat COPD include inhalers or other breathing medications, pulmonary rehabilitation, and avoiding lung infections.

The CDC recommends that people with COPD receive the influenza, TDAP, pneumococcal, and shingles vaccines to help prevent pneumonia or other serious illnesses. Some patients may need supplemental oxygen therapy if their blood oxygen levels are low.

For more information

Access the CDC web pages listed in the Sources section below for more COPD information. Or, refer to the COPD practice guidelines on Highmark's online Provider Resource Center (PRC).

On the PRC, look under **Education/Manuals**, and click **Clinical Practice and**

Preventive Health Guidelines. You'll find the **COPD Guideline and Key Points** under the **2018 Clinical Practice Guidelines** section.

The PRC is accessible through NaviNet® or through our website, under **Helpful Links**.

Important note: This article is informational only. Highmark does not recommend particular treatments or health care services. Members' access to any treatment is conditioned upon the authorization of a physician or health care professional. Coverage of any treatment is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans, and coverage may apply and will vary from state to state.

Sources:

- [cdc.gov/features/copd-awareness-month/index.html](https://www.cdc.gov/features/copd-awareness-month/index.html) 
- [cdc.gov/copd/index.html](https://www.cdc.gov/copd/index.html) 
- [cdc.gov/vaccines/adults/rec-vac/health-conditions/lung-disease.html](https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/lung-disease.html) 
- [cdc.gov/copd/basics-about.html](https://www.cdc.gov/copd/basics-about.html) 



Make It Easy for Patients to Find You

The sign in front of your office helps patients find their way to you. So does your contact information in the online Highmark provider directory — if you keep it up to date and accurate.

If you want Highmark members to be able to find you, make sure your practice name, physician team, locations, and contact information are correct in the Highmark provider directory. These are the facts members use to make informed decisions on where to seek care. That's why it's essential that the practice information you have on file with Highmark is up to date and is attested to on a quarterly basis.



Reviewing data is vital for you

The Centers for Medicare & Medicaid Services (CMS) requires Highmark to reach out to you every quarter and ask you to validate your provider information. We use this information to populate our provider directory and to help ensure correct claims processing.

Providers who don't confirm and attest that their data is accurate will be immediately removed from the directory, and their status within Highmark's networks may be impacted.

Your thorough review of your directory information confirms:

- Each practitioner's name is correct and matches the name on his/her medical license.
- The practice name is correct and matches the name used when you answer the phone.
- All specialties are correctly listed and are, in fact, currently being practiced.
- Practitioners listed at a location actually see patients and schedule

appointments at that office on a regular basis. All practitioners listed must be affiliated with the group. (Practitioners who cover on an occasional basis are not required to be listed.)

- The practitioner is accepting new patients — or not accepting new patients — at the location.
- The practitioner’s address, suite number (if any), and phone number are correct.

Change happens

It’s vital that you review and update your information as soon as a change occurs. Go to **Provider File Management** within NaviNet® to check these fields:

- Current address
- Phone number
- Fax number

Remember to review data at least once a quarter to ensure it’s accurate.

Detailed instructions are available in the **Provider File Management NaviNet Guide**, which is available on the Provider Resource Center under **Education/Manuals**.

Highmark and its designated agent, Atlas, are currently making outreach calls to providers to verify the accuracy of provider data. If you receive a call, please help our agent to gather the right information.



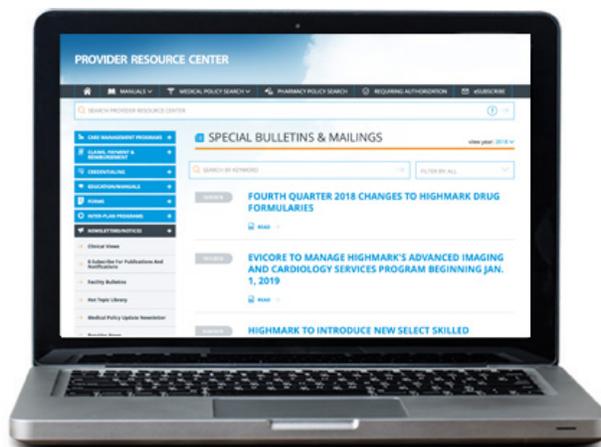
Watch for Updates to Highmark's List of Procedures Requiring Authorization

During the year, Highmark makes adjustments to the List of Procedures/DME Requiring Authorization, which includes outpatient procedures, services, durable medical equipment (DME), and drugs that require authorization for our members.

These changes are announced in the form of Special Bulletins that are posted on our online Provider Resource Center (PRC). These Special Bulletins are communicated as Hot Topics on the PRC and are archived under **Newsletters/Notices > Special Bulletins & Mailings**.

The list includes services such as:

- Potentially experimental, investigational, or cosmetic services
- DME
- Select injectable drugs
- Oxygen
- Not Otherwise Classified (NOC) procedure codes
- Certain outpatient procedures, services, and supplies



To search for a specific procedure code within the List of Procedures/DME Requiring Authorization, press the "Control" and "F" keys on your computer keyboard, enter the procedure code, and press "Enter."

For up-to-date information on procedures that require authorization or to view the current list of procedure codes, visit the PRC, accessible via NaviNet[®] or under **Helpful Links** on our website.

Remember, the Highmark member must be eligible on the date of service, and the

service must be a covered benefit in order for Highmark to pay your claim.

You may use NaviNet or the applicable HIPAA electronic transactions to:

- Check member benefits and eligibility
- Verify if an authorization is needed
- Obtain authorization for services

If you don't have NaviNet or access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services.



Quarterly Formulary Updates Available Online

We regularly update our prescription drug formularies and related pharmaceutical management procedures. To keep our in-network physicians apprised of these changes, we provide quarterly formulary updates in the form of Special eBulletins.



These Special eBulletins are available [online](#) . Additionally, notices are placed on the Provider Resource Center's (PRC) **Hot Topics** page to alert physicians when new quarterly formulary update Special eBulletins are available.

Providers who don't have internet access or don't yet have NaviNet[®] may request paper copies of the formulary updates by calling our Pharmacy area toll-free at 1-800-600-2227.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures — including providing information for exception requests; the process for generic substitutions; and explanations of limits/quotas, therapeutic interchange, and step-therapy protocols — please refer to the **Pharmacy Program/Formularies** page, which is accessible from the main menu on the PRC.



About This Newsletter

Provider News is a newsletter for health care professionals (and office staff) and facilities that participate in Highmark West Virginia's networks and submit claims to Highmark West Virginia and Highmark Senior Solutions Company using the 837P or 837I HIPAA transaction or the CMS 1500 or UB-04 form. It is designed to serve providers by offering information that will make submitting claims and treating our subscribers easier and contains valuable news, information, tips and reminders about the products and services of Highmark West Virginia and Highmark Senior Solutions Company.

- Simply Blue
- Super Blue Plus PPO
- Super Blue Plus QHDHP
- Freedom Blue PPO
- Federal Employee Program

Do you need help navigating the *Provider News* layout? View a [tutorial](#) that will show you how to access the stories, information and other links in the newsletter layout.

Important note: For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the monthly publication [Medical Policy Update](#) .

Note: *This publication may contain certain administrative requirements, policies, procedures or other similar requirements of Highmark West Virginia and Highmark Senior Solutions Company (or changes thereto) which are binding upon Highmark West Virginia and Highmark Senior Solutions Company and its contracted providers. Pursuant to their contract, Highmark West Virginia and Highmark Senior Solutions Company and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.*

Comments/Suggestions Welcome

Joe Deemer, Copy Editor

Adam Burau, Editor

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments or ideas for articles in future issues, write to the editor at adam.burau@highmarkhealth.org.



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Contact Us

NaviNet[®] users and those with internet access will find helpful information online. Please use NaviNet for all routine inquiries. But if you need to contact us, here are the phone numbers exclusively for providers:

PROVIDER SERVICE CENTER

1-800-543-7822

Convenient self-service prompts are available.

FREEDOM BLUE PPO INFORMATION

1-866-588-6967: Freedom Blue PPO Provider Service Center

PRESCRIPTION/PHARMACY INQUIRIES

1-800-600-2227

CASE MANAGEMENT

1-800-344-5245 for Highmark West Virginia products

1-800-269-6389 for Highmark Senior Solutions Company Freedom Blue PPO

CASE MANAGEMENT REFERRAL FAX LINE

1-888-383-7081

ELECTRONIC BILLING

To inquire about electronic billing, call EDI Operations at 1-800-992-0246. Or visit our website at highmarkbcbswv.com  — under **Helpful Links** at the bottom of the page, click **Provider Resource Center**; you'll find information under **Claims, Payment & Reimbursement** and then **Electronic Data Interchange (EDI) Services**. Also available via NaviNet.



Legal Information

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The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

eviCore is an independent company that supports Highmark's Musculoskeletal Surgery and Interventional Pain Management program. Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark. Sharecare is a separate and independent company that provides wellness programs to eligible Highmark members.

VITAL, in conjunction with Allegheny Health Network, provides its technology partners with access to an integrated clinician network in a real patient care environment that includes clinicians, independent physicians, and other strategic partners, as well as access to claims and other longitudinal data of eligible members that participate in the program from Highmark Inc. (Highmark).

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