

Medicaid Managed Care | Health and Recovery Plan | Child Health Plus | Essential Plan

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

Provider orientation

Welcome

We will discuss the following topics pertaining to Highmark Blue Cross Blue Shield (Highmark BCBS):

- Provider resources
- Preservice processes
- Claims and billing
- Contact numbers and questions

Highmark BCBS

- Highmark BCBS partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.
- We will offer programs and tools specific to the management of your MMC and CHPlus patients.
- The agreement is limited to the Highmark BCBS state-sponsored programs (MMC and CHPlus). It does not affect other lines of business.

Overview

- Provider website with a secure self-service area
- Access to claims submission guidelines on the website
- Electronic data interchange (EDI) capability
- Electronic funds transfer (EFT) and electronic remittance advice (ERA) processing
- Prior authorization (PA) information and lookup tool
- Provider manual
- Behavioral Health services
- Phone numbers, addresses and other contact information

Highlighting our alliance

- Our collaborative relationship enables us to provide dedicated service and focus to our Medicaid and CHPlus members and providers.
- There will be new ID cards, new phone and fax numbers, new addresses and websites, and new claims submission processes as a result of this dedicated service.
- There will be a dedicated, local Medicaid and CHPlus team in our Buffalo headquarters with administrative support across the country.

Member ID cards

- New members will receive:
 - Highmark BCBS member ID cards.
 - Welcome packages with member handbook.
- The prefix for MMC members will be WNH; the new CHPlus prefix will be WNB. These changes will make identifying MMC and CHPlus members easier.
- Please ask your patients for their ID card.



Member ID card

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Register with Availity

Recorded Availity webinars are available on the [Availity.com](https://www.availity.com) website.

For questions about the Availity website, call Availity Client Services at **800-282-4548** Monday through Friday from 8 a.m. to 7 p.m. Eastern time (excluding holidays).

You can also select **Contact Support** under *Help* in the top navigation by accessing the website: [Availity.com](https://www.availity.com).

Register with Availity (cont.)

Registration is easy. Many resources and trainings support Availity Essentials and Highmark BCBS website navigation.

Please update screenshot

Benefits of Availity

- Single sign-on provides access to multiple payers.
- Highmark BCBS transactions are available at no charge to providers.
- Availity Essentials functions are available online 24 hours a day.
- Standard screen format makes finding necessary information easy and increases staff productivity.
- Availity Essentials is compliant with HIPAA regulations.
- No-cost, live and prerecorded webinars are available as are FAQ and comprehensive help topics.
- User reporting lets the primary access administrator track associates' work.

Provider website: secure access only

- The Availity Essentials username and password is used for the Highmark BCBS and Availity Essentials secure provider self-service websites.
- The tools on the secure website, bcbswny.com/stateplans, let you perform key transactions.
- The website is also your source for informational notices, bulletins and updates that may affect the management of your practice and patients.

Payer provider self-service

- Claims forms
- Precertification Lookup Tool
- Provider manual
- *Clinical Practice Guidelines*
- News and announcements
- Provider directory
- Information on fraud, waste and abuse
- Formulary
- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- PCP panel listings



Downloading your provider panel

Please Update Screen Shots

From left navigation, select **Members, PCP Member Listing** to download PCP member listing.

Please Update Screen Shots

Availity Essentials provider self-service

Please Update Availity Screen Shot

Registration and login
required for access to:

- Registration process
- Member eligibility and benefit inquiry
- Claims submission
- Claim status inquiry

Eligibility and benefit inquiry

View member eligibility and benefit information on the Availity Essentials platform. Select **Patient Registration**. Next, select **Eligibility and Benefits Inquiry**. Enter the required information and submit.

Please Update Availity Screen shot

New way to get paid for Medicaid claims

- All MMC and CHPlus claims with dates of service on or after November 1, 2016, should be submitted as a direct Electronic Gateway trading partner or through participating clearinghouses.
- There will be EFT/ERA enrollment: *Explanation Of Payment (EOP)* access. Availity Remittance Inquiry is available.
- Provider *Form 1099* reporting and backup withholding is enabled.
- The disbursing bank is Bank of America.

Electronic payment enrollment

- Visit caqh.org/eft_enrollment.php for more information and to create your secure account.
- To learn more, call **844-815-9763**.
- Representatives are available Monday through Thursday from 7 a.m. to 9 p.m. Eastern time and Friday from 7 a.m. to 7 p.m. Eastern time.

Electronic payment services

- Providers who enroll for electronic payment services:
- Receive ERAs and import the information directly into their patient management or patient accounting system
- Route EFTs to the bank account of their choice
- Can use the electronic files to create custom reports in their office
- Can access reports 24/7
- Highmark BCBS uses EnrollHub™, the secure Council for Affordable Quality Healthcare® solution, to enroll in EFTs and ERAs. EnrollHub is available at no cost to all health care providers.



Key contact information

- Provider Services: **866-231-0847**
- 24/7 NurseLine: **866-231-0847**
- Precertification: **866-231-0847**
- Fax: multiple, see FAQ
- Pharmacy PA:
 - Phone: **866-231-0847**
 - Retail pharmacy fax: **844-490-4877**
 - Medical injectable fax: **844-493-9206**
- Paper claims submission:

Highmark BCBS
P.O. Box 62509
Virginia Beach, VA 23466-2509

- Website: bcbswny.com/stateplans

Electronic claims submission

For payer IDs, please contact your clearinghouse.

For information on how to submit claims electronically, please visit our website at www.bcbswny.com/stateplans > *Claims* > *Electronic Data Interchange*.

Our delegated service partners

- Pharmacy
 - PA phone: **866-231-0847**
 - PA fax:
 - Retail pharmacy fax: **844-490-4877**
 - Medical injectable fax: **844-493-9206**
- Medical Answering Services:
 - [medanswering.com](https://www.medanswering.com)
 - **866-932-7740**

Allegany County transportation	1-866-271-0564
Cattaraugus County transportation	1-866-371-4751
Chautauqua County transportation	1-855-733-9405
Erie County transportation	1-800-651-7040
Orleans County transportation	1-866-260-2305
Wyoming County transportation	1-855-733-9403

24/7 NurseLine

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of health problems.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number, **866-231-0847 (TTY 711)**, is on the back of our member ID cards.
- When a member calls this service, a report is faxed to the office within 24 hours.



Interpreter and translation services

- Interpreter and translation services are available 24/7 and in over 170 languages. Call **866-231-0847**.



Provider communications and education

- Quarterly provider newsletter
- Fax blasts:
 - Program/process change notices
- Educational opportunities:
 - ICD codes
 - Cultural competency
 - HIPAA

Cultural competency

There are many challenges in delivering health care to a diverse patient population. Highmark BCBS is here to help.

Highmark BCBS offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the National Standards for Culturally and Linguistically Appropriate Service.



The New Baby, New LifeSM program

- Under the managed care services umbrella, we will provide incentives to our Medicaid members at the following levels for these measures:
- First prenatal visit: \$25
- Ongoing prenatal visits (six) during the pregnancy: \$25
- Postpartum visit: \$25
- Well Baby (one visit in the first two weeks of life: \$25)
- Well Baby (six visits in the first 15 months of life: \$25)

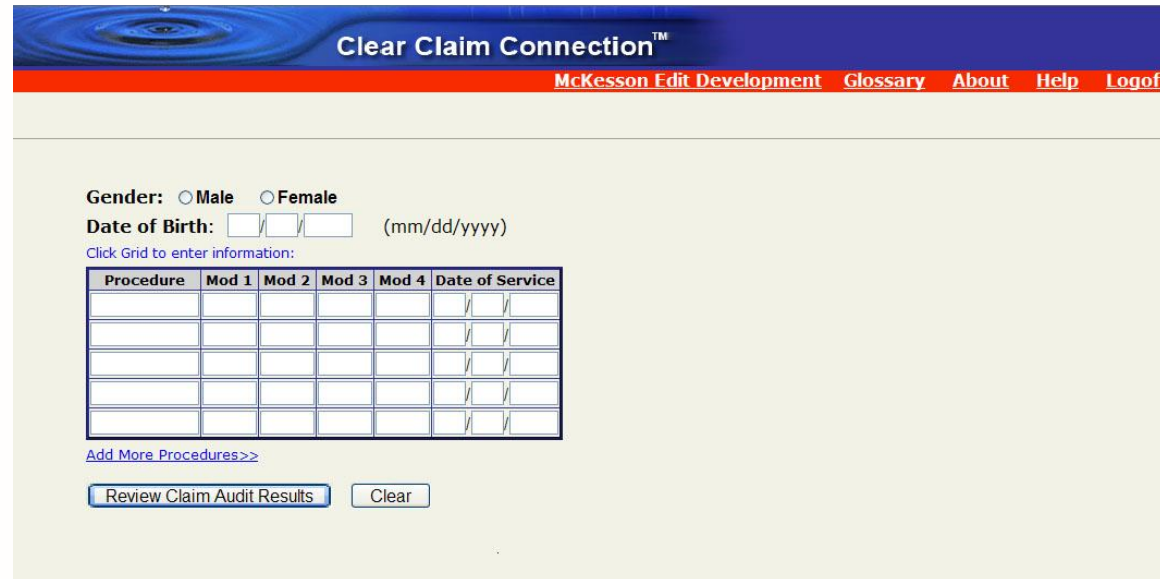
Submitting claims

- On website
- Via Batch 837 (electronic claims)
- Via clearinghouse
- By mail



Clear Claim Connection™

This tool on our website can help you determine whether procedure codes and modifiers will likely pay for your patient's diagnosis.



The screenshot shows the 'Clear Claim Connection' web application. At the top, there is a blue header with the title 'Clear Claim Connection™' and a red navigation bar with links for 'McKesson Edit Development', 'Glossary', 'About', 'Help', and 'Logoff'. Below the navigation bar, the main content area is light green and contains the following elements:

- Gender: Male Female
- Date of Birth: / / (mm/dd/yyyy)
- Click Grid to enter information:
- A table with 6 columns: Procedure, Mod 1, Mod 2, Mod 3, Mod 4, and Date of Service. The Date of Service column has two sub-columns for month and day, each with a checkmark icon.
- [Add More Procedures>>](#)
- Buttons: and

Use Clear Claim Connection for guidance when you submit a claim. Submit payment disputes with a copy of the *EOP*, supporting documentation and a letter of explanation.

Rejected and denied claims

- Find claims status information at [Availity.com](https://www.availity.com) or by calling provider services at **866-231-0847**.
- There are two types of notices you may get in response to your claim submission:
 - Rejected: does not enter the adjudication system due to missing or incorrect information
 - Denied: goes through the adjudication process but is denied for payment
- If you need to appeal a claim decision, please submit a copy of the *EOP*, letter of explanation and supporting documentation.

Routine claim inquiries

Our Provider Experience Program ensures provider claim inquiries are handled efficiently and in a timely manner. Calls are handled by trained call agents in Provider Services. Call **866-231-0847**.

The image shows a scan of a Health Insurance Claim Form (1500) with a large blue question mark overlaid on it. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes various fields for patient and insured information, such as name, address, date of birth, and policy details. The form is divided into sections for "PATIENT AND INSURED INFORMATION" and "PHYSICIAN OR SUPPLIER INFORMATION". The question mark is centered over the form, indicating a focus on claim inquiries.

Grievances and medical appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials must be filed within 90 calendar days of the postmark date of the Highmark BCBS denial notification.

- Mail appeals to:

Highmark BCBS
Member Complaint and Appeals Department
Medical Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429

Precertification Lookup Tool

Submit precertification requests online or by fax or phone.

This tool:

- **Is for outpatient services** — inpatient services always require precertification
- **Does not show benefits coverage** — refer to our state-specific provider manuals for coverage/limitations

* - Required Field

Market *

Line of Business *

CPT/HCPCS Code or Code Description *

Search by market, member product or CPT® code.

Check the status of your request on the website or by calling Provider Services.

Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment (all rentals; see provider manual for purchase requirements)
- Home health
- Hospital admission
- Physical therapy, occupational therapy and speech therapy treatment
- Sleep studies

Precertification requirements (cont.)

Behavioral health:

- Electroconvulsive therapy
- Inpatient psychiatric treatment
- Inpatient substance abuse treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services

Utilization Management: **866-231-0847**

Pharmacy program

The *Preferred Drug List* and formulary are on our website. PA is required for:

- Nonformulary drug requests
- Brand-name medications when generics are available
- High-cost injectables and specialty drugs
- Any other drugs identified in the formulary as needing PA

Note: This list is not all-inclusive and may change.



Laboratory services

Notification or precertification is not required if lab work is performed:

- In a physician's office.
- In a participating hospital outpatient department (if applicable).
- By one of our preferred lab vendors.

Testing sites must have a Clinical Laboratory Improvement Act/Amendments certificate or a waiver.

PCP selection and balance billing

PCP selection:

- A member must select a PCP.
- The PCP can be changed within 24 hours from the time the change request has been made.
- A member **needs** a referral to see a specialist.

Balance billing:

- No balance billing
- Notification and authorization prior to providing noncovered services

Provider Relations staff

Provider representatives are here to serve you.

- Perform provider outreach
- Perform provider education and training
- Engage providers in quality initiatives
- Give providers customer service
- Build and maintain the provider network
- Coordinate provider care and make appropriate referrals as necessary

Provider Services: **866-231-0847**

Next steps

- Listen to a recorded Availity Essentials Webinar [Availity.com](https://www.availity.com)
- Register for Availity Essentials so you can access the secure Highmark BCBS provider website.
- Register for the EDI.
- Register for EFT services.
- Read your *Provider Manual*

Resources to download

- Copy of ID card
- Orientation presentation
- *New York Out-of-Network Form*
- EDI information
- Clinical policies and information
- Availity Essentials information
- Provider newsletters and communication



providerpublic.mybcbswny.com

Wellpoint Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield's managed Medicaid. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

Availity, LLC is an independent company providing administrative services on behalf of Highmark Blue Cross Blue Shield.

NYHM-CD-061918-24-SRS61918 | July 2024