Mar. 31, 2022

HIGHMARK. HEALTH OPTIONS

PROVIDER UPDATE

Obtain member consent before filing appeals on their behalf.

Effective May 1, 2022, providers submitting appeals on behalf of a member for denials will require written member consent. Centers for Medicare and Medicaid Services (CMS) requires providers to obtain written consent from members for any appeal filed by anyone other than the member, power of attorney, or guardian.

Failure to obtain and submit a member's written consent will result in the dismissal of the appeal. Highmark Health Options can only process the appeal if it is signed, filled out correctly, and received within 10 calendar days.

Completed and signed forms can be sent or faxed to:

Highmark Health Options
Attn: Appeals and Grievances
P.O. Box 106004
Pittsburgh, PA 15230
Fax: 1-833-841-8074

Providers may contact Provider Services at 1-844-325-6251 with any questions.