# Skilled Nursing Facility, Inpatient Rehabilitation Facility, Inpatient Hospice & Home Health – FAQs

For providers in New York

**June 2024**

## Lines of Business (LOB) Impacted

- Skilled Nursing Facility (SNF) – Medicare Advantage, Commercial
- Inpatient Rehabilitation Facility (IRF) – Medicare Advantage, Commercial
- Inpatient Hospice – Commercial
- Home Health (HH) – Commercial, ASO Groups

## Provider Resource Centers

Highmark Western NY Provider Resource Center (highmarkprc.com)
- Availity – Provider Portal Transition
- Availity – Provider Portal Transition FAQs

Highmark Northeastern NY Provider Resource Center (highmarkprc.com)
- Availity – Provider Portal Transition
- Availity – Provider Portal Transition FAQs

## SNF, IRF, Inpatient Hospice, Home Health

**Q1: What is the difference between an Initial Request versus Extension Request?**

A1: The Electronic Authorization (eAuth) process starts in Availity® and leads to the Helion Arc Technology Platform. Instructions to submit an initial authorization via Availity:
- Choose your state.
- Click **Payer Spaces** in the navigation bar.
- Select the Highmark logo.
- Under **Applications** in Highmark Payer Spaces, click **Predictal™.**
- In **Predictal**, select **New Authorization**.

To request additional visits or an **extension** to the service date range for treatment of the same body part or diagnosis, please submit an extension request rather than submitting a new authorization. You should ensure the Plan of Care is uploaded as well, as this documentation is a requirement in the Helion Arc portion of the workflow.

To submit an extension request electronically, please use the following steps starting in Availity:
- Click **Payer Spaces** in the navigation bar.
- Select the Highmark logo.
- Under Applications in the Highmark Payer Spaces, click **Predictal™.**
- Using the left hand-navigation menu, click **Auth Inquiry**.
- Search for the authorization by member, date of service, or request ID (AUTH-#).

Select the authorization under Case ID, once you have clicked inside the authorization, you will see **Extension** in the top left corner, click extension and you can proceed with your request.

**Q2: Will providers still be able to phone or fax requests?**
A2: Yes, however, you will be able to receive authorization determinations faster with electronic submissions. We highly encourage you to use the portal when submitting authorization requests.

**Q3: I am unable to answer some of the survey/clinical questions, what do I do?**
A3: Not all questions are required; the screen will show which are required and which are not.

**Q4: How will the final authorization be communicated?**
A4: Depends on the method of request. You will receive either an online response, fax, or letter.

**Q5: How do I submit a claims inquiry?**
A5: You will need to initially submit an Availity investigation for claim inquiries. For escalation or questions, contact Provider Service at 800-950-0051.

**Q6: Where can I find information on BlueCard?**
A6: Prior authorization requirements vary by plan. It is recommended to call the back of the members card for direction. You can also refer to the Highmark Provider Resource Center on BlueCard:

- [Blue Cross Blue Shield (WNY)](#)
- [Blue Shield (NENY)](#)

**Q7: How will providers initiate date changes, extensions, or obtain answers to other Utilization Management questions?**
A7: Contact the Highmark Utilization Management Team by calling 844-946-6263 or faxing at the numbers below:

- Inpatient at 833-581-1868 (SNF/IRF/Inpatient Hospice)
- Outpatient at 833-619-5745 (Home Health)

## Home Health

**Q1: What is the timeframe to submit the initial request?**
A1: The evaluation does not require a prior authorization. You will need to submit for authorization within 30 days of the start of care date.

**Q2: What types of OASIS are required to be uploaded?**
A2: HH Start of Care; HH Resumption of Care; and HH Recertification visits.

**Q3: Does initial Start of Care (SOC) require authorization?**
A3: No, the evaluation visit does not require authorization.

**Q4: The HH certification period is 60 days. If the prior authorization requirement begins on May 1, 2024, do I need to submit a prior authorization for patients already on service during this episode period? Example certification period is March 20, 2024 – May 19, 2024.**
A4: No. You do not need to submit a prior authorization for any services during the episode period March 20, 2024 – May 19, 2024.

**Q5: Once a certification period / episode ends and I need to recertify a new period, do I need to submit a prior authorization? Example original certification period was March 20, 2024 – May 19, 2024, and the new SOC begins May 20, 2024.**

A5: Yes. Prior authorization and the OASIS will be required for new SOC period beginning May 20, 2024. This must be submitted as an INITIAL request even though it's a recertification due to the new process within Highmark's systems.

**Q6: For resumption of care after May 1, 2024, what is the process?**

A6: If there is an existing episode prior to May 1, 2024, then a resumption of care is <u>not</u> needed. At the point of recertification and resumption of care occurs on the same day, then a new INITIAL prior authorization request is required.

## Home Health & SNF

**Q1: Does eAuth work for the Highmark diversions program?**

A1: For ER and Community diversions, providers will need to continue calling in for approval at 844-946-6263.

## Helion Arc Technology Platform

**Q1: What is Helion Arc?**

A1: Helion Arc is integrated with the Predictal™ Utilization Management (UM) tool and enables offices to submit, update, and query medical authorization requests.

The application supports the management of members' care from end-to-end, including submission, case review and decision-support, and prescribed treatment programs. The move to Helion Arc is the result of Highmark's long-term commitment to enhancing the overall provider experience.

**Q2: Do I need to request access to Helion Arc to submit an authorization request?**

A2: At this time, electronic authorization submissions can be processed within the Helion Arc Technology Platform through a seamless transition that does not require direct access or login.

You will be redirected to Helion Arc per the electronic authorization process through Availity, and Predictal Auth Automation Hub. Providers who require access to a Helion program and/or to access performance analytics and scorecards will still be required to login. Please submit a ticket if you are unsure and we will assist.

Here's the link to the Helion Service Desk: https://helionhc.atlassian.net/servicedesk/customer/portal/2.

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