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).

![Sample Screenshot of NaviNet System](image)

(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).

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

(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 Workflow Image](image)

**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.