

Chapter 5

Claims Submission

Unit 1: Benefits of Electronic Communication

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5.1 Electronic Connections

Overview

Highmark Blue Shield provides you the convenience and cost savings of electronic data interchange (EDI) through various means.

This unit will provide information about the *some of the* most common forms of provider electronic exchanges with Highmark: streamlined claims filing, acknowledgement information about your claims, inquiry features, *and information retrieval*.

Learn more about them by visiting Electronic Data Interchange (EDI) Services via the Provider Resource Center or by clicking www.highmark.com/edi to access the site directly. This site provides up to the minute information about transaction specifications, Trading Partner requirements, and enrollment applications.

How to Save Money and Increase Effectiveness Through EDI

Everyone has a stake in health care cost containment. Health care professionals, patients, insurance companies and state and federal government are all affected by the high price of maintaining good health.

Fortunately, technology can help simplify business operations and thus, cut costs. EDI makes electronic communications a viable method of streamlining claims processing and eliminating wasted time and money.

EDI is the computer-to-computer delivery of information. This technology is not new. Each time you make an ATM deposit or withdrawal or make a purchase with a bank or department store credit card, an EDI transaction takes place. EDI transactions provide convenience, efficiency and transactional record management.

Because of the inherent speed and cost-effectiveness, electronic transactions and online communications are integral to today's business world. Electronic transactions between health care professionals and insurers are essential to maintain efficiency and are, in fact, encouraged by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Highmark Offers Electronic Services

Highmark Blue Shield supports a variety of HIPAA compliant electronic claims and inquiry transactions. To find out more about the EDI services available to Highmark Trading Partners in support of their electronic business activities, visit the EDI Services Web site via either the Resource Center or www.highmark.com/edi.

Continued on next page

5.1 Electronic Connections, Continued

**Highmark
Offers
Electronic
Services,
continued**

The Provider Resource Center includes a link to Highmark Blue Shield's HIPAA site that provides a broad range of information requested daily by health care professionals and health care software vendors.

5.1 Electronic Claim Submission Benefits

How Electronic Claims Submission Works All it takes is a desktop PC, the proper software and an Internet connection. Instead of printing, bundling and sending paper claims through the mail, you simply enter and store claim data in your office computer, through a practice management system. Then, as often as you wish, you either connect to the internet or dial a toll-free number and transmit the claim information to your clearinghouse, billing service or directly to Highmark Blue Shield.

Faster Claim Payment Electronic claims are convenient and confidential and operational around the clock. Highmark Blue Shield's claim processing system places a higher priority on claims filed electronically. Electronic claims will typically process in 7 to 14 calendar days, whereas paper claims will process in 21 to 27 calendar days.

These payment targets are in compliance with timely claims payment regulations defined by Act 68 of 1998 (Article II: the Provision For Quality Health Care Accountability and Protection) and reflect processing of claims that do not require manual intervention or investigation.

Cost Effective Electronic claim submission increases staff productivity by speeding claim preparation and delivery. Many of the paper claim processes are eliminated such as form printing, bundling, postage and mailing.

Many errors experienced in the keying and processing of paper claim forms are reduced or eliminated. Electronic claim submission means greater claim acceptance rates and reduced staff time in claim research and resubmissions.

Convenient and Confidential Electronic submission provides the added benefit of both claim preparation and delivery at your convenience. Postal service hours of operation or delays do not limit your productivity. Electronic claims can be submitted 24 hours a day, seven days a week, 365 days a year. It is safe, immediate and direct to Highmark Blue Shield. EDI security standards are in place to ensure your claim data remains confidential and secure.

For More Information On EDI Learn more about the benefits of electronic claims submission by visiting Electronic Data Interchange (EDI) Services via the Provider Resource Center or by clicking www.highmark.com/edi to access the site directly.

5.1 About Trading Partners

What is a Trading Partner?

A trading partner is an entity that conducts business electronically with Highmark.

Providers, clearinghouse/billing services and software vendors are the most common types of trading partners who enter into agreements with Highmark.

The Trading Partner Agreement

Before a provider, clearinghouse or software vendor can begin to do business electronically with Highmark, an agreement must be executed. The agreement explains both Highmark's and the Trading Partner's obligations as well as defines terms, indemnification, and compliance with privacy standards. It further establishes the legal relationship and requirements within Highmark.

To view the Provider Trading Partner Agreement in its entirety, visit the EDI Services Web site at www.highmark.com/edi and select Enrollment Application from the fly out. You can also reach the site from the Provider Resource Center.

Trading Partner Types

A Provider is a Highmark assigned professional or institutional provider or organization in whose name the bill is submitted and to whom payment should be made.

- Billing Providers doing their own electronic billing using a vendor software package must apply for their own Trading Partner number.
 - Billing Providers using a billing service or clearinghouse to conduct electronic billing must be affiliated with the Trading Partner number of the billing service or clearinghouse.
 - Providers doing their own electronic billing using a vendor software package must apply for their own Trading Partner number.
 - Providers using a billing service or clearinghouse to conduct electronic billing must be affiliated with the Trading Partner number of the billing service or clearinghouse.
 - A Clearinghouse/Billing Service is an entity who submits claims, or other transactions on behalf of professional or institutional providers.
 - Billing Services and Clearinghouses must obtain their own Trading Partner numbers for conducting electronic business with Highmark. In addition, customers (providers) must be affiliated to their Trading Partner number(s).
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5.1 About Trading Partners, Continued

EDI Transaction Application

Complete an EDI Transaction Application to request or update a Trading Partner ID. The type of application depends on the business functions you will be performing. All applicants will be required to review and accept the terms of Highmark's EDI Trading Partner Agreement.

To complete an application visit Electronic Data Interchange (EDI) Services Web site via either the Provider Resource Center or www.highmark.com/edi

HIPAA Production Ready Entities

The EDI Services Web site maintains a list of, Clearinghouses, Billing Services and Software Vendors who have executed a Trading Partner Agreement with Highmark Blue Shield and have conducted successful testing of both their software, and connectivity with EDI Operations.

The list can be found under the Helpful Links section of the Electronic Data Interchange (EDI) Services Web site.

5.1 Getting Started with Electronic Claims Submission

Considerations Before Making The Transition From Paper To EDI

Making the transition from the traditional, slow world of paper to electronic claims can be daunting. However, by choosing the right EDI vendor or billing service, you will have professional help toward your goal of a more streamlined and efficient office.

There are numerous things to consider when selecting an EDI vendor or clearinghouse. List your needs, determine your budget and talk to others in your specialty who are using EDI.

Selecting The Right EDI Option

Practice Management System Vendor

Purchase a complete system from a reputable vendor. Complete system solutions typically include the hardware (personal computer, monitor, modem and printer) and the software, which includes electronic claims submission and possibly accounts receivable posting capabilities. Terms and conditions of each system vary from vendor to vendor.

Clearinghouse or Billing Service

Health care professionals can outsource their electronic claim submissions to private billing services and/or a clearinghouse. Terms and conditions vary from billing service and to billing service and clearinghouse to clearinghouse.

Selecting A Practice Management Vendor

The following suggestions should be considered when selecting a practice management vendor:

- Do they offer electronic claims submission of Highmark Blue Shield claims? Is the transmission direct, or through an intermediary such as a clearinghouse? Is this capability offered with the basic electronic claims submission module at no additional charge?
 - Can they support the submission of secondary claims and additional documentation electronically?
 - Does the software capture and print the electronic reports provided by Highmark?
 - Do they offer clearinghouse capabilities?
 - How is installation performed?
 - Ask about training on the software and if there on-going education provided. Is system help available (online or through paper manuals)?
 - How much additional office software is included (word processing, e-mail)?
 - Do they offer Internet access?
-

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5.1 Getting Started with Electronic Claims Submission,

Continued

Selecting A Practice Management Vendor, continued

- Can you get a list of their clients in your specialty? What is the average turnaround time for a service call?
- What is the cost of the system? What features are standard with the system?
- When there are changes in Highmark Blue Shield reporting requirements, how long will it take to update your software and how is it updated? What is the cost of normal updates, customization requests and annual maintenance fees?
- What hardware is included (PC configurations, modems, terminals)?
- Are you getting color monitors or black and white?
- Is the workstation a “dumb terminal” or a PC?
- Will the system automatically bill for co-insurance, copayment or deductible after the primary insurance pays you?
- What other services do they offer (free conversion, loaner hardware)?
- Do they provide remittance advice information? Is there a fee for this package?
- What computer operating systems do they support?

Selecting A Clearinghouse/ Billing Service

Questions for a billing service:

- How frequently do they submit your claims to the carriers involved?
 - What kind of tracking reports do they offer to their clients?
 - Do they provide credit and collection services?
 - What is the cost per transaction?
-

5.1 Claim Record Management

Claims Record Management Highmark Blue Shield provides electronic acknowledgements, enhancing your ability to track and monitor your claim transactions. The Administrative Simplification Electronic Transactions and Code Sets rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), named the ‘ASC X12N 837 Health Care Claim: Professional’ transaction as the mandated standard to be used for electronic submission of professional claims and encounters.

Transactions Associated With Electronic Claims Submission Electronic claims can be submitted via the 837 Professional Health Care Claim Transaction. Upon receipt of the 837 transaction, there are several acknowledgement transactions available for tracking electronic claim submissions and payment depending on the capabilities of your software.

- 997 – Functional Acknowledgement
 - 277CA– Claim Acknowledgement
 - 835– Electronic Remittance Advice ERA
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997 – Functional Acknowledgement Overview This transaction is available after transmission of the claim(s) file on the same day you transmit your claim(s). It verifies that Highmark Blue Shield received your claim(s) file and indicates the file was “accepted” or “rejected” for further claim editing. The 997 Functional Acknowledgement should be reviewed after every 837 file submission to ensure you know the status of the file submission.

277CA – Claim Acknowledgement Overview, continued This transaction is available approximately 24 hours after an accepted/accepted with errors 997 Functional Acknowledgement report is accepted. After the EDI claim editing process is complete, you are able to verify through the 277CA (Claim Acknowledgement) transaction that your claims were accepted and forwarded for claim processing. The 277CA also identifies claims that did not pass or were rejected by the editing process due to data errors. The 277 CA’s should be reviewed after every accepted/accepted with errors claim file transmission because they provide a valuable and detailed analysis of your claim file. Claims that were accepted should not be resubmitted. *Highmark will no longer attempt to correct or retrieve missing information, this rejected claim data must be corrected and the claim resubmitted electronically.*

For electronic claim submitters that are not able to interpret the 277CA Transaction, a text format Claim Acknowledgement Report has been developed. Electronic submitters must work with their software vendor to determine which report works best with their practice management system.

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5.1 Claim Record Management, Continued

Tip Sheet - New!

***New Edit
Checks
Reported on 277
Report***

Effective April 11, 2008 Highmark added new up front edit checks to its claims processing in an effort to streamline the process and increase provider satisfaction. The checks review incomplete and inaccurate electronic claims to prevented them from entering the system.

When a claim rejects, it is important for your billing staff and/or vendor to understand exactly what was wrong and what is needed to correct it.

For claims submitted using the HIPAA 837 transaction, you may encounter the following error codes and descriptions on your 277 CA report:

<i>Claim Status Code</i>	<i>Claim Status Category Code</i>	<i>Claim Status Code Description</i>	<i>Claim Status Category Code Description</i>
<i>454 and 145 with Entity code 85</i>	<i>A8</i>	<i>Procedure code for services rendered Entity's specialty/taxonomy code (Entity code 85 = Billing Provider)</i>	<i>Acknowledgement/ Rejected for relational field in error</i>
<i>475</i>	<i>A3</i>	<i>Procedure code not valid for patient's age</i>	<i>Acknowledgement/ Returned as unprocessable claim</i>

835– Electronic Remittance Advice ERA

This transaction contains finalized claim payment information including payment when issued, used for automated account posting.

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5.1 Claim Record Management, Continued

835– Electronic Remittance Advice (ERA) Health Care Claim Payment/Advice (ASC X12 835)

The Health Care Claim Payment Advice (835) is essentially an electronic version of a paper Explanation of Benefits notice. When 835 (ERA) information is combined with an Accounts Receivable System (ARS), it provides an efficient method of reconciling your patients' accounts by providing financial information relating to your claim payments and denials. Your software vendor can advise you on your system's ERA and ARS capabilities. Highmark's ERA (835 transactions) are created on a weekly or daily basis to correspond with our weekly or daily payment cycles. Contact your software vendor to determine if your software is ERA capable. This transaction can help you reduce costs and improve office efficiency.

Its benefits are:

- **Eliminates posting errors**

Little to no manual intervention, depending on the AR system, is necessary with electronic 835 posting. Errors associated with manual keying of payment data are eliminated.

- **Reduces posting time**

The 835 information allows you to electronically post payments to your AR system in a matter of minutes or hours instead of days. Actual posting time is dependent on the practice size and AR system. Electronic posting allows your staff more time to attend to patient needs, instead of administrative tasks.

- **Accelerates payment process**

Electronic posting accelerates your ability to perform secondary billing of non-contractual financial liabilities. 835 information is available online Monday through Friday and can generally be retrieved before the paper EOB arrives in the mail. This means you can start your posting and subsequent secondary billing processes upon receipt of the electronic file.

For More Information On Claims Record Management

To learn more about claims record management transactions please visit the Electronic Data Interchange (EDI) Services Web site via the Provider Resource Center or by clicking www.highmark.com/edi to access the site directly.

5.1 Next Steps: Electronic Claims Submission

- Enrollment** Whether you select a practice management system or a billing service, the next step is to enroll as an EDI Trading Partner.
- Enroll online by visiting the Electronic Data Interchange (EDI) Services Web site via the Provider Resource Center or by clicking www.highmark.com/edi to access the site directly.
- Upon receiving your completed application, EDI Operations will process your request, verify that you have a valid Highmark Blue Shield billing provider record, identified by a Highmark provider ID and/or a National provider Identifier (NPI). A Trading Partner ID will then be assigned to you.
- Within 5 to 10 business days you should receive an authorization letter in the mail listing your assigned electronic Trading Partner number, login identification and the toll-free transmission telephone number.
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- Testing** Although testing is not required, we strongly recommend that new electronic billers transmit test claims before submitting production electronic claims. If you decide to test, a test file with a minimum of 10 test claims is recommended.
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- Where To Find Support** The EDI Web site at www.highmark.com/edi has the most up to the date information about doing business electronically with Highmark. Highmark recommends that you bookmark this site and consider it your first source when you have a problem or question.
- The Highmark Blue Shield EDI Operations support staff is comprised of trained personnel dedicated to supporting electronic communications. They provide information and assistance with questions or problems you encounter with any aspect of your EDI transactions. Support is free and staff is available Monday through Friday from 8 a.m. to 5 p.m. EST.
- To contact a support analyst by phone, call 1-800-992-0246. To save time when calling, be prepared to provide your Trading Partner number, billing provider number (NPI or Highmark provider number) and log-on identification to the support analyst.

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5.1 Next Steps: Electronic Claims Submission, Continued

**Accessible 24
Hours A Day, 7
Days A Week** Electronic transactions can be sent and retrieved seven days a week, 24 hours a day.
Electronic transactions can be submitted once or multiple times per day or week.
Claim transmittal and report retrieval schedules are controlled by each office.

Information on EDI Claim Submission can be found on the EDI Web site by visiting the Electronic Data Interchange (EDI) Services Web site via the Provider Resource Center or by clicking www.highmark.com/edi to access the site directly. The EDI Web site contains information on:

- Getting Started with Electronic Claims Submission
 - Selecting a Practice Management Vendor
 - Health Care Claim Payment/Advice
 - Where to Enroll for Electronic Claims Submission
 - Where to find support
 - Technical specification EDI Reference Guide
-

5.1 Getting Started with EDI/ Making Changes to your Practice Information

Background

Your Provider Profile at Highmark Blue Shield includes many facts about your practice such as:

- Practice name
- Address (both practice locations and where checks should be sent)
- Billing Provider Identification Number, e.g. NPI, Highmark Assignment Account number, and/or Highmark Individual Provider Identifier
- Individual Practitioners who submit claims under this Billing Provider Number
- NPI or Highmark Provider Identification number for each Practitioner

Changes to any of these can affect how claims are received or processed by Highmark. We recommend that you remain diligent about reporting all changes within your practice as quickly as possible.

When To Notify EDI

Electronic transaction exchanges with Highmark Blue Shield can be affected by certain changes made within your practice. In some cases, separate notification about your changes must be submitted to EDI Operations.

If a new provider is added to your staff who will receive payment directly from Highmark, you must add this provider to your Trading Partner number. If you do not complete this step, you will experience problems with receiving payment for this provider's services.

Continued on next page

5.1 Getting Started with EDI/ Making Changes to your Practice Information, Continued

Report Changes Immediately

The Provider Information Change transaction within NaviNet allows you to make several types of changes to your Provider Profile. The two that could directly affect your claims payment are:

- Edit an existing address
- Add a new address

* Consider using NaviNet to report these changes.

As an electronic biller, you will need to notify Highmark EDI Operations of some changes that take place at your office as soon as possible.

Address Change

If your practice does their own billing (the Trading Partner Agreement is in the practice name), it will be necessary to report address changes to EDI Operations.

Additionally, address changes for your provider number must be reported to Provider Information Management. Please send all updates to:

Provider Information Management
P.O. Box 898842
Camp Hill, PA 17089-8842

[What Region Am I?](#)

Western Region Fax: 1-800-236-8641

Central Region Fax: 1-866-731-2896

Northeastern Pennsylvania:

If your main practice is located in one of the counties located in the 13 county area serviced by Blue Cross of Northeastern Pennsylvania (Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan Susquehanna, Tioga, Wayne, and Wyoming) please call 1-800-451-4447.

Changes in Physician Staff

Please complete the EDI Trading Partner Update form if you need to add or remove a new provider to your Trading Partner number (but only if the new provider will receive checks directly from Highmark Blue Shield).

5.1 Getting Started with EDI/ Making Changes to your Practice Information, Continued

View Your Trading Partner Profile Online

Highmark Blue Shield has created a secure online service to view your Trading Partner Profile as often as needed. Visit the EDI Services site at www.highmark.com/edi or via the Provider Resource Center. After logging in you will be able to view the basic demographics of the Trading Partner, affiliated providers, contact information and status of HIPAA setup.

Reporting Changes To Your Trading Partner Profile

If after viewing your Trading Partner Profile you need to report changes to Highmark Blue Shield a new EDI Transaction Enrollment Application must be submitted. The application can be found on the Enrollment Application page of the EDI Web site.

If you Obtain A New Assignment Account Number

You will receive a letter from Provider Information Management if a new Assignment Account (Group Practice) number has been assigned to your practice, along with the effective date of the new number.

IMPORTANT! Do not submit any claims to Highmark Blue Shield using the Account name and number prior to the effective date, otherwise incorrect payments and/or rejections of your claims could result.

Attaching the new Assignment number to your current Trading Partner Number is not an automated process. If you would like to add your new number for electronic billing or inquiry purposes you will need to complete an EDI Transaction Application for claims and inquiry. The application is available through the EDI Services Web site at www.highmark.com/edi. You can also reach this Web site from the Provider Resource Center.

Provider Profile Questions?

If after visiting the EDI Web site you still have questions about your Trading Partner Profile, call EDI Operations at (800) 992-0246.

Enrollment

Whether you select a practice management systems or a billing service, the next step is to enroll as an EDI Trading Partner.

5.1 Claim Submission Formats

Required Formats

Use the following table to determine the required format for submitting claims:

If you submit	Use one of these formats
Electronically	ASC X12N 837 Health Care Claim: Professional version 004010A1 (HIPAA mandated version)
On paper	CMS-1500 (08/05)(Formerly the HCFA-1500) Note: If you are using paper forms, please submit the original claim form. Submitting a photocopy delays processing.

Electronic Billing and EDI Assistance

For assistance with electronic submission of claims and encounters and other EDI transactions, visit the Electronic Data Interchange (EDI) Services section of the Provider Resource Center. Through the website you will be able to:

- Sign-Up to perform EDI transactions
- Obtain technical companion specifications (Provider EDI Reference Guide)
- Obtain a listing of software vendors, clearinghouses and billing services that are 'HIPAA Transaction Ready' with Highmark

Where Payments Will Be Sent

The check and the Explanation of Benefits (EOB) are sent to the address on our files at the time of payment. Remember to report any address changes as identified previously.

5.1 The Top Ten Billing Errors—And How to Avoid Them

Common Claims Reporting Errors

Claims processing experts identified the top ten common errors that cause claims to process incorrectly. Please review the Trading Partner Portal for documentation on Highmark's transition to the National Provider Identifier to identify providers.

[Tip Sheet](#)

Some Practices Make These Errors	Correction
Incorrect provider number listed	If practices are unsure which number to use (assignment account/group or individual practitioner/group member), they should seek advice from their Provider Relations representative. Generally, the billing provider number is the assignment account, while the performing provider number is the individual practitioner.
Performing provider name and number	The performing practitioner name and practitioner identification number should be reported on the claim when it is different than the billing provider identification number.
Invalid place of service codes submitted and/or the facility name and number is not listed	Ensure the correct place of service code is being used. Ensure a facility name and identification number are reported when the place of service is different than the billing provider's service location (ex. Hospital or SNF).
NOC (not otherwise classified) codes listed without descriptions	Descriptions of the service provided must be reported on the claim for NOC codes.
Applicable coordination of benefits/other insurance information and/or documentation is not accompanying the claim	Please make an effort to report electronically or attach coordination of benefits/other insurance information
Member identification numbers are incomplete	List the complete member identification number including any alpha prefix.
Zero charges or adjustments are being reported	Unless the claim is an encounter, zero dollars or blank charges are not acceptable.
Claims are range dated, but the number of services do not clearly correspond with the date range (e.g., indication that services were performed 01-01-04 through 01-10-04, but list only 5 services)	When services span over a period of days, the number of services should correspond on a one-on-one basis if you are range dating (indicating that services span from one date through another date). If they do not correspond on a one-on-one basis, you should itemize the services.
Submit HCPCS codes that are not valid for the time the service was rendered (e.g., billing for a service performed in 2006 with a code that wasn't in place until 2007 or vice versa)	Report correct and valid procedure codes that reflect the correct date of service.
Invalid diagnosis code	Report diagnosis codes that are the highest degree of specificity and valid for the date of service.

5.1 The Provider Resource Center

[What Region Am I?](#)

The Provider Resource Center

The Provider Resource Center (PRC) is a repository of pertinent reference materials. This special section of our Web site is specifically dedicated to Highmark providers and contains lots of helpful information and resources to help in your daily interactions with Highmark members and with Highmark.

We encourage you to bookmark the site and take advantage of this convenient reference tool. Click the links below to access the PRC applicable to your region.

- [Central, Eastern and Northeastern Region Provider Resource Center](#)
- [Western Region Provider Resource Center](#)

The Resource Centers also contain information, including but not limited to:

- *Current and Archived Newsletters, Recent Mailings*
- *The Highmark Blue Shield Office Manual & Tip Sheets*
- *Radiology Management Program*
- *BlueCard*
- *Clinical Reference Materials*
- *Quick Links To Provider Manuals*
- *The QualityBlue Program*
- *Medical & Claim Payment Guidelines*
- *Pharmacy/Formulary Information*
- *EDI Services*

How To Access The Provider Resource Center

The main page of the Provider Resource Center can be accessed two ways:

Public PRCs can be accessed through our public member sites by clicking the provider tab in the upper right hand corner.

The second way you can access the PRC is by securely logging in to NaviNet and clicking on the Resource Center button from the left navigation bar.

5.1 Highmark's Member Web sites

Highmark's Informational Member Web Sites

Highmark's Informational Member Web sites cover all core business and subsidiary companies. They provide a broad range of information to customers, health care professionals and the public.

[What Region Am I?](#)

Highmark has two region specific sites for member information.

- [Central, Eastern and Northeastern Region Member Site](#)
- [Western Region Member Site](#)

The Member Web sites contain information, including but not limited to:

- *Benefit Information – Highmark Individual Benefits and Highmark Group Benefits – provides information on Highmark's full-service health insurance programs. This information is included to assist your office in directing Highmark members when they have these types of questions. Benefit information can be found under the 'Members' section of Highmark's informational member sites.*
- *Find a doctor, hospital or other medical provider, even network vision providers*
- *Locate a Pharmacy – this site allows members to find a pharmacy near their home. Pharmacy information can be found under the 'Find a Pharmacy' selection on Highmark's informational member sites.*
- *Billing Information*
- *Detailed Information for Medicare beneficiaries*
- *Health Savings Accounts*

How To Use Highmark's Member Web Sites

Highmark's member sites provide hundreds of topics for you and our members. Whether our members are looking for a health care provider or managing claim or want to make informed health care decisions on treatment options or lead a healthier lifestyle, Highmark can help with easy-to-use online tools and resources. Our web sites have everything you need to help our members have a greater hand in your health.

[Tip Sheet – New!](#)

Members should take advantage of our online resources especially when preparing for their office visits. Please click the tip sheet above for more information on how to use our member web site.