Understanding Your Patients’ Coverage

January 2016 is here, and while many of your patients are now covered by a Highmark health plan, some will remain in Blue Cross of Northeastern Pennsylvania (BCNEPA) health plans until their coverage renews to Highmark plans later this year.

Over the last few months, we have given you much information about the processes that became effective on Jan. 1, 2016, for your patients who have renewed their coverage to Highmark plans.

We also advised you of the BCNEPA processes that would remain “business as usual” (BAU) for your patients who are still covered by BCNEPA health plans.

To help you better understand what is BAU and what has changed, we’ve compiled the following chart.

<table>
<thead>
<tr>
<th></th>
<th>Patients who transitioned to Highmark health plans</th>
<th>Patients remaining in BCNEPA health plans until their coverage renews to Highmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility &amp; Benefits Inquiry</td>
<td>Use Highmark Blue Shield (HBS) NaviNet®</td>
<td>Use Blue Cross NEPA/FPH NaviNet</td>
</tr>
<tr>
<td>ID Cards</td>
<td>New Highmark cards with new alpha prefixes and (in some cases) a new plan name</td>
<td>BCNEPA cards with existing Alpha Prefixes and plan names</td>
</tr>
<tr>
<td>Electronic Claims Submissions</td>
<td>Use the EDI Services link on HBS Provider Resource Center 1-800-992-0246</td>
<td>Use BCNEPA’s EDI email address: <a href="mailto:ITEDIInquiries@bcnepa.com">ITEDIInquiries@bcnepa.com</a></td>
</tr>
<tr>
<td>Remittance Advice (RAs) Explanation of Benefits (EOBs) Explanation of Payments (EOPs)</td>
<td>Plan Code 363 ERA/835 transmitted on Mondays Paper RAs/EOBs mail on Wednesdays</td>
<td>BAU</td>
</tr>
<tr>
<td>Paper Claims Submissions Mail to:</td>
<td>Claims PO Box 890062 Camp Hill, PA 17089-0062</td>
<td>BAU</td>
</tr>
<tr>
<td>Customer Service phone numbers for Members</td>
<td>New numbers will be on the back of patients’ new Highmark ID cards</td>
<td>BAU</td>
</tr>
<tr>
<td>Primary Care Provider Capitation Roster</td>
<td>HBS NaviNet under AR Management, PCP CAP Rosters</td>
<td>BAU</td>
</tr>
<tr>
<td>Preventive Health Guidelines</td>
<td>Provider Resource Center, Clinical Reference Materials, Clinical Practice and Preventive Health Guidelines</td>
<td>BCNEPA Provider Center, Provider Resources &amp; Tools, Preventive Schedule</td>
</tr>
<tr>
<td>Medical Policy Changes</td>
<td>Highmark Medical Policy</td>
<td>Highmark Medical Policy. However, some BCNEPA Medical Policies, which refer to specific benefits, will remain active.</td>
</tr>
</tbody>
</table>

(Updated 1801001)
### Clarification: EDI Claims Submissions

As you know, your patients who are currently enrolled in BCNEPA health plans will begin to transition to Highmark health plans beginning Jan. 1, 2016. **Please keep in mind, however, that some patients will remain in BCNEPA plans until their coverage renews sometime in 2016.**

To ensure claims are submitted to the correct insuring entity, please use the chart below. Please note that the dates mentioned refer to the date(s) of service. Also pay special attention to the NAIC codes that are noted in this chart. **Be sure to share this information with any billing vendors and/or clearinghouses that you use, as some clearinghouses may have a specific payer code.**

<table>
<thead>
<tr>
<th>Product/Type of Coverage</th>
<th>Facilities currently submit claims to:</th>
<th>For Dates of Service Jan. 1, 2016 through March 31, 2016, facilities (UB billers) will submit claims to:</th>
<th>For Dates of Service April 1, 2016, and after, facilities (UB billers) will submit claims to:</th>
<th>For Dates of Service Jan. 1, 2016, and after, professional &amp; ancillary providers (1500 billers) will submit claims BAU to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Highmark members</strong>*</td>
<td>BCNEPA (54747)</td>
<td>BCNEPA (54747)</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771)</td>
</tr>
<tr>
<td>BlueCard; FEP</td>
<td>BCNEPA (54747)</td>
<td>BCNEPA (54747)</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771)</td>
</tr>
<tr>
<td>FPLIC</td>
<td>FPLIC (60147)</td>
<td>FPLIC (60147)</td>
<td>FPLIC (60147)</td>
<td>FPLIC (60147)</td>
</tr>
<tr>
<td>FPH</td>
<td>FPH (96601)</td>
<td>FPH (96601)</td>
<td>FPH (96601)</td>
<td>FPH (96601)</td>
</tr>
<tr>
<td>Former FPLIC migrated HM (based on migration date**)</td>
<td>N/A</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771)</td>
</tr>
<tr>
<td>Former FPH migrated HM (based on migration date**)</td>
<td>N/A</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771W)</td>
<td>Highmark (54771)</td>
</tr>
<tr>
<td>Freedom Blue PPO</td>
<td>Highmark Senior (15460)</td>
<td>Highmark Senior (15460)</td>
<td>Highmark Senior (15460)</td>
<td>Highmark Senior (15460)</td>
</tr>
</tbody>
</table>

*These are patients who are currently covered by Highmark health plans and those who will be covered by Highmark health plans in 2016. This does NOT include patients who are currently enrolled in First Priority Life Insurance Company® (FPLIC)/First Priority Health® (FPH) health plans and those who will move to Highmark plans in 2016. Patients who are part of the FPLIC/FPH migration to Highmark can be identified by the alpha prefix on their ID cards.

**These are patients who have migrated from FPLIC/FPH to Highmark. They will receive new Highmark ID cards with their new alpha prefix, as well as Highmark Plan code 363. Claims for services rendered after the migration date will be submitted to Highmark.

The Plan & Alpha Prefix Guide, which shows each 2015 BCNEPA alpha prefix and the corresponding 2016 Highmark alpha prefix, was published in the November 2015 and December 2015 Provider Bulletins.
Remittance Advice, Explanation of Benefits & Explanations of Payments

Starting in January 2016, if you have patients covered by Highmark Blue Cross Blue Shield AND patients covered by BCNEPA, you will receive paper and electronic remittance advices (RA/ERA) and explanations of benefits (EOB) from both insurers: BCNEPA and Highmark.

For patients who will be staying with BCNEPA health plans through 2016, you will continue to receive the proprietary First Priority Health, First Priority Life Insurance Company and Blue Cross of Northeastern Pennsylvania RAs, EOBs and electronic remittance advice (ERA/835).

As your patients transition to Highmark health plans, the Highmark Blue Shield logo will be shown on the RAs and EOBs.

- Enrollment will be under plan code 363.
- The ERA/835 file will be transmitted on Monday.
- The paper RAs/EOBs will be mailed on Wednesday.

If an employer group has a spending account, you may also receive a paper or electronic explanation of payment (EOP). The EOP will be generated within two weeks of the EOB. The way you receive the claim payment—electronic funds transfer (EFT) or paper check—is also how you will receive the EOP.

EDI Acceptance/Rejection Transactions

As of Jan. 1, 2016, you will receive acceptance/rejection transactions from both Blue Cross of Northeastern Pennsylvania (BCNEPA) and Highmark.

For your patients that will be staying with BCNEPA health plans through 2016, you will continue to receive the proprietary Acceptance/Rejection Report for claim submissions via BCNEPA's NaviNet.

As your patients transition to Highmark health plans, Highmark will generate the 277CA HIPAA Claims Acknowledgement transaction for direct connect providers. If you submit claims through a clearinghouse, you will receive the report/transactions from your clearinghouse.

Misrouted/Rejected Claims

If you do submit a claim to the wrong entity, the claim rejection will read one of the following:

- A8/33 – Subscriber and subscriber ID not found
- A8/116 – Claim submitted to incorrect payer

You should then use NaviNet to confirm the member’s correct coverage entity (BCNEPA, Highmark or another carrier) and resubmit the claim, as appropriate.

Important: It’s essential that you share this information with any vendors and/or clearinghouses that you use, to ensure they are aware and will be prepared for the transition of Highmark’s EDI.

New Address for Paper Claims Submissions

Effective Jan. 1, 2016, paper claims submissions for professional and facility providers for patients that have transitioned to Highmark health plans are to be mailed to the following address:

Claims
PO Box 890062
Camp Hill, PA 17089-0062

Please note: The address is not changing for patients that have not transitioned to Highmark health plans.

Dedicated Page Now Available on Highmark Provider Resource Center (PRC)

We appreciate your efforts to stay informed as your patients begin transitioning from BCNEPA to Highmark health plans. To support you during this transition, we have gathered all of the relevant information and placed it in one convenient location.

Look for the new Information Exclusively for Providers in Northeastern Pennsylvania page when you access Highmark’s PRC and bookmark it! The link will be available just below the Today’s Messages board.

While on this page, check out the new Provider’s Transition Guide. The guide supplements information previously published in the monthly Provider Bulletin newsletter that is specific to your patients’ renewal to Highmark health plans.

We want both you and your patients to have a smooth transition, and we want to ensure that you understand any policies, programs and systems that may be new to you.
Antidepressant Medication Management

According to recent studies, approximately 11 percent of Americans aged 12 or older take antidepressants. A report by the Centers for Disease Control and Prevention’s National Center for Health Statistics also says that the rate of antidepressant use in the U.S. has increased nearly 400 percent since 1988.

It’s very likely that in your practice you care for patients who are appropriately prescribed antidepressants, either by their primary care physician or a behavioral health specialist. We understand the importance of medication compliance in managing depression.

The current best practice recommendations for managing antidepressant medication include:

- Monitoring patients carefully to assess their response to treatment, the emergence of side effects, their clinical condition, safety and adherence to treatment
- Encouraging patients who have achieved some improvement during the initial weeks of treatment to continue for a total of at least 12 weeks (Effective Acute Phase Treatment HEDIS Measure)
- Being compliant for at least six months. This is recommended for the patient’s continued improvement and control of depression (Effective Continuation Phase Treatment HEDIS Measure)
- Sufficient ongoing contact of all clinicians involved in the patient’s care, including both the patient and each clinician. This ensures care is coordinated and that relevant information is available to guide treatment decisions

Non-adherence to antidepressant medication can be a significant barrier to the successful treatment of depression. The Health Effectiveness Data Information Set (HEDIS) measures seen above have been developed by the National Committee for Quality Assurance (NCQA) and are designed to reduce the risk of relapse.

For more information about this and other HEDIS measures visit [bcnepa.com](http://bcnepa.com). Click on the Providers tab, select Quality Management and then click on the link to the HEDIS Home Page.

For extra support, please refer BCNEPA patients to one of our Depression Management Health Coaches. They can be reached at 1-866-262-4764 or (TTY) 1-877-720-7771, weekdays, between 8 a.m. and 8 p.m. ET. You will need to provide your patient’s name, phone number and date of birth, and a nurse will contact the patient.

HEDIS Measures Now Available Online

The following HEDIS Measures will be added to the HEDIS Home Page in January 2016:

**Diabetes A1C Testing & Control**

*Measure Description:*
The percentage of members, 18 to 75 years of age, with diabetes (type 1 and type 2) who had each of the following:
- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a selected population

**Diabetes – Eye Screening for Diabetic Retinal Disease**

*Measure Description:*
The percentage of members, 18 to 75 years of age, with diabetes (type 1 and type 2) who had:
- An eye screening for diabetic retinal disease as identified by administrative data, including a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year

**Diabetes – Medical Attention for Nephropathy**

*Measure Description:*
The percentage of members, 18 to 75 years of age, with diabetes (type 1 and type 2) who had medical attention for nephropathy.

There must be documentation of a nephropathy screening test during the measurement year or evidence of nephropathy during the measurement year, as documented through administrative data or medical record review.

Visit the [HEDIS Home Page](http://bcnepa.com/providers/qualitymanagement) at bcnepa.com/providers/qualitymanagement for these and other measures with documentation tips, best practices and information about the importance of these measures to your practice.

(Policy Update 1801007) (Policy Update 1801008)
Utilize Highmark Blue Shield NaviNet

In support of the recent merger between Highmark Inc. and Blue Cross of Northeastern Pennsylvania (BCNEPA), your office will soon be granted access to Highmark Blue Shield (HBS) NaviNet.

During the month of January 2016, offices that did not previously have access should see Highmark Blue Shield in the list of available plans under the My Health Plans section in NaviNet. There is nothing you need to do. Your NaviNet access will be updated automatically.

Beginning Jan. 1, 2016, information for patients that have transitioned to a Highmark health plan will be available on HBS NaviNet. Transactions include Eligibility & Benefits, Authorization Submissions, Claim Submission, Provider File Management, Claims Dashboard, AR Management and much more. For patients who have not transitioned, you should continue to access information on Blue Cross NEPA/FPH NaviNet. To determine if a specific patient has transitioned to a Highmark plan, verify the alpha prefix on the patient’s ID card to the Plan & Alpha Prefix Guide which appears in the December Provider Bulletin.

Here are some important notes for users accessing HBS for the first time:

- In order to ensure seamless access to the functionality on NaviNet for HBS, you will need to update your computers’ trusted site settings. This only takes a few minutes to complete. Click here for the easy step-by-step guide.

- The HBS offering on NaviNet has many features and transactions. Please review the HBS user guides and FAQs found under the NaviNet Help tab to learn more about what’s offered.

- If not previously done, Security Officers or their designees must register their office for HBS Electronic Fund Transfer (EFT). Registration can be done via HBS NaviNet using the EFT Attestation and Registration transaction. A step-by-step guide is available under the NaviNet Help tab after selecting Highmark Blue Shield.

- The NaviNet Help tab and the Provider Resource Center should be your first point of contact for online training and reference materials.

- To access Online Provider Training, under Workflows for this Plan, click on the Resource Center transaction. The New Office Orientation Program modules cover the information that an office staff member or practice needs to know about Highmark, such as: NaviNet training tips, the EFT Attestation and Registration Guide and Physical Medicine Provider Pathways.

- To access a guide for professional and facility providers that details the requirements of the Physical Medicine Management Program, select Clinical Reference Materials on the Resource Center.

NaviNet Internet Explorer Upgrade

This month, Microsoft plans to phase out its support of older browsers and focus primarily on supporting users who work with the latest versions of Internet Explorer. As a result, Microsoft will only provide security patches and technical support to individuals who are using the most current Internet Explorer browsers. They will also stop supporting users and new functionality on older versions of Internet Explorer.

To minimize the impact of this decision to your practice, NaviNet is urging all customers using Internet Explorer 8 (IE8) and older Internet Explorer versions to update their browsers to one of the following Microsoft-supported versions:

- IE11 on Windows 7 or Windows 8.1
- IE9 on Windows Vista

For the best results, you should update your browser no later than Jan. 12, 2016.

NaviNet will continue to work on IE8 after this date. However, as updates are made, users may notice certain features that do not function properly. Those using the latest browsers will have a faster, more secure experience with increased reliability and performance.

For more details, please read Microsoft’s original announcement.

NaviNet is committed to ensuring that our users continue to enjoy our latest features on the most secure browsers. As a reminder, NaviNet is also available on Google Chrome, Apple’s Safari and Firefox.

Thank you for your prompt attention to this matter, as NaviNet works to provide the best experience possible for you.
Medical Management Fax Numbers

Beginning Jan. 1, 2016, Medical Management & Policy (MM&P) has new, toll-free fax numbers. If you are submitting to MM&P by fax, please use the appropriate number below, based on the service type of your request:

- **Inpatient Acute requests**: 1-855-329-8193
- **Sub-acute Inpatient/Home Health requests**: 1-855-329-8194
- **Outpatient/Predeterminations & all other requests**: 1-855-329-8195

As a reminder, we will continue to give priority to requests that are submitted through NaviNet. Requests submitted by phone or fax will be reviewed only after NaviNet requests have been completed.

Clinical Criteria Available for Review

First Priority Health and First Priority Life base all medical necessity decisions on medical policy and/or utilization management criteria. These policies are based on the Blue Cross and Blue Shield Medical Policy Reference Manual and the practice patterns of regional physicians.

Utilization Management criteria are either objective and evidence-based criteria that are internally developed by First Priority Health/First Priority Life, or nationally established criteria. Internally developed criteria are researched at least annually using current medical literature. Internally developed criteria that address specific conditions may be reviewed by a participating physician who specializes in the condition being addressed.

All criteria (both nationally recognized and internally developed) are based on scientific evidence and are reviewed and approved annually by a committee made up of participating physicians practicing in various specialties. First Priority Health/First Priority Life medical policies and internally developed Utilization Management Clinical Guidelines are available online on bcnepa.com.

To access these guidelines, click on **Providers, Medical Management** and then select **Medical Policies & Clinical Guidelines**. Medical policies and utilization management criteria are also available by calling Provider Services, weekdays, between 8 a.m. and 5 p.m., at the following numbers:

- **BlueCare® HMO**: 1-800-822-8752
- **BlueCare PPO/Custom PPO/myBlue® plans**: 1-866-262-5635
- **BlueCare Traditional**: 1-888-827-7117
- **BlueCare EPO/AffordaBlueSM**: 1-888-345-2353

Pharmacy Management Procedures Available Online

Pharmacy Management’s utilization management procedures, including prior authorization criteria and step-therapy criteria, are available at bcnepa.com. To access these procedures, click on **Rx Drug Benefits** and **Utilization Management Criteria**. You can also access criteria online via NaviNet and Express Scripts at express-scripts.com.

Our drug formularies can also be found on bcnepa.com. To access the formularies, click on **Rx Drug Benefits**, then **Prescription Drug Formularies**.

To request hard copy versions of the prescription drug formularies or any pharmacy utilization management criteria, call **Provider Relations** at 1-800-451-4447, weekdays, between 8 a.m. and 5 p.m.
Medical Management & Policy Department Availability

To best serve provider and member needs, Medical Management & Policy staff is available to take service requests and inquiries regarding the utilization management process, weekdays, between 8 a.m. and 4:45 p.m., at the following numbers:

- **BlueCare EPO/AffordaBlue plans**: 1-888-345-2360
- **BlueCare PPO/Custom PPO/myBlue plans**: 1-866-262-5623
- **BlueCare Traditional/FEP plans**: 1-800-638-0505
- **BlueCare HMO/CHIP plans**: 1-800-962-5353
- **TTY services are available**: 1-888-444-7018

Language assistance is available at no charge to members who request this service in order to discuss utilization management issues. For calls outside our normal business hours and for non-urgent requests for service, please leave a voicemail message. Messages will be addressed according to the urgency of the request by MM&P staff no later than the next business day.

Medical Injectable Drug Program:
Five Drugs Added to Drug List

As previously announced in the October 2015 Provider Bulletin, Highmark will introduce a voluntary Medical Injectable Drug Program in the NEPA service region beginning Jan. 1, 2016. The program will be administered by Walgreens Specialty Pharmacy®, which is Highmark’s exclusive specialty pharmacy provider.* Effective Feb. 15, 2016, Highmark will add five drugs to the Medical Injectable Drug Program drug list: Alimta, Erbitux, Faslodex, Velcade and Yervoy. For your convenience, you can review the billing unit/dosage and pricing information for these drugs in the following chart.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Drug Name</th>
<th>Billing Units</th>
<th>Reimbursement **</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9305</td>
<td>Alimta</td>
<td>10 mg</td>
<td>$61.05</td>
</tr>
<tr>
<td>J9055</td>
<td>Erbitux</td>
<td>10 mg</td>
<td>$53.25</td>
</tr>
<tr>
<td>J9395</td>
<td>Faslodex</td>
<td>25 mg</td>
<td>$92.65</td>
</tr>
<tr>
<td>J9041</td>
<td>Velcade</td>
<td>0.1 mg</td>
<td>$46.20</td>
</tr>
<tr>
<td>J9228</td>
<td>Yervoy</td>
<td>1 mg</td>
<td>$133.77</td>
</tr>
</tbody>
</table>

* Walgreens Specialty Pharmacy is a registered Trademark of Walgreen company.

** All reimbursement rates are subject to change based on changes to the average wholesale price (AWP).

For any questions about behavioral health/substance abuse, please call Highmark, weekdays, between 8 a.m. and 4 p.m., at one of the following numbers:

- **BlueCare HMO/CHIP**: 1-800-258-9808
- **BlueCare PPO/Custom PPO, myBlue plans, BlueCare EPO, AffordaBlue, BlueCare Traditional and FEP**: 1-800-258-9808
- **TTY services are available**: 1-855-375-8891

For questions regarding the Pharmacy Management program, please call Pharmacy Management, weekdays, between 8 a.m. and 5 p.m., at 1-800-722-4062.

As a reminder, the Medical Injectable Drug Program remains mandatory for patients enrolled in Freedom Blue PPO and Community Blue Medicare HMO.

To order drugs through Walgreens Specialty Pharmacy, call 1-888-347-3416. Walgreens Specialty Pharmacy offers your patients disease education and support and express delivery, and has clinical pharmacists available 24 hours a day, seven days a week to answer questions. If you have specific questions about this program, please contact your Provider Relations representative.
For questions about benefits, eligibility or claims Please call, weekdays, between 8 a.m. and 5 p.m.
BlueCare® HMO/HMO Plus 1-800-822-8752
BlueCare PPO/myBlue® Plans 1-866-262-5635
BlueCare Traditional 1-888-827-7117
BlueCare EPO/Custom PPO 1-888-345-2353

Valuable health resources Refer your BCNEPA patients to the following health & wellness resources:
Blue Health Solutions™ 1-866-262-4764
Call to speak with a health coach about personalized health management and wellness programs, care management resources and much more.
24/7 Nurse Now 1-866-442-2583
Call anytime to speak to a registered nurse or chat online at bcnepa.com. Log in to Self-Service. Click on Health & Wellness and select 24/7 Nurse Now.
Report fraud To report health insurance fraud, call: 1-800-438-2478

Important fax numbers
BC Claims 570-200-6790
(For claims adjustments, BlueCare Senior, FEP)
BC Precertification 570-200-6788
BlueCard® ITS Claims 570-200-6790
(For Maternity Precertification forms, Claims Research Request forms, adjustments, etc.)
Provider Relations 570-200-6880
Provider Customer Service 570-200-6868
FPH Complaint/Grievance 570-200-6770
FPH Non-par Referral Requests 570-200-6840
FPH Pharmacy 570-200-6870
FPH Precertification 570-200-6799
Other Party Liability (OPL) 570-200-6790

Provider Relations department 1-800-451-4447

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Lily A. Stahley, Editor
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