

TODAY'S MESSAGE

UPGRADING TO SERVE YOU BETTER: HIGHMARK NAVINET® SYSTEM ENHANCEMENTS COMING 4/24/17

In recent months, we have launched upgrades to our utilization management system to improve your experience with submitting authorization requests for your Highmark patients. Effective April 24, 2017, we're making some enhancements to the Highmark NaviNet system to make submission of your authorization requests faster and easier. The following information explains some of these upcoming system improvements.

Chemotherapy drugs: Instead of chemotherapy drugs being listed individually, the **Chemotherapy** category will now be in the dropdown menu associated with the category of **Outpatient**. The individual drugs will be entered using the procedure code field on the Request Form (Please see sample screenshot below).

The screenshot shows the NaviNet 'Selection Form' interface. At the top, there are navigation links for Home, Help, Contact Support, and Feedback. The main content area is titled 'Selection Form' and contains three steps:

- Step 1:** 'Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):'. It includes a dropdown for 'Service Provider' and a text input for 'Proposed Date of Service'.
- Step 2:** 'For faster results, enter Member ID with Date of Birth and/or Member First Name:'. It includes input fields for 'Member ID', 'Member Date of Birth', 'Member First Name', and 'Member Last Name'.
- Step 3:** 'Please select a Category and then a Service from the selections below:'. It features a 'Category' dropdown menu currently set to 'Outpatient', an 'Add Category/Service' button, and a 'Service' dropdown menu. The 'Service' dropdown is open, showing a list of options: 'Planned Medical', 'Planned Surgical', 'Chemotherapy', 'Speech Therapy', and 'Rehab/Therapies'. Below the dropdowns is a table with columns for 'Category' and 'Service'.

At the bottom of the form, there are 'Submit' and 'Save' buttons.

(continued)

Oxygen and enteral formulae: Instead of oxygen and enteral formulae listed individually, the Durable Medical Equipment (DME) category will now include only the services of **Purchase** and **Rental**. All DME will be entered using the procedure code field on the Request Form (Please see sample screenshot below).

The screenshot shows the 'Selection Form' in the NaviNet system. It is divided into three steps:

- Step 1:** 'Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):'. It includes a dropdown for 'Service Provider' and a text field for 'Proposed Date of Service'.
- Step 2:** 'For faster results, enter Member ID with Date of Birth and/or Member First Name:'. It includes text fields for 'Member ID', 'Member Date of Birth', 'Member First Name', and 'Member Last Name'.
- Step 3:** 'Please select a Category and then a Service from the selections below:'. It features a dropdown for 'Category' (set to 'Durable Medical Equipment') and a dropdown for 'Service' (with options 'Purchase' and 'Rental'). An 'Add Category/Service' button is present. Below this is a table titled 'Category and Services Added:' with columns for 'Category' and 'Service'.

At the bottom of the form are 'Submit' and 'Save' buttons.

Procedure code field: The enhanced procedure code field is shown below in this sample screen shot.

The screenshot shows the 'Request Form' in the NaviNet system. It includes a 'Search Type' dropdown set to 'ICD-10' and a 'Diagnosis Code' field with '1234' entered. Below this is an 'Add Diagnosis Code' button.

The 'Additional Information' section contains instructions: 'Please enter additional information about the service/request in the fields below. To add additional procedure codes, click the "Add Procedure Codes" button.' It features four rows for 'Procedure Code' (1-4) with 'Optional Search' buttons and 'Description' labels. The first row has '12345' and the second has '67890'. An 'Add Procedure Codes' button is located below these rows.

A 'View Details' button is positioned below the procedure code section.

The 'Referred From Provider Information' section includes fields for 'Billing Provider Name', 'Address', 'Service Provider', and 'Contact Name'. At the bottom of this section are 'Submit', 'Save', 'View Referral/Auth', and 'Review Notes' buttons.

(continued)

NaviNet authorization numbers: As shown in the sample screen shot below, NaviNet authorization numbers will begin with the prefix "EXT." For NaviNet-enabled providers, continued stay review decisions will be posted on NaviNet in the same location as inpatient authorization requests, regardless of how the continued stay review has been submitted.

NaviNet Home | Help | Contact Support | Feedback

Workflows ▾ Action Items

Referral/Auth Log | Behavioral Health | Billing Provider/Facility | Selection Form | Response Form

Response Form

Your request has been received and will be processed during normal hours of operation which are: Monday through Friday 8:30 AM to 6:00 PM and 8:30 AM to 4:00 PM Saturday and Sunday.

Tracking Number: EXT-14384
Status: PENDED

Authorization Number:

Patient Information:

Patient Last Name: _____ Patient First Name: _____
Gender: _____ Date of Birth: _____
Group #: _____
Member ID #: _____

Service Details:

Requested Service: Inpatient - Substance Abuse
Proposed Date of Service: 10/19/2016

Referred To Provider:

Billing Provider: _____
Attending Physician: _____

Contact Information:

Contact: _____ Physician: _____
Contact Phone: _____ Physician Phone: _____

Diagnosis Codes:

Diagnosis Code: A150 - TUBERCULOSIS OF LUNG

NaviNet enhanced inpatient review: There will be no change to current processes for requesting *initial* authorizations. The preferred method remains through NaviNet, although authorization requests may also be submitted via phone or fax. With the NaviNet enhancements, certain ambulatory care sensitive conditions that meet InterQual® screening criteria will have a status of "Pended" for additional review by our Utilization Management team to ensure appropriate use of the observation level of care for hospital stays typically less than 48 hours. Diagnoses include – but are not limited to – abdominal pain, atrial fibrillation/flutter, cellulitis, chest pain, dizziness, hypertension, nausea and vomiting, palpitations, kidney stones, syncope, TIA, UTI, dehydration, headache, seizures, simple pneumonia, and medical back pain.

The Discharge Planning Information Survey will not be available in NaviNet beginning April 24, 2017. Continued stay reviews may be phoned in or faxed. Please watch for a new continued stay review template to be available on Plan Central beginning in April.