
Post-Acute Care Authorization Submissions

Initial and Concurrent Processes



What's changing?

Beginning **March 1, 2026**, Highmark will no longer utilize naviHealth, Inc. and providers will be required to submit initial and subsequent concurrent authorizations through GuidingCare, via NaviNet®, for Medicare Dual Eligible Special Needs (D-SNP) members.

This change will impact providers in **Pennsylvania and Delaware** who serve D-SNP members at the following locations:

- Skilled Nursing Facilities
- Inpatient Rehabilitation Facilities
- Long-Term Acute Care Hospitals

The authorization submissions process begins by logging into NaviNet® and clicking on the GuidingCare Authorization Portal link. The GuidingCare Authorization Portal enables providers to submit, update, and query medical authorization requests.

Note: Any authorization previously opened via naviHealth will stay with them until discharge.

Demonstration for Authorization Submissions

Feel free to add questions into the
chat feature throughout the presentation.



NantHealth | NaviNet WORKFLOWS ▾ HEALTH PLANS ▾ ADMINISTRATION ▾

FLAG BELL HELP PROFILE

 Plan Logo

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Enhanced Provider Features
- UDC Program
- Guiding Care
- 1500 Claims >
- UB Claims >
- Health Help

Important Messages

- No messages at this time.

Reference Materials

- HealthHelp prior authorization update.
- Model of Care
- Provider Manual

Authorization Portal

Population Health

Hours of Availability

Mon-Fri: 8:00am-6:00pm ET
Sat-Sun: 9:00am-5:00pm ET

Contact Us

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javascript:

Provider Authorization Portal Log On

Welcome Providers

The Provider Portal is an online tool that provides an easy and secure way to manage your authorizations. You can focus on patient care and spend less time searching for information.



[Request Authorizations](#)



[Request Extensions /
Add Discharge Information](#)



[Request Appeal](#)

Want to learn more? [\(Click here to view the user guide\)](#)

Authorization Portal Login

Username

Enter username

Password

Enter password



[Forgot your Password?](#)

[Forgot your Username? !\[\]\(e50091943b385fe16d3277389202856f_img.jpg\)](#)

Dashboard

Please Note: Fields in Red throughout the following slides are Required Fields



External Links

Portal User



 Start New Inpatient Request

 Start New Outpatient Request

 Start New Pharmacy Request

Authorizations in Progress

15 

Inpatient in Progress

6 

Outpatient in Progress

1 

Pharmacy in Progress

[View All Inpatient Authorizations](#)

[View All Outpatient Authorizations](#)

[View All Pharmacy Authorizations](#)

Member Search

Enter Search Criteria:

- Member ID, or
- First/Last Name & DOB

Click Find Member

- Click on member banner.

HIGHMARK.

External Links Portal User

Member Search

1 Member Search 2 Member Eligibility 3 Authorization Basics 4 Additional Details 5 Results

Questions? Call Provider Services, Monday-Friday, 8 a.m. to 5 p.m.
Delaware – 1-844-325-6251
Pennsylvania/West Virginia – 1-800-392-1147
For ALL Providers: If the member has Dual eligibility (DSNP) with both Medicaid and Medicare, then please select the Medicare eligibility when submitting the Authorization.
*ATTENTION PROVIDERS-Please use the Quick Search when inputting Facilities/Provider for your authorizations. This ensures the appropriate Provider and LOB are selected.
If using the Advanced Search option, please pay attention to the Network that correlates to your Facilities/Provider choice and chose the one that matches the Member.

***First Name** ***Last Name** **Date of Birth** ***Member ID**

First Name Last Name MM/DD/YYYY Member ID

Find Member **Clear**

powered by

Member ID	Medicaid No :	First Name	Last Name	Date of Birth	
DOVER, DE, 199042497					
Phone Number		Primary Insurance	N/A	Secondary Insurance	N/A

Eligibility

[External Links](#)[Portal User](#)

Eligibility Select an eligibility

Filter by Active Eligibility Inactive Eligibility View Full Eligibility

Sub-Company Highmark BCBSD Inc.	Code Highmark BCBSD Inc.	Status Active
Line of Business Medicare	Product DE Medicare	Benefit Plan Highmark Health Options Duals
Code Medicare	Code DE Medicare	Start Date 01/01/2025
		Code Highmark Health Options Duals
		End Date 12/31/2099

Additional Details

ACCOUNT_CODE DE Medicare	ACCOUNT_NAME DE Medicare	Eligibility ID 500000002645
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* Authorization Type * Auth Priority

Select Authorization Type

Sub-Company **Highmark BCBSD Inc.** Code **Highmark BCBSD Inc.** Status **Active**

Line of Business **Medicare** Product **DE Medicare** Benefit Plan **Highmark Health Options Duals** Start Date **01/01/2025**

Code **Medicare** Code **DE Medicare** Code **Highmark Health Options Duals** End Date **12/31/2099**

Additional Details

ACCOUNT_CODE **DE Medicare** ACCOUNT_NAME **DE Medicare** Eligibility ID **500000002645**

*** Authorization Type** **Post-Acute Inpatient** *** Auth Priority** **Standard Organizatio...**

*** Referred By Provider Name**
Provider Name Begin typing name or code to select

Referred By Provider Name & Servicing Provider are same

*** Servicing Provider**
Provider Name Begin typing name or code to select

*** Facility Provider Name**
Provider Name Begin typing name or code to select

powered by 

Authorization Details

* Authorization Type Post Acute IP	* Auth Priority Standard Organization
* Referred By Provider Name Provider Name: Teri L Smith <input type="button" value="Search"/> <input type="button" value="Info"/> <input type="checkbox"/> Referred By Provider Name & Servicing Provider are same	
* Servicing Provider Provider Name: NovaCare Rehabilitation <input type="button" value="Search"/> <input type="button" value="Info"/>	
* Facility Provider Name Provider Name: <input type="text" value="Begin typing name or code to select"/> <input type="button" value="Search"/>	
Expected Admission Date MM/DD/YYYY <input type="button" value="Calendar"/>	Actual Admission Date and time 11/18/2025 00:00 <input type="button" value="Calendar"/>
Expected Discharge Date MM/DD/YYYY <input type="button" value="Calendar"/>	
* Treatment Type Long Term Acute Care	* Place Of Service 31 - Skilled Nursing Facility

Authorization Details

* Diagnosis Description * Diagnosis Code + Primary Diagnosis

* Procedure Description * Procedure Code Q Primary Procedure

Modifier i * From Date Calendar * To Date Calendar * Unit Type * Req. + Primary Procedure

Disclaimer Message:
Payment for care is dependent upon the member's eligibility on the date of service. An authorization is not a guarantee of payment. Recommendations contained in InterQual guidelines are not a guarantee of coverage. Providers should consult applicable medical policies for information regarding covered benefits. No payment will be made for services done by a provider who is precluded from the Medicare or Medicaid program.

Disclaimer: Payment is contingent upon the member's eligibility on the date of services. No payment will be made by Medicaid including Health Options for any item or service furnished by a provider precluded from participation in Medicaid services.

Next Reset [Cancel](#)

Provider Acknowledgements & Contact

Provider Additional Information

[Reset](#)

*1. Please see below regarding authorization requests that are submitted during after-hours. Please read and select the check boxes to proceed.

Highmark Health Options business hours are Monday through Friday, 8:00 am to 5:00 pm. If your after-hours authorization request is for any other type/form of authorization, a Highmark Health Options utilization reviewer will contact the facility or provider authorization staff during the next business day to review the request. Observation services do not require an authorization. Payment is contingent upon the member's eligibility on the date of service. Authorization is not a guarantee of payment. No payment will be made for services furnished by a Provider who has been precluded from Medicare or Medicaid Services. If you have questions regarding how after-hours faxed requests for authorizations are managed, please contact Provider Services at 844-325-6251.

Acknowledge

[Next](#)[Cancel](#)

Provider Additional Information

[Reset](#)

2. Please select the checkbox and enter the requesting provider contact information

Click To enter

* Contact Name

Medical Records & Attachments

Medical Records and Notes

Add Note i

Begin typing

 Add Attachments i



Submit

[Cancel](#)

Dashboard

Authorization Status

Approved

Denied

Partially Approved

- Example: First line approved, second line pending will show as “partially approved in PAP”

Pending.

Dashboard

Authorization List

 Inpatient  Outpatient  Pharmacy

Member Id 

 Filters  Download Results  Choose Columns

Authorization Created Date 

Authorization ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0615TX2M6	Jun 15, 2023			Jun 14, 2023	Behavioral Health	Pending	Dover Behavioral Health System	Khaled S Mirza
0614WVXZY	Jun 14, 2023			Jun 14, 2023	Behavioral Health	Pending	Pike Creek Psychological Center	Anastasiya Latushko
0614W62ZQ	Jun 14, 2023			Jun 13, 2023	Acute	Pending	Anastasiya Latushko	Craig P Church

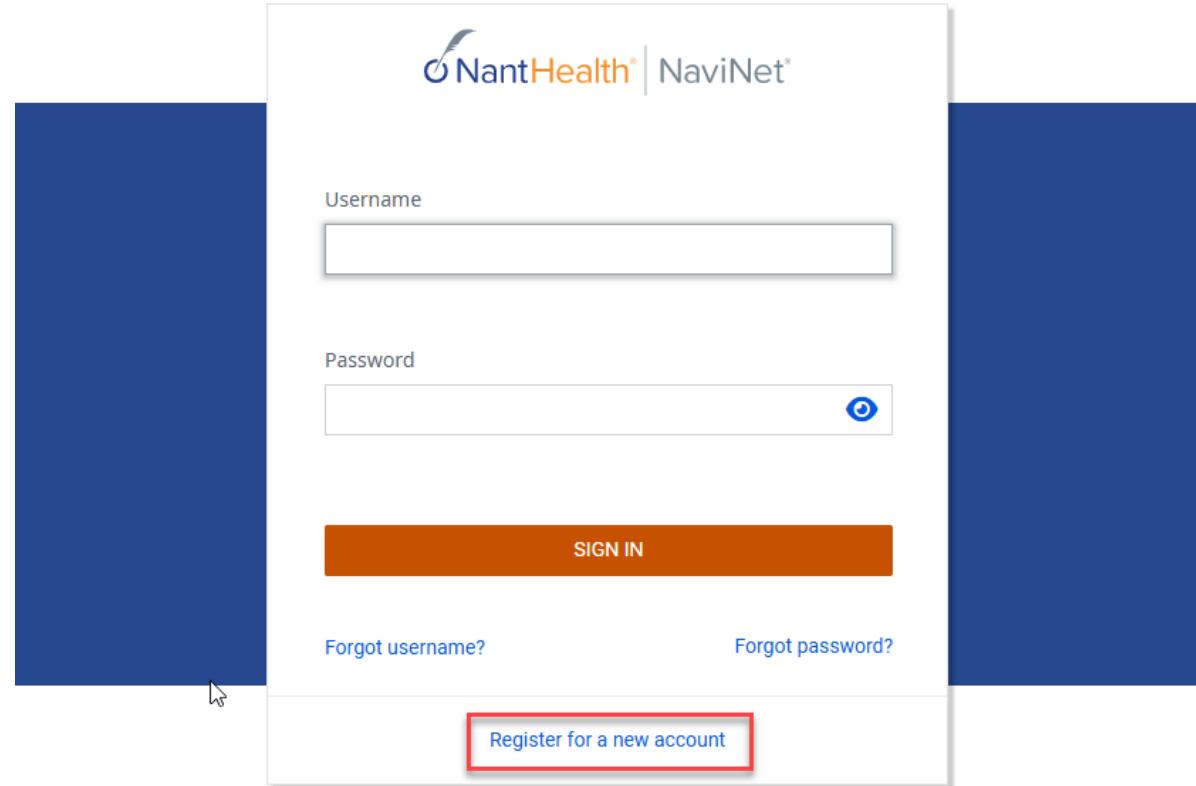
powered by 

<https://hho-trn.guidingcare.com/AuthorizationPortal/#>

Not Currently Registered with NaviNet®?

Click Here to register for a new account:

[NaviNet Sign In | NantHealth](#)



Thank You

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