
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

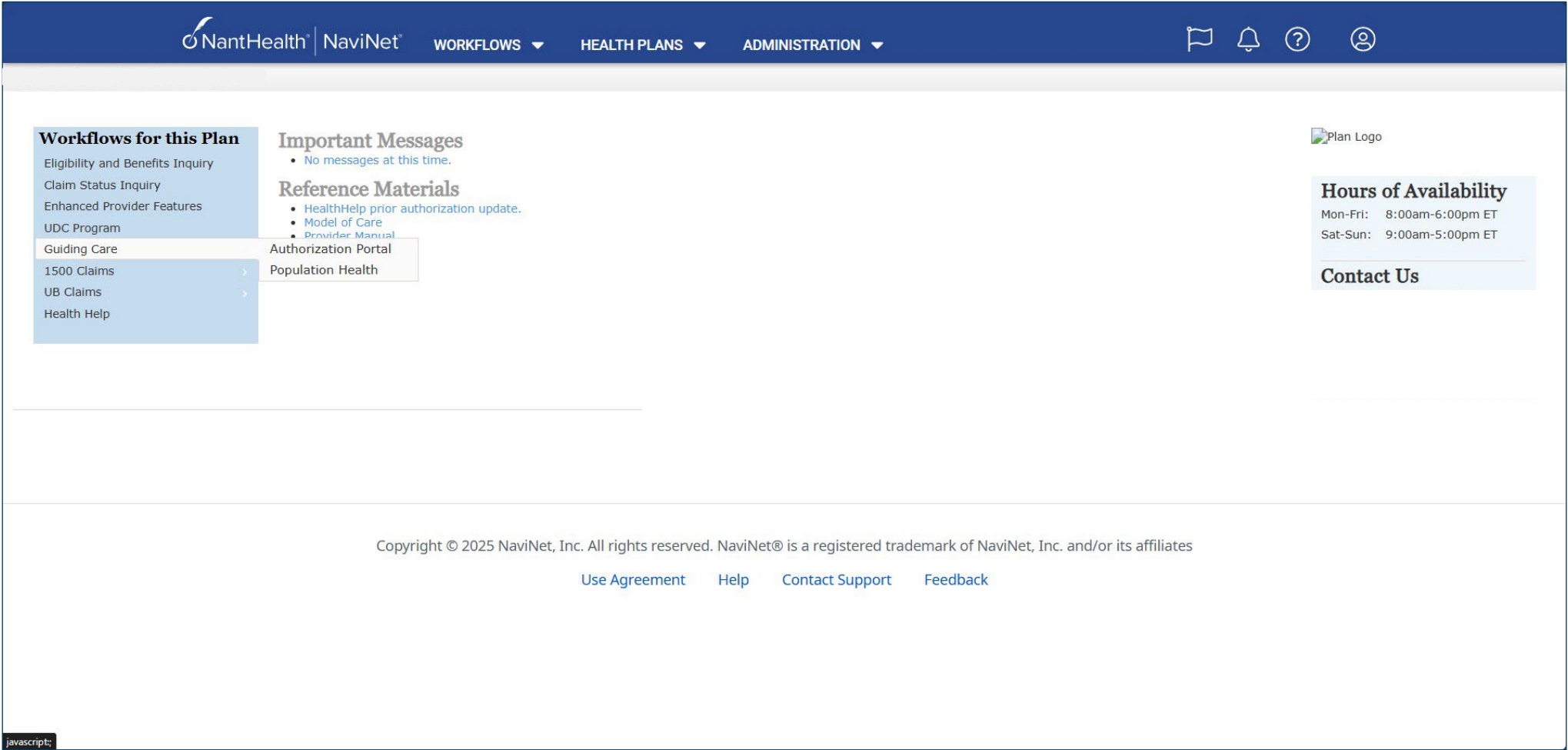
The authorization submissions process begins by logging into NaviNet® and clicking on the GuidingCare Authorization Portal link. The GuidingCare Authorization Portal enables providers to submit, update, and query medical authorization requests.

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.





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

Password



Forgot your [Password?](#)

Forgot your Username? [i](#)

Dashboard

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



Start New Inpatient Request



Start New Outpatient Request



Start New Pharmacy Request

Authorizations in Progress

15



Inpatient in Progress

[View All Inpatient Authorizations](#)

6



Outpatient in Progress

[View All Outpatient Authorizations](#)

1



Pharmacy in Progress

[View All Pharmacy Authorizations](#)

Member Search

Enter Search Criteria:

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

Click Find Member

- Click on member banner.

The screenshot shows the Highmark Member Search portal. At the top, the Highmark logo is on the left, and 'External Links' and 'Portal User' are on the right. A navigation bar contains five steps: 1. Member Search (active), 2. Member Eligibility, 3. Authorization Basics, 4. Additional Details, and 5. Results. A sidebar on the left has icons for home, search, mail, and a menu. A yellow-bordered box contains contact information and instructions for providers. Below this is a search form with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Member ID. A red arrow points to the 'Find Member' button. At the bottom, a member banner displays details for a member with ID [redacted], including their name, date of birth, phone number, and address (DOVER, DE, 199042497).

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 First Name *Last Name Last Name Date of Birth MM/DD/YYYY *Member ID [redacted]

Find Member Clear

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

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

Start Date

01/01/2025

Code

Medicare

Code

DE Medicare

Code

Highmark Health Options Duals

End Date

12/31/2099

Click inside this box for eligibility verification.

Additional Details

ACCOUNT_CODE

DE Medicare

ACCOUNT_NAME

DE Medicare

Eligibility ID

500000002645

* Authorization Type

Post-Acute Inpatient

* Auth Priority

Standard Organizatio...

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="checkbox"/> Referred By Provider Name & Servicing Provider are same	
* Servicing Provider Provider Name ▼ NovaCare Rehabilitation 🔍			
* Facility Provider Name Provider Name ▼ Begin typing name or code to select 🔍			
Expected Admission Date MM/DD/YYYY 📅		Actual Admission Date and time 11/18/2025 00:00 📅	
Expected Discharge Date MM/DD/YYYY 📅			
* Treatment Type Long Term Acute Care ▼		* Place Of Service 31 - Skilled Nursing Facility ▼	

Authorization Details

* Diagnosis Description

PECKED BY TURKEY INITIAL ENCOUNTER

* Diagnosis Code

W61.43XA

+

Primary Diagnosis

* Procedure Description

Room & Board-Semiprivate (Two-Beds)-Rehabilitation

* Procedure Code

0128

Modifier

* From Date

11/18/2025

* To Date

11/24/2025

* Unit Type

Days

* Req.

7

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 ⓘ

Begin typing

📎 Add Attachments ⓘ

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





 Home


 Messages


 Authorization List


Authorization List


 Inpatient


 Outpatient


 Pharmacy

Member Id 




 Filters


 Download Results

 Choose Columns

Authorization Created Date 

Clear All

	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
	0614WVXYZ	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

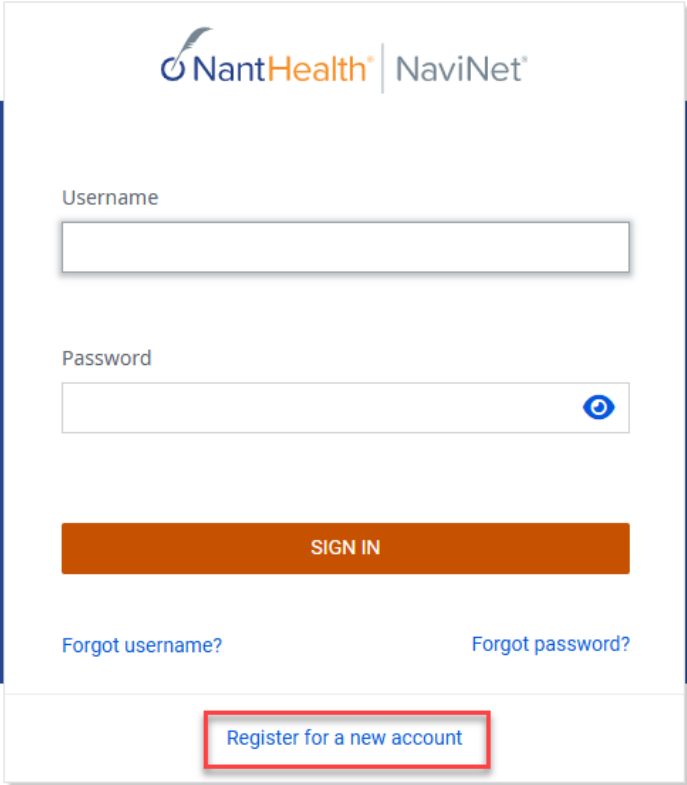
powered by 

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

Not Currently Registered with NaviNet®?

Click Here to register for a new account:

[NaviNet Sign In | NantHealth](#)



The image shows a login and registration form for NantHealth NaviNet. The form is centered on a white background with blue vertical bars on either side. It includes fields for Username and Password, a SIGN IN button, and links for Forgot username? and Forgot password?. A red box highlights the Register for a new account link at the bottom.

NantHealth | NaviNet®

Username

Password

SIGN IN

[Forgot username?](#) [Forgot password?](#)

[Register for a new account](#)

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[Use Agreement](#)

[Do Not Sell My Personal Information](#)

[Help](#)

Thank You

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