SUMMARY
NAVINET® TRANSACTIONS

ENROLLMENT & ELIGIBILITY: This feature lets you access real time eligibility and benefits information for all active **local Highmark WV** members, as well as **local FEP** and Highmark Health Insurance Company (**HHIC**) members. You no longer need to contact the health plan via the telephone. This gives you the flexibility to get the eligibility and benefits information at any time—from when you are first on the phone with the member, to when they visit for registration, or even during the claim submission process. Learn the product type for a member at any period of their coverage as well as the co-pay information for their services. The benefit accumulator will show the current deductible and out-of pocket amounts met by the member and family. **Note**: You need to use a different transaction called **Blue Exchange** to find this information for an out-of-area/Blue Card member. A Blue Card member has coverage with a Blue Cross Blue Shield plan other than Highmark WV or HHIC.

BENEFIT ACCUMULATOR: This feature, on the Enrollment & Eligibility Detail page for Highmark Blue Cross Blue Shield WV members, will display the individual and family program dollar deductible and out of pocket amount accumulated to date as well as the threshold amounts. Benefit accumulator is not available for FEP members.

MEMBER RESPONSIBILITY CALCULATOR: Professional providers can use the Member Responsibility Calculator to determine what they can collect at point of care from members who have not met their in-network deductible or in-network out-of-pocket. The Member Responsibility Calculator button appears on the bottom left corner if the member's Benefit Accumulator information is for the current year, if the Product Type is Program Dollar Deductible or Out of Pocket, and if the product is Medical/Surgical

REFERRAL/AUTH INQUIRY: This transaction displays the status and detail of authorizations and referrals from and to your provider.

AUTHORIZATION SUBMISSIONS: This feature lets you submit electronic authorizations to Highmark WV instead of contacting us by fax or phone. This includes submitting inpatient or outpatient professional, facility, behavioral health and home care/hospice authorizations. National Imaging Associates, Inc (NIA) authorization submission is also included.

CLAIM STATUS INQUIRY: This feature lets you track the latest status of an in-area or out-of-area claim and view the claim's detail. Claims will show a status of finalized, pended or adjusted. Claim detail includes; amount paid, paid date, check number and patient responsibility.

CLAIM INVESTIGATION INQUIRY: This feature allows you to submit a claim inquiry electronically to Highmark WV. Not only does it save you time on the phone but it saves you time when reviewing the issue since you can always refer to a saved version of the history.

CLAIM SUBMISSION: This transaction can have up to 3 different transactions; 1500 Claim Submission, UB Claim Submission and Claim Log.

1. **1500 CLAIM SUBMISSION:** Allows real-time professional claims to be submitted electronically. The addition of real-time claim submission will allow you to know the status of your claim at the time of entry. Claim errors are corrected online. This feature allows you to submit your professional claim in the HIPAA 837P format via NaviNet.
2. **UB CLAIM SUBMISSION:** Allows real-time facility claims to be submitted electronically. The addition of real-time claim submission will allow you to know the status of your claim at the time of entry. Claim errors are corrected online. This feature allows you to submit your Facility claims in the HIPAA 837I format via NaviNet.
3. **CLAIM LOG** is a file that holds all claims and estimates (facility &/or professional) entered via NaviNet and the claim's electronic status of accepted, incomplete, sent or rejected.

ESTIMATION SUBMISSION: This transaction for Highmark WV and HHIC members has 3 different transactions; 1500 Estimation Submission, UB Estimation Submission and Claim Log.

1. **1500 CLAIM ESTIMATION:** Allows professional services to be submitted as a pseudo claim in a real-time environment to determine a member's estimated liability. If the estimation submission can automatically process without incurring manual intervention, a Real-Time Member Liability Statement (RTMLS) will be displayed at the end of the transaction. The RTMLS displays the amount the member will owe, after reviewing the member's deductible, coinsurance, co-pays and benefit limitations.
2. **UB CLAIM ESTIMATION**: Allows facility services to be submitted as a pseudo claim in a real-time environment to determine a member's estimated liability. If the estimation submission can automatically process without incurring manual intervention, a Real-Time Member Liability Statement (RTMLS) will be displayed at the end of the transaction. The RTMLS displays the amount the member will owe, after reviewing the member's deductible, coinsurance, co-pays and benefit limitations.
3. **CLAIM LOG** is a file that holds all claims and estimates (facility &/or professional) entered via NaviNet and the claim's electronic submission status of accepted, incomplete, sent or rejected.

DIAGNOSIS CODE INQUIRY: This feature lets you to search for diagnosis codes by name or by code. It also lets you know if a particular code is still active as well as the specificity begin and end dates. You can quickly find any diagnosis code obtained from and maintained by the National Center for Health Statistics (NCHS) using NaviNet.

ALLOWANCE Transaction has 2 options; Allowance Inquiry and Frequently Billed Codes

1. ALLOWANCE INQUIRY: This professional provider transaction will return pricing amounts for the plan and procedure code selected. Used in conjunction with Claim Status Inquiry, this transaction allows users to make sure that claims are reimbursed in accordance with the health plan fee schedule. This saves the office time by not having to make a telephone call to verify reimbursement levels.

2. FREQUENTLY BILLED CODES: This professional provider transaction provides you with a quicker means of retrieving the 50 most frequently billed codes/procedure codes based on the specialty represented by the selected billing provider and plan. The process retrieves fees at the vendor level and uses the vendor specialty to determine the codes.

PROCEDURE CODE INQUIRY: This feature lets you search for procedure codes by name or by code. It also lets you know if a particular code is still active, as well as medical policies that may apply to the code and the number of pre and post operative days associated with the code if applicable.

NETWORK PROVIDER & FACILITY INQUIRY: These features let you find providers & facilities in the member's network. Searches can be done by various means including; name, specialty, city, hospital affiliation or zip code. Helping members use providers/facilities in their plan network can lower their out-of-pocket expenses

PROVIDER FILE MANAGEMENT: This transaction has 6 options.

1. The **Provider Information** transaction lets you view your Highmark WV Provider File. This is a great way to make sure that all your office addresses, networks, and practitioners are correct for your facility.
2. The **Provider Information Change** allows you add and edit provider address information within NaviNet.
3. **Provider Add/Delete** function allows you to add already credentialed practitioners or delete practitioners from your group.
4. **Provider Transparency Update** is a real-time feature that allows you to document your office's enhanced services accurately. This information is available for our members to view in the Highmark West Virginia Provider Directory.
5. **Initial Credentialing Application** transaction allows you to start the credentialing process for new practitioners.
6. The **Behavioral Practitioner Information** transaction allows you to update details about your patient roster, service capabilities and treatment methods utilized.

AR MANAGEMENT has 2 options; EOB/Remittance and Cash Management

1. **EOB/REMITTANCE**: This inquiry transaction lets you download a copy of your EOB and Remittance reports in PDF format so that you can view and print the reports. You need the **Adobe Reader** on your computer to open these documents. EOB/Remittances are stored in NaviNet for 121 days only.
2. **CASH MANAGEMENT**: This feature provides the current weekly payment accumulation and a summary of checks from Highmark Blue Cross Blue Shield WV for the last 52 weeks. In addition, you may retrieve the individual check details.

BLUE EXCHANGE (Out-of-Area) has 3 options: Enrollment & Benefit Inquiry, Referral/Authorization Submission and Claim Status Inquiry

1. **BlueExchange Eligibility & Benefits:** This feature lets you access up-to-date eligibility and benefits information for an out-of-area member, by sending the HIPAA 270 transaction to the member's home plan.
2. **BlueExchange Referral/Authorization Submission:** This feature lets you submit a referral or an authorization for an out-of-area member, by sending the HIPAA 278 transaction to the member's home plan.
3. **BlueExchange Claim Inquiry:** This feature lets you access up-to-date claim status information on claims for an out-of-area member, by sending a HIPAA 276 transaction to the member's home plan. **Note**: This is an optional way of inquiring on out-of-area claims. However, the recommended NaviNet transaction to use is the **Claim Status Inquiry** transaction to view instant and detailed responses to your claim inquiries if the claim was submitted directly to Highmark WV.

RESOURCE CENTER: This transaction offers convenient access to various reference materials specifically for you. Examples of materials available include but are not limited to:

- **Administrative Reference Materials**: Highmark WV Procedures Requiring Authorization, Medicare Advantage Procedures Requiring Authorization, Highmark WV PPO Fee Schedule and Oncology Management Program Fee Schedule
- **Current Messages**
- **Highmark West Virginia Radiology Management Program**: National Imaging Associates (NIA) information including codes requiring authorization and clinical guidelines.
- **Real-time Tools**: Highmark WV has launched Real-Time tools that enable providers to electronically submit estimates and claims, have them processed and see a response returned in seconds! Learn more about how Real-Time can help you reduce bad debt, lower administrative costs and prepare for payment interactions with patients.
- **Online Provider Training**: Links to online training on topics that might be helpful. New trainings will be added often.
- **Medical Policy**: View Highmark West Virginia, Medicare Advantage Gap Fill and Medicare Advantage Medical Policies.
- **Helpful Links**: Links to websites that offer physicians and other health care practitioners quick access to a variety of informative medical and health resources.

BLUES ON CALL: Blues On Call is a multi-faceted service to support members' health care needs, including information on general health or chronic conditions, assessment/triage of sudden illness and personalized support when faced with important decisions about major care and surgery. This transactions give you access to the Healthwise Knowledge Base.

CLAIMS DASHBOARD: This feature allows the provider to track all their pended and finalized claims by provider number instead of by individual member number. Pended claims are summarized by age. Charts show historical dashboard data.

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