



# Mountain State Blue Cross Blue Shield Provider Training Program

Presenter  
Date



# Provider Training Program Agenda

- Welcome and Opening Remarks
- About NIA
- The Provider Partnership
- The Program Components
- The NIA Privileging Program
- How the Program Works:
  - The Authorization Process
    - The Authorization Appeals Process
  - The Claims Process
    - The Claims Appeals Process
- Provider Self-Service Tools
- Provider Communication and Service as High Priority
- NIA Provider Relations and Contact Information
- Navinet
- Questions and Answers

# About NIA

NIA is accredited by  
NCQA and URAC

- National Imaging Associates (NIA) -- chosen as the solution for National and Regional Health Plans covering more than 19 million lives due to:
  - Distinctive clinical focus.
  - Accredited by NCQA and URAC-certified.
  - Innovation and Stability -- Parent is Magellan Health Services -- enhances operational competencies, IT capabilities and patient support tools; affords financial stability for growth and continued investment in innovative technology.
- Focus / Results: Maximizing diagnostic services value; promoting patient safety through:
  - A clinically-driven process that safeguards appropriate diagnostic treatment for Mountain State beneficiaries.

# The NIA Provider Partnership Model

- Dedication to Provider Service and Convenience
  - Dedicated PR staff
  - Authorization Call Center
  - Education and Training Programming
  - Ongoing Outreach to Providers – ordering provider surveys, individual ordering / rendering practice retraining, satisfaction surveys, etc.

# Outpatient Imaging Program Components

- **Utilization Management/Authorizations:** NIA's proprietary, evidence-based decision support algorithms support scripting for call center representatives or online - leading to quick procedure approval or consultation with our radiology experts.
- **Provider Privileging: Beginning January 2012 :** The program includes privileging of Mountain State contracted providers and Mountain State's in-office providers for advanced and cardiac imaging. The program promotes continuous quality improvement, provides scope of practice limitations and enables consumers to make educated health care decisions.



# The Privileging Process for Rendering Providers

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# NIA's Privileging Program

- NIA has a Comprehensive Program for Evaluating Imaging Providers Selected to Participate in the Mountain State Outpatient Imaging Program
- Primary Purpose of the NIA Privileging Program:
  - To ensure Mountain State imaging providers meet minimum standards required to adequately perform the technical and professional components outlined in the outpatient imaging program.
- Select information feeds the Consumer Portal – enables consumers to make educated health care decisions. Consumers have the added assurance that all NIA privileged imaging providers meet the high technical and professional standards required to deliver imaging services safely.



# The Authorization Process

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# NIA Prior Authorization is required for:

- **Non-Emergent Outpatient:**
  - CT/CTA
  - MRI/MRA
  - PET Scan
  - CCTA
  - Nuclear Stress (MPI)
  - Nuclear Cardiology
- Prior Notification will be required for:
  - Stress Echo
- Any code that is specifically cited in Mountain State-NIA Billable CPT Codes Claims Resolution Matrix handout.
- All other procedures will be adjudicated and processed by Mountain State per their payment policy.
- Mountain State commercial health plans, including Super Blue Plus PPO, Super Blue Select Point of Service (POS), Steel, West Virginia Small Business Plan (WVSBP) and HHIC Freedom Blue Medicare Advantage Plan. The requirements will be waived for Mountain State's Traditional Indemnity product, Bluecard and the Federal Employee (FEP) program.

# NIA Prior Authorization is not required for:

- **Inpatient, Observation, Emergency Room, Urgent Care and Ambulatory Surgery Facilities:**
  - CT/CTA
  - MRI/MRA
  - PET Scan
  - CCTA
  - Nuclear Stress (MPI)
  - Stress Echo
  - Nuclear Cardiology

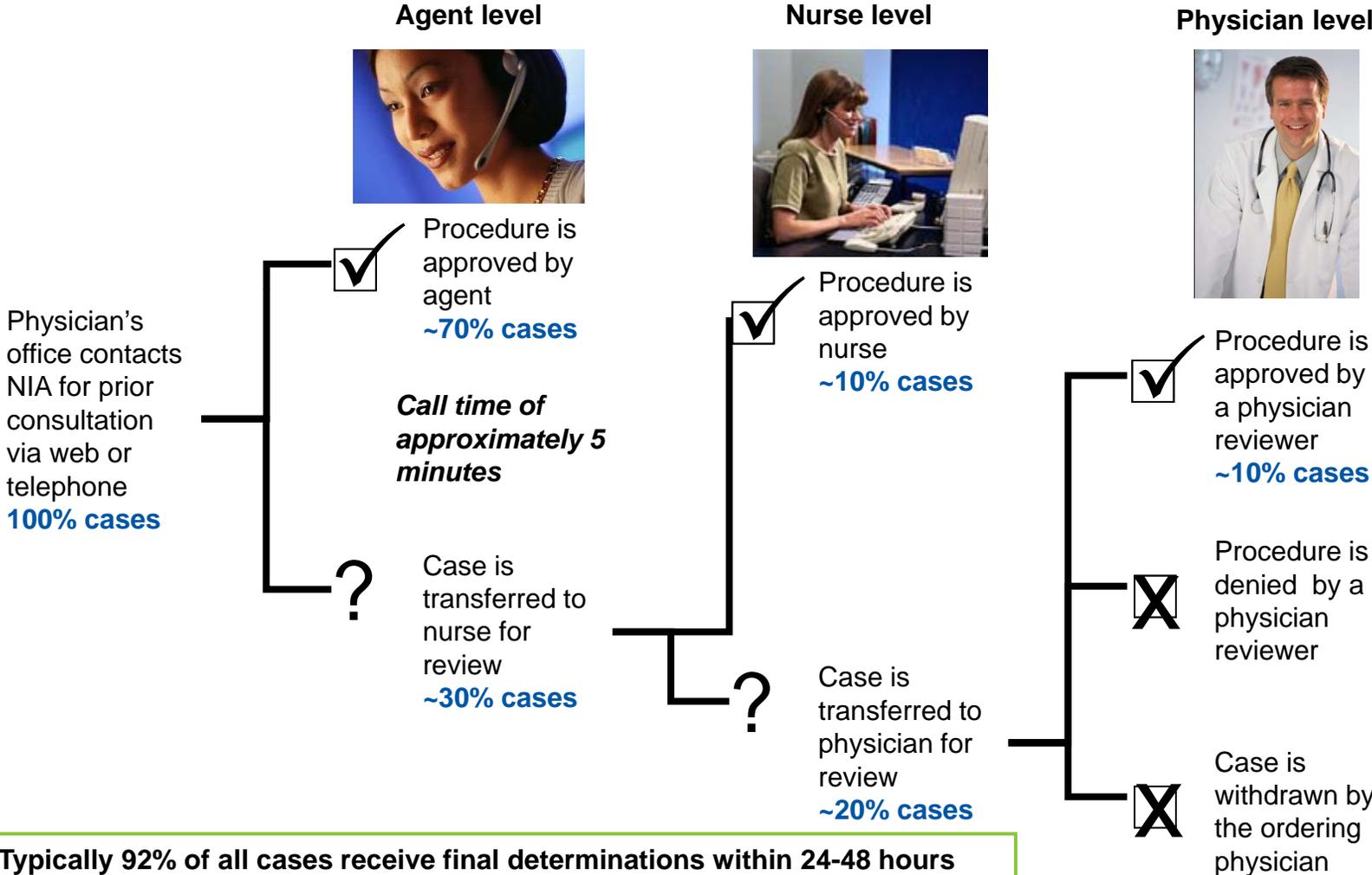
# Clinical Validity of Algorithms

- NIA currently reviews more than 450,000 advanced imaging requests each month.
- All algorithms and guidelines are reviewed and approved by Mountain State Medical Directors.
- Algorithms and guidelines were developed with input from physicians; those related to Coronary Artery Disease were validated with cardiologists.
- Consultative communication is a hallmark of NIA – who has a team of 75 board-certified physicians representing radiology and a host of other specialties available for physician to physician discussions.
- Requests related to cardiac modalities that require physician review are reviewed by cardiologists.

# NIA's Authorization Process

- The ordering physician is responsible for obtaining prior authorization.
  - Requests for CCTA and Nuclear Cardiology that are related to Coronary Artery Disease will be reviewed using CAD-specific algorithms, which in some scenarios may suggest an alternate study.
- The rendering provider must ensure that prior authorization has been obtained and it is recommended that you not schedule procedures without prior authorization.
- Procedures performed without proper authorization will not be reimbursed.
- If the radiologist or rendering provider feels that, in addition to the study already authorized, an additional study is needed, either the radiologist or rendering provider should proceed with the additional study and contact NIA within one (1) business day to initiate the review process for medical necessity.
- If an urgent clinical situation exists outside of a hospital emergency room, the radiologist or rendering provider should proceed with the study and contact NIA the next business day to go through the normal review process.
- Separate prior authorization numbers are not needed for CT-guided biopsy, CT-guided radiation therapy and some MR-guided procedures.

# The NIA Prior Authorization Process





# The Authorization Appeals Process

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# The Authorization Appeals Process

- In the event of a denial and you are not satisfied with a medical decision from NIA, you may appeal the decision.
- You will receive appeal information in the denial letter that will be sent to you.



# The Claims Process

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# How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to the address indicated on the back of the Mountain State member's ID card.
- Providers are strongly encouraged to use EDI claims submission with the Mountain State Payer Identification number found on the back of the member ID card.
- Check on claims status by logging on to the Mountain State Navinet Provider Web Portal.



# The Claims Appeals Process

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# The Claims Appeals Process

- In the event of a prior authorization or claims payment denial, you may appeal the decision through Mountain State.
- Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB) notification.



# Provider Communication and Service as High Priority

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# Multi-Channel Provider Relations Strategy





# NIA Provider Relations

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## NIA Contact Information

- NIA Provider Relations Manager
  - Kristy S. Over
  - Phone: (410) 953-2620
  - Email: [ksover@magellanhealth.com](mailto:ksover@magellanhealth.com)
- Providing educational tools to ordering and rendering providers on imaging processes and procedures.
- Liaison between Mountain State Provider Relations and NIA.
- Dedicated Privileging Program/Account Manager
  - Pam Harsch, Vice President
    - Phone (724) 266-7877 Cellular (724) 493-7630
    - Via e-mail at [paharsch@magellanhealth.com](mailto:paharsch@magellanhealth.com)



Navinet

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## Navinet Website

- Mountain State is pleased to provide our network facilities, physicians and healthcare providers access to NaviNet, our provider “portal”. NaviNet gives you the power to access valuable information using the internet. Since may 2006, NaviNet has allowed providers to obtain “real-time” information about patient’s eligibility, benefits, status of claims and many other transactions.

# Navinet Benefits

- What are some of the key benefits of using NaviNet?
  - NaviNet is an easy to use on-line solution and it is FREE – all that is required is a PC and access to the internet
  - Convenient hours of operation – This internet-based system provides access to information in a real-time environment.
    - Hours of Operation: 5:00 am through 3:00 am, Monday through Saturday, 5:00 am through 5 pm, Sunday
  - Eliminates costly paper transactions and lengthy telephone communications.



A HIGHMARK AFFILIATE

*An Independent Licensee of the Blue Cross and Blue Shield Association*

# NIA AUTHORIZATION SUBMISSION VIA NAVINET

Presenter

Date



- Mountain State BCBS**
- Eligibility and Benefits Inquiry
- Referral/Auth Inquiry >
- Authorization Submission >
- Claim Status Inquiry >
- Claim Investigation Inquiry
- Claim Submission >
- Estimate Submission >
- Diagnosis Code Inquiry
- Allowance >
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider File Management >
- AR Management >
- BlueExchange™ (Out-of-Area) >
- Resource Center
- Blues on Call (sm)
- Claims Dashboard

**Eligibility & Benefits**



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WELCOME TO  
**Plan Central!**



**Important Announcements**

**PRESCRIPTION DRUG BENEFIT MANAGEMENT MOVING TO HIGHMARK, EFFECTIVE JAN. 1, 2011:** Medco currently manages the prescription drug benefit, including prior authorization requests for certain prescription medications, for New Blue indemnity, SuperBlue® Plus preferred provider plan, SuperBlue Select point of service plan and Highmark Health Insurance Company (HHIC) FreedomBlue<sup>SM</sup> PPO Medicare Advantage plan. Effective with dates of service on or after Jan. 1, 2011, Highmark will manage the prescription drug benefit for those products. However, Medco will continue to be the claims processor for prescription drug claims for dates of service on or after Jan. 1, 2011. [Click here](#) to view the Special Bulletin, and [click here](#) to view the Prescription Drug Clinical Management Programs Summary.

**MOUNTAIN STATE BLUE CROSS BLUE SHIELD 2010 WORKSHOPS UNDERWAY; FREE CEUs AVAILABLE FOR CERTIFIED CODERS:** [Click here](#) to view information about our 2010 Provider Workshops, now underway. Please pick a date, and RSVP today! Also note that certified coders who attend an entire workshop will receive four American Academy of Professional Coders (AAPC)-approved continuing education units. Coders will receive certificates of completion at the end of the workshop. For more information, please contact your Provider Relations representative.

**HEALTH CARE REFORM AND PREVENTIVE SERVICES:** Sept. 23, 2010, is the effective date for several key provisions of the Patient Protection and Affordable Care Act of 2010 (PPACA), including preventive services. Although the legislation provides for certain changes in preventive services, please be aware that the changes are dependent on the member's renewal date. The soonest you will see any changes in preventive service benefits will be Oct 1, 2010. NaviNet (or the appropriate HIPAA transaction) will remain the most efficient and simplest way to verify each of your Mountain State medical benefits and eligibility, including

[Print](#)



## Eligibility and Benefits Details

### Patient Information

<b>Member ID Number:</b>	987654321001	<b>Patient Name:</b>	DOE, SCOTT
<b>Member Address:</b>	104 MAIN STREET WHEELING, WV 26003	<b>Patient Date of Birth:</b>	9/9/2007
<b>Date of Service From:</b>	08/30/2010	<b>Relationship to Subscriber:</b>	CHILD
		<b>Date of Service To:</b>	08/30/2010

<b>Other Insurance Applies:</b>	YES	<b>Other Insurance Status:</b>	PRIMARY
<b>Other Insurance Carrier:</b>	COMMERCIAL	<b>Other Insurance Effective Date:</b>	10/01/2008
<b>Reverification Date:</b>	12/01/2010	<b>COB Review Status:</b>	FINALIZED
<b>COB Investigation Method:</b>	Pursue and Pay		

### Group Information

<b>Effective Date:</b>	01/01/2003	<b>Term Date:</b>	00/00/0000
<b>Group Number:</b>	09300026	<b>Group Name:</b>	MOUNTAIN STATE BCBS
<b>Product:</b>	SuperBlue Plus	<b>Advanced Imaging UM by NIA:</b>	YES
<b>Plan Area:</b>	444	<b>Alpha Prefix:</b>	ZPU
<b>Group Renewal:</b>	01/01/2011	<b>Current ID Card Info:</b>	OV \$15; SP \$15; ER \$50



Mountain State BCBS

- Eligibility and Benefits Inquiry
- Referral/Auth Inquiry >
- Authorization Submission > Auth Submission
- Claim Status Inquiry > Inpatient Auth Submission
- Claim Investigation Inquiry Behavioral Health
- Claim Submission >
- Estimate Submission >
- Diagnosis Code Inquiry
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider File Management >
- AR Management >
- BlueExchange™ (Out-of-Area) >
- Resource Center
- Blues on Call (sm)
- Claims Dashboard



Choose Auth Submission



Important Announcements

**ATTENTION PODIATRISTS -- ISSUE CORRECTED REGARDING APPLICATION OF MULTIPLE COPAYMENTS FOR MEDICARE ADVANTAGE MEMBERS:** Recently, a systems issue occurred during claims processing involving the incorrect application of multiple member copayments when an evaluation and management service procedure code was reported with a podiatry service procedure code (e.g., procedure code 99212 reported with code 11721). Highmark Health Insurance Company (HHIC) has corrected this problem, and now only one member copayment is being applied in these situations. HHIC is identifying the Medicare Advantage claims affected by this processing issue and will adjust the claims automatically for payment. Providers do not need to submit claim investigations to have claims adjusted. We apologize for this inconvenience.

**IMPORTANT GROUP BENEFIT INFORMATION FOR WOOD COUNTY COMMISSION:** Wood County Commission's members now have a Health Reimbursement Arrangement (HRA), effective July 1, 2010. Please [click here](#) to read the details of the member's liability concerning his or her deductible. Wood County Commission members can be identified with group numbers of 09068742 or 09068743.

**ATTENTION NAVINET USERS OF CLAIM STATUS INQUIRY:** Recently, it was identified that claims for Highmark FreedomBlue PPO members with Alpha Prefixes FER and FEM, and any other out-of-area Medicare Advantage members, are not displaying for NaviNet users when they access the Claim Status Inquiry function.

We apologize for this inconvenience; a remedy is being worked on to correct this issue. Inquiries regarding



### Selection Form

**Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):**

Service Provider: JONES, JOHN – FAMILY MEDICINE

Proposed Date of Service: 09102010

**Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:**

Member ID: 123456789001

Member Date of Birth: 03/20/1957

Member First Name:

Member Last Name:

**Step 3. Please select a Category and then a Service from the selections below:**

Category: Please choose one.

Service: Please choose one.

Add Category/Service

- Please choose one.
- Inpatient
- Outpatient
- Durable Medical Equipment
- Injectable Drugs
- CT Scan
- CT Angiography
- MRI
- MRA
- PET Scan
- Nuclear Cardiology
- Prescription Drug

Choose your Category

Submit Save

Enter step 1, step 2 and step 3.



## Selection Form

**Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):**

Service Provider: JONES, JOHN – FAMILY MEDICINE

Proposed Date of Service: 09102010

**Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:**

Member ID: 123456789001

Member Date of Birth: 03/20/1957

Member First Name:

Member Last Name:

**Step 3. Please select a Category and then a Service from the selections below:**

Category: CT Scan

Service: Please choose one.

Add Category/Service

Category and Services Added:

Choose the Service, click on Add Category/Service

- Please choose one.
- Heart
- Heart w/ Calcium Score / Ultrafast / Electron Beam
- Heart - Congenital Studies Non-coronary Arteries
- Chest
- Sternum
- Thorax
- Abdomen
- Pelvis
- Screening Virtual Colonoscopy
- Diagnostic Virtual Colonoscopy

Submit Save



## Selection Form

**Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):**

Service Provider:  ▼

Proposed Date of Service:

**Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:**

Member ID:

Member Date of Birth:

Member First Name:

Member Last Name:

**Step 3. Please select a Category and then a Service from the selections below:**

Category:  ▼

Service:  ▼

**Category and Services Added:**

Category	Service	
CT Scan	Chest	<input type="button" value="Remove"/>

When you have selected the category and service and clicked on 'Add Category/Service', your screen will look like this. Now click 'Submit'

Pop-up blocked. To see this pop-up or additional options click here...

 [New Admin Messages](#) |  [New Action Items](#) [Log Off](#)



[Plan Central](#) [Services](#) [Office Central](#) [NaviNet Central](#) [Action Items](#) [Customer Support](#)

[Referral/Auth Log](#) | [Auth Submission](#) > [Selection Form](#) > [Request Form](#)



## Request Form

### Patient Information:

Patient Last Name: DOE,

Gender: Female

Product: PPO

Group #: 05819910

Member ID #: 123456789001

Patient First Name: JACKIE

Date of Birth: 03/20/1957

Line of Business: PPO

PCP: METRO FAMILY PRACTICE INC

### Service Details:

Requested Service: CT Scan - Chest

Proposed Date of Service: 09/10/2010

### Referred To Provider:

Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.

Billing Provider:  Preferred Providers

Description:

Service Provider:

Description:

Add Preferred Provider:

The Request Form page appears with the service (s) you have requested. Enter a Referred to Provider or Referred to Facility (next slide). Remember you can store up to 50 preferred providers or facilities.

Pop-up blocked. To see this pop-up or additional options click here...



Plan Central Services Office Central NaviNet Central Action Items Customer Support

New Admin Messages | New Action Items Log Off

Referral/Auth Log | Auth Submission > Selection Form > Request Form

Optional Search

Add Preferred Provider:

**Referred To Facility:**

Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.

Facility: 223334440 Optional Search WV MEMORIAL HOSPITAL - 22333444001

Description:

Add Preferred Facility:



**Diagnosis Codes:**

You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Diagnosis Code: 162.9 Optional Search Description:

Add Diagnosis Code



View Details

**Referred From Provider Information:**

Billing Provider Name: METRO FAMILY PRACTICE INC - 55566778001

Address: 1 MAIN STREET WHEELING, WV 26003

Service Provider: JONES, JOHN

Contact Name: Susie Smith Contact Phone: 304-111-2222



Submit Save View Referral/Auth Review Notes

Pop-up blocked. To see this pop-up or additional options click here...

**NaviNet** New Admin Messages | New Action Items | Log Off

Plan Central | Services | Office Central | NaviNet Central | Action Items | Customer Support

Referral/Auth Log | Auth Submission > Selection Form > Request Form

Service Provider: JONES, JOHN  
Contact Name: Susie Smith      Contact Phone: 304-111-2222

**Comments:**

**History/Symptoms:**

**Diagnostic Testing:**

**Treatment Plan:**

**Discharge Plan:**

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

Comments section is optional, enter comments if desired, then click 'submit'



 [New Admin Messages](#)

 [New Action Items](#)

[Log Off](#)

[Plan Central](#) [Services](#) [Office Central](#) [NaviNet Central](#) [Action Items](#) [Customer Support](#)

[Referral/Auth Log](#) | [Auth Submission](#) > [Selection Form](#) > [Request Form](#) > [Collection Form](#)

Confirm the Number of Exams Ordered

---

It appears that you are requesting only one study for this patient at this time.

Is this the **only** radiology exam that you are seeking to preauthorize for this patient ?

Confirm the Physician's Phone and Fax Numbers

National Imaging Associates may need to contact the ordering physician in regards to this request.

If so, what is the best phone number to use?

If we have information to fax to the ordering physician, what fax number should be used?

Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number.

## Clinical Questions

Please confirm which of the following studies you are requesting.

- Chest/Thorax CT
- Coronary Calcification Score (sometimes called EBCT)
- Coronary CT Angiography
- Cardiac or Heart CT
- None of the above

[<< Back](#)[Next >>](#)

## Clinical Questions

Why is this study being ordered?

- Work-up for Suspicious Mass
- Known Tumor
- Known or Suspected Inflammatory Disease or Pneumonia
- Vascular disease other than cardiac
- Suspected Pulmonary Embolus
- Follow-up Trauma
- Hemoptysis
- Pre-Operative Evaluation
- None of the above

---

### Q/A History:

A Chest/Thorax CT is being ordered.

[<< Back](#)[Next >>](#)



## Response Form

Your request has been forwarded to National Imaging Associates (NIA). Their reference is 043138998.

Tracking Number: A023974073

Authorization Number: A023974073

Status: APPROVED

### Patient Information:

Patient Last Name: DOE

Patient First Name: JACKIE

Gender: Female

Date of Birth: 03/20/1957

Product SuperBlue Plus

Line of Business: PPO

Group #: 05819910

PCP:

Member ID # 123456789001

### Service Details:

Requested Service: CT Scan - Chest

Proposed Date of Service: 09/10/2010

### Referred To Provider:

Billing Provider:

Service Provider:

### Referred To Facility:

Facility: ST. CLAIR MEMORIAL HOSPITAL 1072587110

Submit Save View Referral/Auth Review Notes

THIS AUTHORIZATION REQUEST HAS BEEN AUTOMATICALLY APPROVED (STATUS IS APPROVED). REQUEST HAS BEEN SENT TO NIA. YOUR AUTH # IS A02397473. STATUS COULD ALSO HAVE ALSO BEEN 'PENDED'

All authorizations submitted via NaviNet can be found on the Referral/Auth Log located under 'Office Central'.

The screenshot shows a web browser window displaying the NaviNet website. The address bar shows the URL <https://navinet.navimedix.com/Main.asp>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The NaviNet logo is visible in the top left corner. A navigation menu at the top includes Plan Central, Office Central, NaviNet Central, Action Items, and Customer Support. The 'Office Central' menu is expanded, showing options: Claim Log, Referral/Auth Log (highlighted with a blue arrow), Office Providers, Additional Specialists/Facilities, and Reports. Below the navigation menu, the main content area features a 'WELCOME TO Plan Central!' message. An 'Important Announcements' section contains three items: 'PRESCRIPTION DRUG BENEFIT MANAGEMENT MOVING TO HIGHMARK, EFFECTIVE JAN. 1, 2011', 'MOUNTAIN STATE BLUE CROSS BLUE SHIELD 2010 WORKSHOPS UNDERWAY; FREE CEUs AVAILABLE FOR CERTIFIED CODERS', and 'HEALTH CARE REFORM AND PREVENTIVE SERVICES'. The browser's status bar at the bottom shows 'Internet' and '100%' zoom.

There are different search criteria you can use. We've searched based on Member ID in this example. The hyperlink under the patient name will return you to the Response Form

 New Admin Messages | New Action Items | Log Off

Plan Central Services Office Central NaviNet Central Action Items Customer Support

**Referral/Auth Log**

### Referral/Authorization Log

*Quick Search:* Display referrals/authorizations where the

Plan Member ID Begins With:

Request Date From:

Request Date To:

**Quick Search Results**  
Records 1-1 of 1, page: 1

	Patient Plan	DOB Plan Member ID	Status Auth. Code	Referring Provider Specialist	Req Type Req Date	# Visits Exp Date
<a href="#">Notes</a>	DOE, JACKIE Mountain State	03/20/1957 123456789001	Approved A023974073	WV MEMORIAL HOSPITAL	Ref/Auth Submission 09/01/2010	1 app N/A

Records 1-1 of 1, page: 1



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Tracking Number: A023974073

Authorization Number: A023974073

Status: APPROVED

### Patient Information:

Patient Last Name: DOE

Patient First Name: JACKIE

Gender: Female

Date of Birth: 03/20/1957

Product: SuperBlue Plus

Line of Business: PPO

Group #: 05819910

PCP:

Member ID #: 123456789001

### Service Details:

Requested Service: CT Scan - Chest

Proposed Date of Service: 09/10/2010

### Referred To Provider:

Billing Provider:

Service Provider:

### Referred To Facility:

Facility: ST. CLAIR MEMORIAL HOSPITAL 1072507110

Submit

Save

View Referral/Auth

Review Notes

All your Authorizations can be tracked under the Referral/Auth Inquiry transaction. This will show pending, approved, denied or requests for additional information. In addition, any status change on your NaviNet submitted auths will sent back to you as an 'Action Item'. Note the 'flag' icon below.

**NaviNet** Plan Central Office Central NaviNet Central Action Items Customer Support

Mountain State BCBS

WELCOME TO  
**Plan Central**

**Example A**

**Example B**

**Important Announcements**

**ATTENTION PODIATRISTS -- ISSUE CORRECTED REGARDING APPLICATION OF MULTIPLE COPAYMENTS FOR MEDICARE ADVANTAGE MEMBERS:** Recently, a systems issue occurred during claims processing involving the incorrect application of multiple member copayments when an evaluation and management service procedure code was reported with a podiatry service procedure code (e.g., procedure code 99212 reported with code 11721). Highmark Health Insurance Company (HHIC) has corrected this problem, and now only one member copayment is being applied in these situations. HHIC is identifying the Medicare Advantage claims affected by this processing issue and will adjust the claims automatically for payment. Providers do not need to submit claim investigations to have claims adjusted. We apologize for this inconvenience.

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We apologize for this inconvenience; a remedy is being worked on to correct this issue. Inquiries regarding



## Referral/Authorization Inquiry

**Billing Provider / Facility Name:** WV MEMORIAL HOSPITAL 001712345/2233344401 ▼  
**Date Of Service From:** 08/25/2010 **Date Of Service To:** 09/10/2010  
**Type:** ▼ **Type Of Service:** ▼  
**Referral/Authorization Status:** ▼ **Authorization Number:** ▼

Records 1-27 of 27, page: 1

Type / Place Of Service	Status	Referral/Authorization Number	Date of Service	Patient Name	Patient Date of Birth	Referred from Billing Provider / Facility	Referred to Billing Provider / Facility		
AUTHORIZATION / CAT SCAN - CHEST	APPROVED	A023974073	09/10/2010	DOE, JACKIE	01/27/1936	METRO FAMILY MEDICINE	WV MEMORIAL HOSPITAL		Select

**Example A – Referral /Auth Inquiry**

The Select button will burst open more detail of this approved authorization.

Example B – Action Item Flag: Click on the orange flag, and get back ‘new/incomplete’ action items. The hyperlink under the summary will burst open the update.

NaviNet New Admin Messages | New Action Items | Log Off

Plan Central Services Office Central NaviNet Central Action Items Customer Support

**Action Item Log**

### Action Items View - All Incomplete

Search results have been filtered to display records received within the last 180 days.

Search Criteria: Status='Incomplete', Received after='03/05/2010', Received before='09/01/2010'

Show Search Criteria Records 1-10 of 17, page: 1 2

<input type="checkbox"/> Status	Due	Summary	From	To	Assigned To	Received
<input type="checkbox"/> Incomplete		<a href="#">Auth Status Update for DOE, JACKIE</a>	Highmark for Member ID: Da 123456789001 04/29/1971, Product: KeystoneBlue	Metro Family Practice for Services: Nuclear Cardiology - Stress Echocardiogram, Date Of Service: 09/01/2010, Auth #: A023867920, Status: APPROVED, Last Covered Day: 10/31/2010, Number of Visits: 1.00		00/17/2010 02:19 PM



# Questions and Answers

**NIA**<sup>™</sup>  
A Magellan Health Company