

# SPECIAL BULLETIN

NEWS FOR PROFESSIONAL AND FACILITY PROVIDERS

JANUARY 2017

## AUTHORIZATION REQUEST UPDATE: HIGHMARK UPGRADING SYSTEMS TO SERVE YOU BETTER

Highmark is upgrading our utilization management systems over the next several weeks to improve your future authorization submission experience. On Jan. 30, 2017, we will launch improvements to these systems that may result in intermittent disruptions and telephonic/fax processing delays as our utilization management team becomes proficient with our new system. Additionally, effective Feb. 13, 2017, we will make some enhancements to the Highmark NaviNet® system. For details, see the NaviNet Plan Central message dated Jan. 24, 2017. We are confident that these system changes will enable us to provide efficient service, and we apologize in advance for any potential delays you may experience during the transition period. Thank you for your patience as we improve our capabilities and position ourselves to better meet your needs now and into the future.

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

- **Always ensure that your authorization submission includes all required information to allow for the fastest possible processing of your request.**
- **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.
- **Please don't submit duplicate authorization requests.** All requests are processed as quickly as possible once received. Therefore, please refrain from submitting duplicate requests for the same patient/service via NaviNet, fax, or telephone, as doing so will only add to the overall volume of requests being received and may result in longer response times.
- **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](http://navinet.net) to get access to the system.

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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. **Please do not refax your requests.** Faxes are automatically entered into our system and will be processed accordingly.
- **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:** This 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 will be completed within 72 hours of Highmark receiving them. Urgent concurrent requests will be completed within 24 hours of receipt. Non-urgent requests will be completed 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.