



# PROVIDER UPDATE

PR 13-07

March 8, 2013

**TO: All Participating Providers**

**FROM: Karen Stover, Director, Professional Relations**

**RE: Upcoming Provider Workshops**

As you know, Highmark Delaware often organizes provider workshops that supply our physicians with important information and support that you may need. In the next few weeks, we will be hosting several of these workshops – focusing primarily on the upcoming, exciting NaviNet enhancements and how they can help simplify the prior authorization process.

Below are the details for these provider workshops. A registration form is attached to the second page of this update. Please complete the form and fax it to 302-421-3265 no later than **March 21, 2013**. We look forward to seeing you there! If you have any questions, please contact the Provider Relations and Contracting Department at 302-421-8700.

County	Date	Time	Location	Maximum Attendees
New Castle	<ul style="list-style-type: none"> <li>March 26</li> <li>April 11</li> <li>May 7</li> </ul>	Sign-in: 8:00 – 8:30 a.m. <i>(Light breakfast will be served)</i> Workshop: 8:30 a.m. – 12:00 p.m.	<b>Medical Society of Delaware</b> 900 Prides Crossing Newark DE, 19713	40
Kent	<ul style="list-style-type: none"> <li>March 28</li> <li>April 10</li> <li>May 8</li> </ul>	Sign-in: 8:00 – 8:30 a.m. <i>(Light breakfast will be served)</i> Workshop: 8:30 a.m. – 12:00 p.m.	<b>Delaware Technical and Community College</b> Dover (Terry Campus) 100 Campus Drive Dover, DE 19904	35
Sussex <i>(video conference)</i>	<ul style="list-style-type: none"> <li>April 11</li> <li>May 7</li> </ul>	Sign-in: 8:00 – 8:30 a.m. <i>(Light breakfast will be served)</i> Workshop: 8:30 a.m. – 12:00 p.m.	<b>Nemours Pediatric Children's Clinic</b> 49 Fallon Avenue Seaford, DE 19973 <i>(Please park in back rows of lot.)</i>	20

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3/8/2013 7:09:24 PM PAGE 2/002 Fax Server



**PROVIDER WORKSHOP REGISTRATION FORM**

*Please complete this registration form, and fax it to 302-421-3265 no later than March 21, 2013.*

Name of Attendee(s): \_\_\_\_\_  
\_\_\_\_\_

Practice Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_ County: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_