



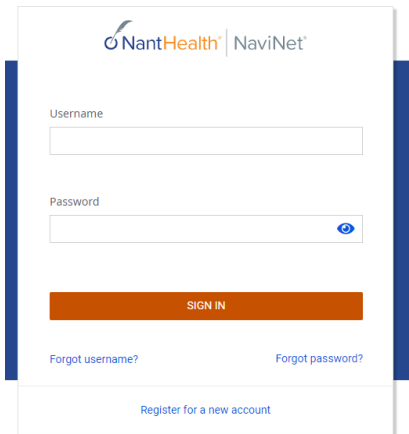
NaviNet and Provider Portal Training Guide

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NaviNet

1. Go to <https://navinet.navimedix.com>.
2. Enter **Username** and **Password**, then click **Sign in**.



The NaviNet home screen appears.

NaviNet Home is a central point of access to health plans and other health care services. It displays up-to-date announcements and news from Navinet and your health plans.

To access NaviNet home at any time, click the NantHealth | NaviNet logo in the upper-left corner of any screen.

Choose Profile

Group Name: City:

Office Name: State:

Plan Name: Username:

Office TIN/Account Number:

Records 1-4 of 4, page: 1

Office Name	Full Address	
		Select
		Select
		Select
		Select

Records 1-4 of 4, page: 1

The results will be either a specific provider profile or a list of provider profiles from which you can select. In the example below, a search was conducted using a City name.

2. Click **Select** next to the name of the desired provider.
3. Select a specific role and click **Continue**.

Select Role

Group Name: **Office Name:**

Choose Role:

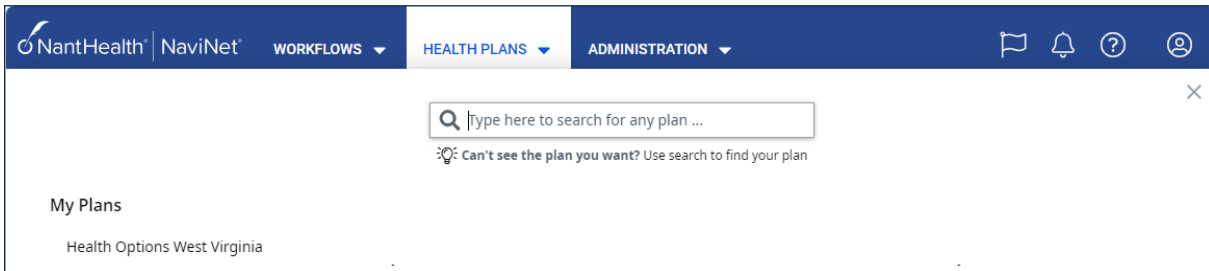
Office Role

Group Role

Super Group Role

The Profile Homepage for the role will appear. From here, you will be able to see FAQs as well as NaviNet message updates.

4. Click the **Health Plans** drop-down and select the **desired** health plan.



Health Plans Message Center

The Health Plans message center will include the following sections:

1. **Important Messages**
2. **Important Resources**
3. **Workflows for this Plan**
4. **Link to the Health Plans Website** (by clicking the logo)
5. **Hours of Availability**
6. **Resources:** Link to the HealthSparq website to look up participating providers
7. **Forms:** Links to frequently used forms for providers
8. **Contact Us**

The screenshot shows the user interface for the Health Plans Message Center. At the top is a dark blue navigation bar with the O'NantHealth NaviNet logo, 'WORKFLOWS' and 'HEALTH PLANS' dropdown menus, and utility icons for a flag, notifications (with a red '1'), help, and user profile. Below the navigation bar is a light grey header with the text 'Health Options West Virginia'. The main content area is divided into several sections, each with a numbered red callout:

- Workflows for this Plan (3):** A blue sidebar box containing links for 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Enhanced Provider Features', 'UDC Program', 'Guiding Care', and 'Health Help'.
- Important Messages (1):** A light blue box with a 'Link' button. It contains a list of messages, each with a right-pointing arrow and a 'Link' label. The first message reads: 'Welcome to Highmark Health Options West Virginia! Please click the adjacent link to access the first edition of our Provider Newsletter'.
- Important Resources (2):** A light blue box with a 'Link' button. It contains a list of resources, each with a right-pointing arrow and a 'Link' label. The first resource is 'Provider Training'.
- Highmark Health Options (4):** The Highmark Health Options logo.
- Hours of Availability (5):** A light blue box showing 'Mon-Fri: 8:00am-5:00pm ET'.
- Resources (6):** A light blue box with a 'Link' button. It contains links for 'Find a Provider' and 'Forms & Reference Materials'.
- Forms (7):** A light blue box with a 'Link' button. It contains a link for 'Medicaid Forms and Reference Materials'.
- Contact Us (8):** A light blue box with a 'Link' button. It contains contact information for 'Health Options West Virginia' at '614 Market Street, Parkersburg, WV 26101' and the website 'www.highmarkhealthoptions.co...'.

Workflows for this Plan

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Enhanced Provider Features
- UDC Program
- Guiding Care
- Health Help

Claims Status Inquiry

The Claim Status search screen to search for specific claims and see the status of the claim; pending, paid, or denied.

Claim Status: Search

[Reset Search Fields](#)

Billing Entity

Patient Details

Member ID

Last Name

Date of Birth

Claim Status Details

Service Start

Service End

Claim ID

[Reset Search Fields](#)

The Member ID, Last Name and Date of Birth fields are required when searching for a claim.

Claim Status Details

The Claim Status Details screen has the following sections:

1. **Claim Status:** Displays the current status of the claim (i.e. pending or finalized)
2. **Claim ID:** Claim ID assigned by Highmark Health Options and Service Dates of Claim
3. **Claim Details:** Patient Account and Member ID; Provider Name, NPI, Tax ID for Billing, and Servicing Provider
4. **Payment Details:** Billed and Paid Amount; Payment Number and Date
5. **Claim Line Details:** CPT, HCPCS and Revenue Codes Billed; Claim Line Status and Denial Message Code; Amount Billed and Paid on Service Line
6. **Customer Service Phone Number**

[← Back to Claim Status Search](#) | Claim Status:

Claim Status Details **Jane Doe**

born on 01/01/1999

1
2
[View/Print](#)

✓ Finalized (Claim Status as of 07/20/2022)
Claim ID:
Service Dates: 07/13/2022 to 07/13/2022

The claim/encounter has completed the adjudication cycle and no more action will be taken. Accepted for processing.

ADDITIONAL DETAILS

Patient a/c: 12345678910
 Clearinghouse: 22199
 Trace Number: 2459

INSURANCE DETAILS 3

Highmark WholeCare
 Member ID: 12345678910

BILLING ENTITY

John Smith
 NPI: 1098765432
 Tax ID: 1234456789
 Payer ID: P000034

SERVICING ENTITY

John Smith
 NPI: 1098765432

Total Billed: \$149.00

Total Paid: \$66.41

4 Payment Number: 123456
 (Paid on 07/21/2022)

Claim and Service Line Details: 5

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 99213-95	1.0	07/13/2022 to 07/13/2022	--	Accepted The claim/encounter has been accepted into the adjudication system. Accepted for processing. The claim/encounter has been accepted into the adjudication system. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).	\$149.00	\$66.41

6

For questions about this claim, contact Professional Services,

Eligibility and Benefits

Search by the Member ID, or the member's Name and DOB (date of birth) to see the member current plan status and benefit information.

Eligibility and Benefits: Patient Search

Search by Member ID

Member ID

OR

Search by Name

Last Name

Date of Birth

Date Of Service

[Reset Search Fields](#) Search

no additional paper information on file
View Print

Active from 05/15/2020 to 05/15/2020
Member ID: [REDACTED] Group: PA Medicaid-Light Cap 51 Service Date: 05/26/2022

INSURANCE DETAILS

Product: Health Choice Adult

Type:

PRIMARY CARE PROVIDER

CARDOSTOPPER A MATHEUS

4511 Station Ave

Baltimore, PA 21204420

NPI: [REDACTED]

Benefits

Search ...

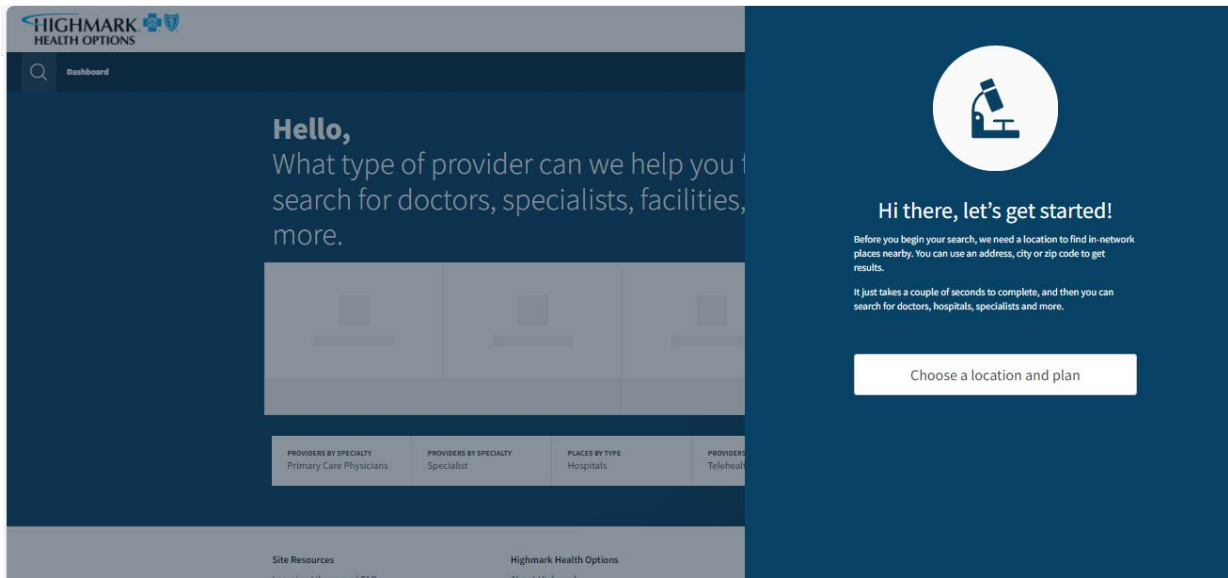
- Health Benefit Plan Coverage
- Chiropractic
- Dental Care
- Emergency Services
- Hospital - Inpatient
- Hospital - Outpatient
- Medical Care
- Mental Health
- Pharmacy
- Physical Therapy
- Professional (Physician) Visit - Office
- Skilled Nursing Care
- Skilled Nursing Care - Room and Board
- Urgent Care
- Vision (Optometry)

Physical Therapy

	In-Network:	Out-of-Network:
Co-Pay:	\$0 Individual Authorization - Required	\$0 Individual Authorization - Required
Co-Insurance:	0% Individual Authorization - Required	0% Individual Authorization - Required

Provider Directory

The HealthSparq (Provider Search) website will allow providers to search for Participating Providers with Highmark Health Options.



HealthHelp Authorizations

HealthHelp Authorizations must be submitted to HealthHelp via NaviNet to be reviewed for approval.

Note: Users will need to setup a username and password for the HealthHelp site.

Highmark Health Options uses HealthHelp for authorization reviews for the following outpatient services:

- Outpatient Diagnostic Imaging Services: CT scans, PET scans, MRIs, etc.
- Physical, Speech, and Occupational Therapy
- Trigger Point Injections
- Interventional Pain Management Services
- Musculoskeletal Services: spine, knee, hip surgeries
- Cardiology Services
- For members ages 18 and older: Sleep Studies, Radiation Oncology

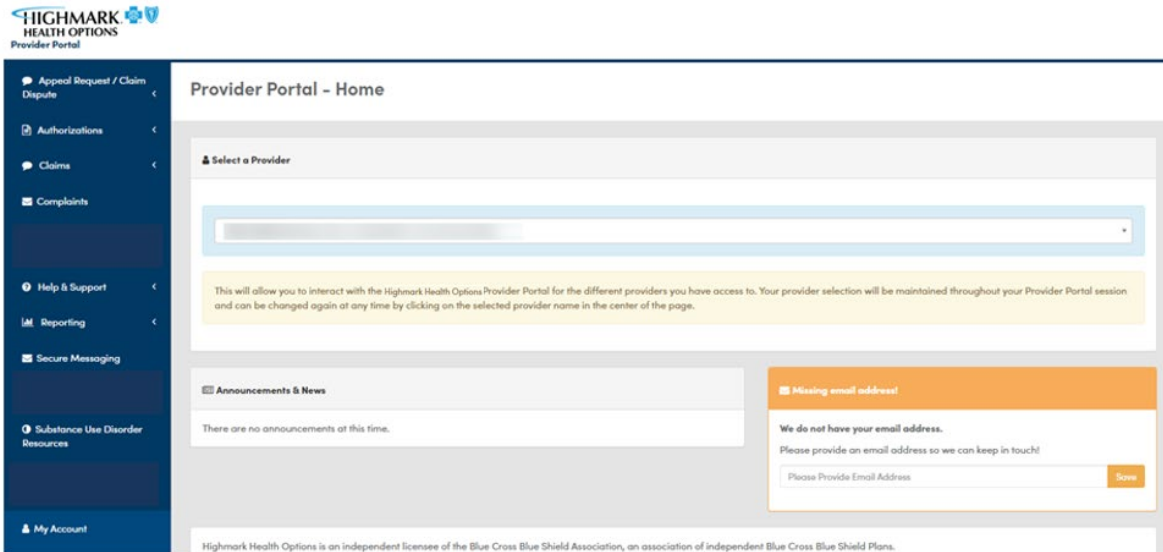
The screenshot displays the NantHealth NaviNet Provider Portal for Health Options West Virginia. The top navigation bar includes 'WORKFLOWS' and 'HEALTH PLANS' dropdown menus, along with utility icons for flags, notifications, help, and user profile. The main content area is divided into several sections:

- Workflows for this Plan:** A sidebar menu on the left lists various workflows, with 'Health Help' highlighted and indicated by a blue arrow.
- Important Messages:** A central section with a 'Link' header containing several message items, each with a right-pointing arrow and a 'Link' label. The first message is a welcome message for the Provider Newsletter.
- Important Resources:** A section at the bottom with a 'Link' header, containing links for 'Provider Newsletter' and 'Provider Training'.
- Right-hand Sidebar:** Contains the Highmark Health Options logo, 'Hours of Availability' (Mon-Fri: 8:00am-5:00pm ET), 'Resources' (Find a Provider, Forms & Reference Materials), 'Forms' (Medicaid Forms and Reference Materials), and 'Contact Us' information for Health Options West Virginia (614 Market Street, Parkersburg, WV 26101).

Enhanced Highmark Health Options Provider Features

Highmark Health Options Provider Portal page. The Provider Portal is a secure and flexible web application that allows the submission of electronic authorizations and much more. There are exclusive features housed in this portal that are not available from the NaviNet Portal.

Provider Portal

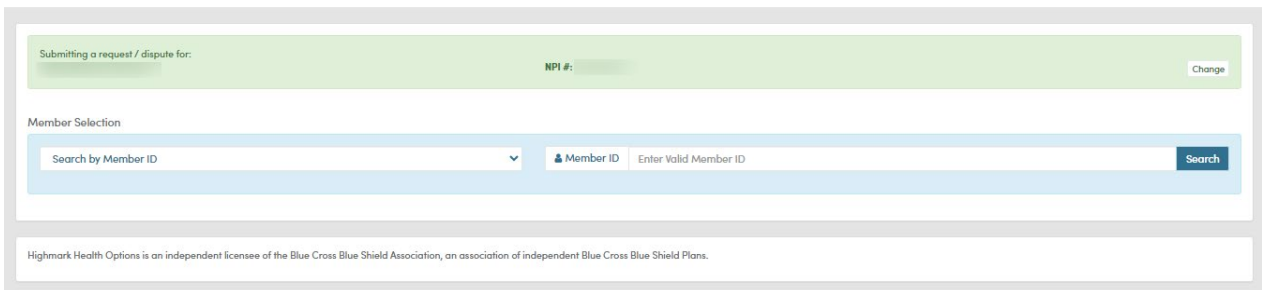


Appeal Request/Claim Dispute

New Request/Dispute

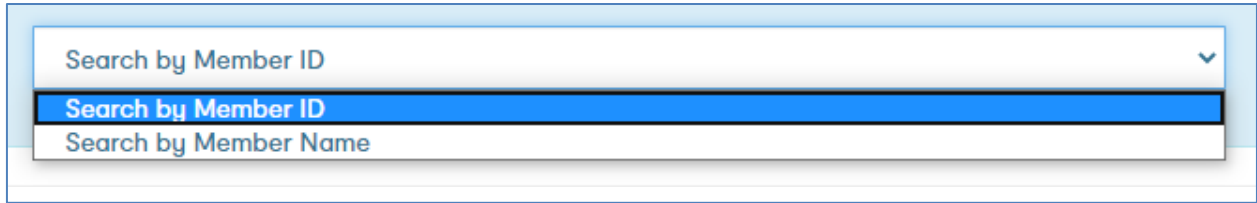
Appeal Request / Claim Dispute

[Home](#) / [Appeal Request / Claim Dispute](#)



Submit a new Appeal Request or Claim Dispute.

1. Enter the data to search by the Member ID or Member Name and Date of Birth data and click **Search**.



A screenshot of a web application's search dropdown menu. The menu is open, showing two options: "Search by Member ID" (highlighted in blue) and "Search by Member Name". The dropdown is contained within a light blue bordered box.

Attach supporting documentation and click **Submit**.

Upload Supporting Documentation

You may drag and drop supporting documents here or use the buttons below
You may attach up to 100 supporting documents at 12 MB each

+ Add documents X Remove all documents

Submit

Retrospective Review. To request for authorization after service has already been performed, you can submit a retrospective appeal request. Select the reason for the request.

You have selected: **Retrospective Review** [Change](#)

Please select the reason for the appeal / review:

You were provided the wrong insurance information upon admission.	You are contractually exempt from this policy.
The member was incapacitated or physically and/or mentally unable to provide you with their health insurance coverage.	You filed an authorization within the urgent or emergent timeframes as listed above and dispute that the services were emergent in nature.

Claim Dispute. If you are questioning a claims processing or billing procedure, you can submit claims disputes which will be reviewed by the claims department.

You have selected: **Claim Dispute** Change

Please associate claims to this appeal / dispute:

Select Specific Claims
Claim selection is required

Notes (Required)

Please enter notes here

Max of 4000 characters.

Requestor (Required)

Requestor Name	Requestor Address	Requestor Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter or confirm the requestor's contact information.

Attach supporting documentation and click **Submit**.

Upload Supporting Documentation

You may drag and drop supporting documents here or use the buttons below

You may attach up to 100 supporting documents at 12 MB each

+ Add documents **X Remove all documents**

Submit

Prior Request/Dispute

View an appeal or claims dispute request that has already been submitted.

Appeal Request / Claim Dispute

[Home](#) / [Prior Appeal Requests](#) / [Claim Disputes](#)

Prior Request / Dispute Submissions

You are viewing Appeal Requests and Claim Disputes submitted for the selected provider, [REDACTED]

Confirmation #	Date Submitted	Member ID	Form Type	Claims	Attachments
MDAP-[REDACTED]	12/01/2020 02:22 PM	[REDACTED]	Provider Appeal	0	1
MDCL-[REDACTED]	01/27/2022 12:55 PM	[REDACTED]	Claim Dispute	1	2

Authorization

Participating providers must submit authorizations electronically through GuidingCare, via NaviNet, for all services requiring authorizations from our Utilization Management Department. The [GuidingCare User Guide](#) can be found under the Forms and Reference Material page under the For Providers tab on our website.

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Enhanced Provider Features
- UDC Program
- Guiding Care
- Health Help

Important Messages Link

- Welcome to Highmark Health Options West Virginia! Please click the adjacent link to access the first edition of our Provider Newsletter Link
- Provider Training Link
- Cultural Competency Care Training Link
-
-
-
-
-
-
-
-
-

Important Resources Link

- Provider Newsletter Link
- Provider Training Link

HIGHMARK HEALTH OPTIONS

Hours of Availability
Mon-Fri: 8:00am-5:00pm ET

Resources
[Find a Provider](#)
[Forms & Reference Materials](#)

Forms
[Medicaid Forms and Reference Materials](#)

Contact Us
Health Options West Virginia
614 Market Street
Parkersburg, WV 26101
wv.highmarkhealthoptions.co...

Claims

Batch Claims Search


Search processed claim information and associated check or batch check amounts.

Claims Status: Search

Home / Claims Status: Search

Note: Search Results only contain claims that are completed.


Search Criteria


Selected Provider 

[Change Provider](#)

Enter Claim Status Details

Search By:

Payment Start 

Payment End (Optional) 

Claim ID (Optional)

[Advanced Search Options](#)

[Search Claims](#)

Self-Audit/Overpayments

Use this form to self-identify over payments to the Payment Integrity Department for review.

Provider Self Audits / Overpayments

Home / Claims / Self Audits / Overpayments Form

Highmark Health Options WV cannot accept verbal requests to retract claim(s) overpayments. Providers may complete and submit this online form for any self-identified overpayments to the Highmark Health Options WV FIPR Department.

If the claims in regard to your request have a Date of Service that is three (3) years or older please send a check in addition to a printed request form to the following address:

Highmark Health Options
Attn: FIPR/Melissa Berdell
PO Box 890387
Camp Hill, PA 17089

Self Audits / Overpayments Form:

[Download Form](#)

I understand I must mail a request form and check for claims older than three (3) years

Provider Information

Provider Name

Provider NPI Number

[Change Provider](#)

Self Audit / Overpayment Information

Retraction Request (claims less than 3 years old from Date of Service)

Reason for Refund

Detailed Description of Overpayment

Mail checks and copy of this form to:

Highmark Health Options
Attn: FIPR/Melissa Berdell
PO Box 890387
Camp Hill, PA 17089

For Claim Retraction ONLY mail this form to:

Delivery Code: FIPR
Attn: Melissa Berdell
Highmark Health Options
120 Fifth Avenue
Pittsburgh, PA 15222

Member / Claim Information

Member / Claim

Claim ID

[Search Claim ID](#)

Member Name

Member ID #

Date of Service

Total Billed

\$

Total Paid

\$

Refund Amount

\$

Enter Refund Amount

[Add Another Claim](#)

Other Information

Period of Claims (based on dates of service)

If there is no date range please just enter a date in the "Date of Service - Period Start Date" field.

Date of Service - Period Start Date

MM/DD/YYYY

Date of Service - Period End Date (optional)

MM/DD/YYYY

Supporting Documentation

Please attach any and all supporting documentation here.
The processing of your request may be delayed if adequate documentation is not provided.
You may drag and drop supporting documents here or use the buttons below
You may attach up to 100 supporting documents at 12 MB each

[+ Add documents](#) [✕ Remove all documents](#)

[Submit Form](#)

Self-Audits / Overpayments History

Shows historical data about previous submissions of self-audits sent through the Provider Portal.

Provider Self Audits / Overpayments History

Home / Claims / Self Audits / Overpayments History

Submitted Self Audits / Overpayments

0 Self Audits / Overpayments Found. If you have questions about your submissions please contact your Provider Relations Representative.

Show 10 entries Search:

Date Submitted	Confirmation Number	Claim Number(s)	Attachments
No data available in table			

Showing 0 to 0 of 0 entries [< Previous](#) [Next >](#)

Complaints

Select a **Category** from the drop-down.

New Complaint Message

To:

Message Category

Department: Category:

Welcome to the Highmark Health Options West Virginia

Because we view complaints as helpful feedback, Highmark Health Options West Virginia has created this system for providers to raise issues with our policies, procedures and administrative functions. Your complaint will be investigated and the details of the findings and disposition will be communicated back in writing within 30 days. If your complaint needs additional time to resolve we will provide status updates as applicable.

To aid our investigation please ensure your email contains the following information:

- Provider/Practice Name
- Provider/Practice NPI
- Contact Name
- Contact Phone Number

Thank you again for taking time to raise this concern with us.

You are interacting with the Provider Complaint Messaging Centre for the selected provider, , ABC HEALTH LLC - [X]

Enter the message in **Message Content**.

Provider/Practice Name

Provider/Practice NPI

Contact Name

Contact Phone Number

Message Subject

Message Content

B I U S I_x [List Bulleted] [List Numbered] [Link] [Image] [Table] [Code] [Format] [Source]

Add **Attachments**, if necessary, and then click **Send Message**.

Attachments

You may drag and drop documents here or use the buttons below
You may attach up to 500 documents at 12 MB each

[+ Add documents](#)

[✕ Remove selected documents](#) [✕ Remove all documents](#)

Total Documents attached: 0 / 500

[Send Message](#)

[Cancel Writing Message](#)

Help & Support/ Help & User Guides

Review multiple training and informational topics regarding the Provider Portal.

Help: Frequently Asked Questions
[Home](#) / [Help & Support](#) / [Frequently Asked Questions](#)

WHAT IS THE PROVIDER PORTAL?

HOW DO I KNOW WHAT FEATURES ARE AVAILABLE?

Reporting

Provider Reports

Reporting
[Home](#) / [Reporting](#)

You are viewing reports for the selected provider, [dropdown]

You currently have no reports to view

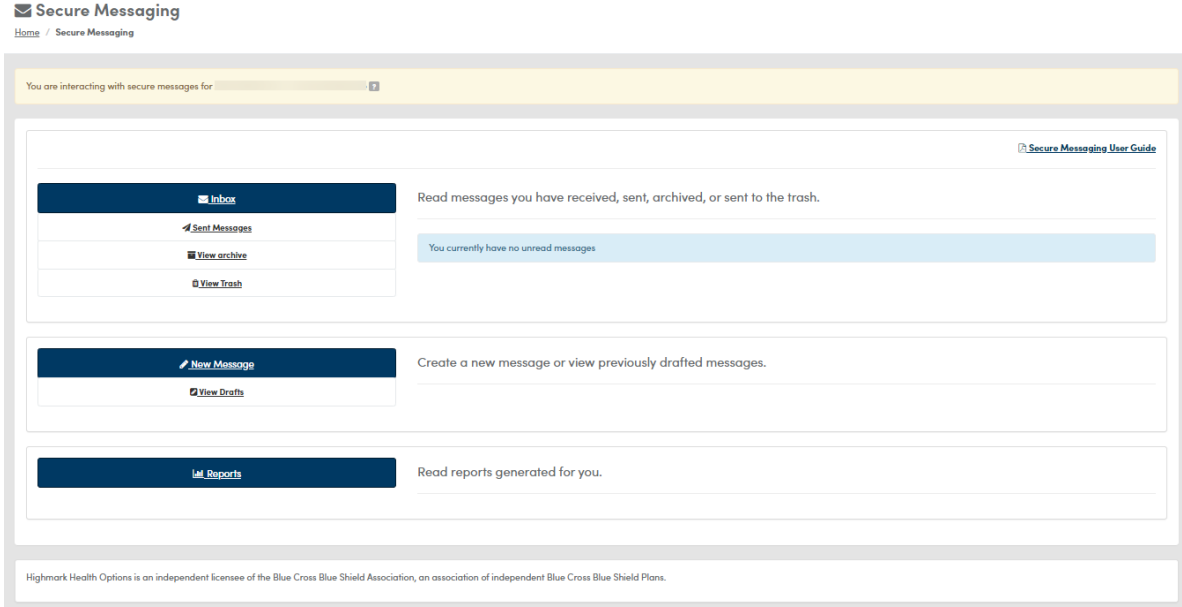
Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

1. Select the type of report from the dropdown.
2. Click **Get Results** if reports are available

Get Results 0 reports available, 0 unread

Secure Messaging

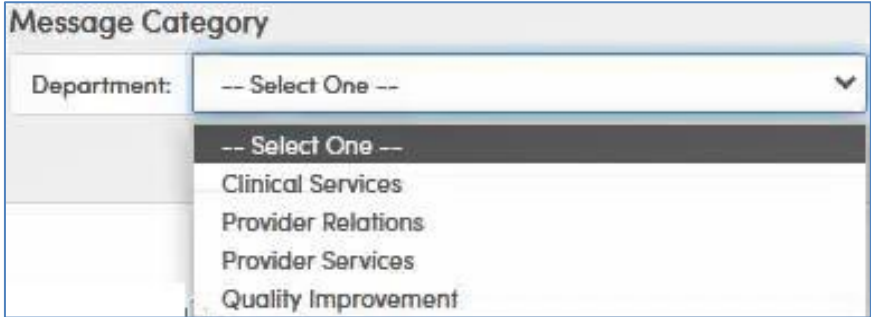
Please refer to the **Secure Messaging User Guide** for more detailed information, linked on the Secure Messaging tab of the Provider Portal.



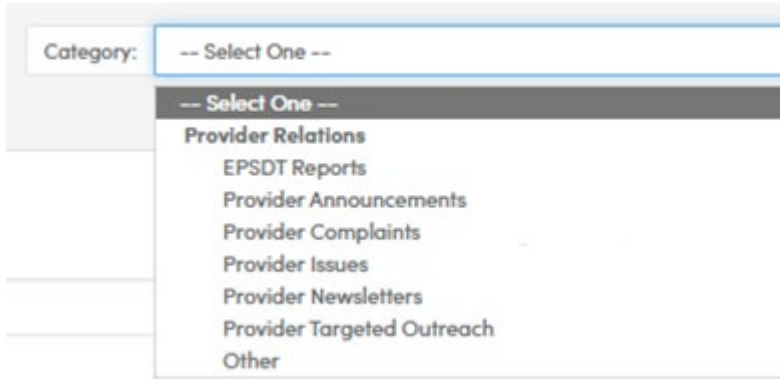
New message

Send a secure message.

1. Click **New Message**.
2. Select the desired Highmark Health Options **Department** to receive the message.



3. Select a **category**. The categories will change based on the selected department.
4. Enter a **Subject** and **Message Content**.

A screenshot of a web form for creating a message. It has two main sections: "Message Subject" with a text input field, and "Message Content" with a rich text editor. The rich text editor has a toolbar with icons for bold, italic, underline, strikethrough, bulleted list, numbered list, link, unlink, and source. The text area is currently empty.

5. Attach **documents**, if necessary.

A screenshot of the "Attachments" section of a web form. It features a light blue dashed border containing the text: "You may drag and drop documents here or use the buttons below" and "You may attach up to 500 documents at 12 MB each". Below this text are three buttons: a green "+ Add documents" button, and two red "✕ Remove selected documents" and "✕ Remove all documents" buttons. At the bottom of the section, it says "Total Documents attached: 0 / 500".

- a. Click **Add** documents.
- b. Navigate to the location of the file and select it.
- c. Click Open.

6. Save the message as a draft, cancel the message, or **Send Message**.

The image shows a rectangular interface with a light gray background. On the left side, there is a button labeled "Save Draft". On the right side, there is a dark blue button labeled "Send Message". Below the "Send Message" button, there is a button labeled "Cancel Writing Message".

Substance Use Disorder Resources

Coming Soon!

My Account

View the individual, group, and office details.

The screenshot shows the 'My Account' page with a breadcrumb trail 'Home / My Account'. There are two tabs: 'Account Profile' (active) and 'Documents & Reports'. A blue banner states: 'All information on this page is provided from NaviNet. Your email address is able to be edited and stored within our system for communications purposes.' Below this is the 'User Details' section with fields for 'First Name', 'Middle' (containing 'Not Provided'), and 'Last Name'. There is also a 'ProviderId' field. The 'Email Address' section has a text input field with the placeholder 'Please Provide Email Address', a 'Save' button, and two error messages: 'Please provide an email address' and 'You have not verified your email address'. A 'Resend verification email' button is also present.

The screenshot shows two sections: 'Group Details' and 'Office Details'. Each section has a 'Name' field, an 'Address' field, and a row of three fields: 'Phone', 'Fax', and 'Contact'. The 'ID' field is located below the 'Contact' field in each section.

Log Out

Log out of the provider portal.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as, routine eligibility, benefits and claims status inquiries.

HealthHelp is a separate company that offers education and guidance from specialists in sleep, cardiology, radiation oncology, physical medicine, diagnostic imaging, and musculoskeletal and interventional pain management for Highmark Health Options.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.