Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.
Self-service requirements

• Over the last several years, Independence has instituted a number of provider self-service requirements under which providers must use the NaviNet® web portal instead of calling the health plan or submitting paper claim review inquires.

• If questions arise as you review these provider self-service requirements or if you have a question about a specific NaviNet transaction, please contact the eBusiness Hotline at 215-640-7410.
Self-service requirements (continued)

• All participating providers, including professional providers, facilities, Magellan-contracted providers, and third-party agencies that support provider organizations, are required to have access to NaviNet and use self-service options for the following:
  – Eligibility information
  – Claim status
  – Claim review request
  – Authorizations

• Any provider or third-party agency who contacts the health plan to obtain eligibility, request claims status, question a claim payment, or request an authorization will be directed to use the self-service options on NaviNet.
Eligibility information

• All participating providers are required to use NaviNet to verify member eligibility instead of calling the health plan. NaviNet provides the following: member identification number; member date of birth, gender, and address; status (of coverage for the indicated date of service); group number and group name; and group renewal date.

  – **Dates of Service.** The updated Eligibility and Benefit Inquiry transaction will eventually allow you to search for a member’s eligibility up to 730 days in the past from the current date. You will only be able to search for member eligibility for dates of services on or after July 1, 2015.

  – **FEP members.** Eligibility for Federal Employee Program (FEP) members can be obtained through the Eligibility and Benefits Inquiry transaction in the BlueExchange Out-of-Area Workflows option.
Claim status

• All participating providers must obtain Independence claims status information for dates of service on or after July 1, 2015, via NaviNet instead of calling the health plan. If you contact the health plan for this information, you will be redirected back to NaviNet.

• The claim detail provided through the Claim Status Inquiry transaction includes specific information, such as check date, check number, service codes, paid amount, and member responsibility.

Please note: Pre-migrated claims processed on our legacy platform and out-of-area BlueCard® claims submitted directly to the home plan in error cannot be accessed through NaviNet.
Claim review request

• All participating providers and facilities must submit claim review requests using the Claim Investigation submission transaction on NaviNet.

• If you call the health plan or submit a paper inquiry to question a claim denial or payment amount, you will be redirected back to NaviNet to submit a Claim Investigation.
  
  – When submitting a claim review request, claims must be in a finalized status.

  – Prior to submitting a Claim Investigation, please confirm there is not an existing investigation for the same claim already submitted by your office using the Claim Investigation Inquiry transaction.
Claim review request (continued)

– Please be specific when submitting an investigation request. Where applicable, review the following:
  
  o The claim line and the procedure code in question;
  o Whether you suspect an overpayment, underpayment, or incorrect denial;
  o Provisions in your Agreement that may affect reimbursement;

Note: If a claim is denied for lack of referral or authorization and one was required, you must submit a valid referral or authorization number in order for the claim to be reconsidered. The submission of medical records as a replacement for a required authorization or referral is not valid.
Claim review request (continued)

- If you have a large volume of claim review requests to submit for the same issue, please contact your Network Coordinator to discuss before submitting multiple claim review requests through NaviNet.
Authorizations*

- All participating providers and facilities must use NaviNet to initiate the following authorization types:
  - medical/surgical procedures
  - chemotherapy/infusion therapy
  - durable medical equipment
  - emergency hospital admission notification
  - home health (dietitian, home health aide, occupational therapy, physical therapy, skilled nursing, social work, and speech therapy)
  - home infusion

*This information does not apply to providers contracted with Magellan Healthcare, Inc. (Magellan). Magellan-contracted providers should contact their Magellan Network Coordinator at 1-800-866-4108 for authorizations.
Resources and information

- You can find transaction-specific user guides in the NaviNet Resources section of the Independence Provider News Center at www.ibx.com/pnc/navinet. The following guides will help ensure compliance to Provider Self-Service Requirements:
  - Claim Investigation Submission Guide
  - Claim Status Inquiry Guide
  - Eligibility and Benefits Inquiry Guide
- If you have questions regarding the provider self-service requirements or about a NaviNet transaction, please contact the eBusiness Hotline at 215-640-7410.
Enrolling with NaviNet

• Participating providers, facilities, and their supporting third-party agencies may register for NaviNet at www.navinet.net by selecting Providers: Sign Up for NaviNet in the upper right portion of the screen as illustrated below. Registration is free.

• If your office is already enabled with NaviNet and you need a username and password, please see your designated NaviNet Security Officer.

NaviNet is a registered trademark of NaviNet, Inc., an independent company.

Magellan Healthcare, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.