

SPECIAL BULLETIN

NEWS FOR PROFESSIONAL AND FACILITY PROVIDERS

March 2017

AUTHORIZATION REQUEST UPDATE: HIGHMARK UPGRADING SYSTEMS TO SERVE YOU BETTER

Highmark is in the process of implementing our utilization management system to improve your future authorization submission experience. On Jan. 30, 2017, we launched the first wave of improvements to these systems. On March 21, 2017, we added more capacity to our system that may result in intermittent disruptions and telephonic/fax processing delays as our utilization management team becomes proficient with our new system.

Additional enhancements to the Highmark NaviNet® system will occur on April 21, 2017. We are confident that these system changes will enable us to provide efficient service.

Although you may experience delays during the transition period, we appreciate your patience as we improve our capabilities and position ourselves to better meet your needs now and in the future.

To help us serve you better, we offer the following important reminders:

- **Please do not submit duplicate authorization requests.** Our new utilization management system is designed to process work in the order it is received. By submitting duplicate requests for the same patient/service, regardless of the method of request (phone, fax, or NaviNet), it will only add to the overall volume of requests received and may result in longer response times.
- **Always ensure that your authorization submission includes all required information to allow for the fastest possible processing of your request.**
- **NaviNet is the preferred method for submitting your authorization requests.** Please also use NaviNet to check on the status of your authorization requests, as the most up-to-date status is viewable in NaviNet. If you don't have NaviNet, visit navinet.net to get access to the system.
- **When calling Highmark, please have all necessary member information on hand to allow for the fastest completion of your call.** Please have your NPI number and your DRG status (facility providers) available when calling the Provider Service Center.

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- **If you are faxing a request to Highmark, please be sure to use the appropriate authorization request form.** Eight faxable authorization request forms are available on our Provider Resource Center. The forms are available under **Provider Forms > Miscellaneous Forms**.

Faxable forms are available for precertification/authorization requests for the following clinical needs: bariatric surgery, home health, long-term acute care, inpatient rehabilitation, inpatient hospital admission, outpatient procedure, skilled nursing facility admission, and discharge notification.

As a reminder, please do not refax your requests. Faxes enter our system automatically, and we process them in the order they are received.

- **If faxing inpatient authorization requests, whether for the initial authorization or for clinical updates, please limit the fax to pertinent clinical information.**
- **When faxing inpatient, outpatient, and home health authorization requests, please be sure to use the correct fax number for each, as follows:**

Inpatient: 1-877-650-6069 (Delaware); 1-800-416-9195 (Pennsylvania and West Virginia)

Outpatient: 1-800-670-4862 (Delaware); 1-888-236-6321 (Pennsylvania and West Virginia)

Home health: 1-888-567-5703 (all regions)

NOTE: The home health fax line does not receive authorization requests for behavioral health home health services. ***Please submit behavioral health home health authorizations via NaviNet.***

- **Highmark remains committed to handling your requests within the required regulatory timeframes:**

Urgent requests: within 72 hours of receipt

Urgent concurrent requests: within 24 hours of receipt

Non-urgent requests: within 14 days

Highmark strives to respond even sooner than these timeframes; however, please submit your request as far as possible in advance of the patient's anticipated date of service.