



Delegated Entities for Utilization Management

Highmark maintains utilization management (UM) policies and procedures to help members receive appropriate and medically necessary care.

Through these processes, determinations regarding your coverage may be made by Highmark or with the assistance of outside vendors that contract with Highmark and who specialize in certain areas, such as mental health, radiology, prescription drugs or durable medical equipment services. All vendors must meet the applicable regulatory and accreditation standards and agree to participate in annual oversight activities.

Highmark and these vendors make UM decisions based on appropriateness of care and service and whether or not your benefit program includes coverage for the services.

For more information on the UM process, please contact the Member Service toll-free number on the back of your Highmark identification card.