

SPECIAL BULLETIN

FOR PROFESSIONAL LTSS PROVIDERS

MARCH 30, 2015

ATTN: PROVIDERS OF LONG-TERM SUPPORT SERVICES (LTSS)

AUTHORIZATION UPDATE

Highmark Health Options is committed to ensuring that all needed care is provided to our Medicaid LTSS membership. As a provider of LTSS services, your organization has been previously advised that authorizations would be required for some services beginning April 1, 2015. This process has been delayed. In the interim, we ask that you continue to provide needed services to our LTSS population without interruption. During this transition, Highmark Health Options will not require authorizations for LTSS services.

Highmark Health Options realizes that this unanticipated delay may cause your organization inconvenience, and we apologize. Please be assured that the interruption in the transmission and availability of LTSS authorizations is only temporary. We will communicate the resolution of the issue in future bulletins.

PLEASE REMEMBER:

- **Care to LTSS membership should not be interrupted.**
- **Authorizations for LTSS services will not be required for claims payment until the issue is resolved.**
- **All other program requirements apply.**

Please contact Provider Services at 844-325-6252 with questions. You can also contact your Provider Relations Representative with concerns or issues.

