

# PROVIDER BULLETIN

## PROVIDER INFORMATION



March 1, 2019

### Required Use of Authorization Portal to Submit Preservice Inpatient and Outpatient Prior Authorization and PAN Requests

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers will be required to go to the Availity® Provider Portal to submit preservice inpatient and outpatient prior authorization requests, including Pre-Admission Notifications (PANs) for all Commercial, Medicare Advantage, Medicare Cost and Federal Employee Program (FEP) lines of business. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross (eviCore process is not changing).** Providers can create and inquire on the status of utilization management authorization requests electronically by logging in to [www.Availity.com](http://www.Availity.com).

Submitting an authorization to BCBSMN in the Availity Portal is easy. Using the Availity portal for submission of prior authorization and PAN requests allows providers to:

- Determine if an authorization or PAN is required
- Determine if a request was received
- Route requests to the appropriate reviewer
- Electronically attach required clinical documentation
- Determine the status of all requests through a dashboard
- Receive real-time approval (for certain services)

If providers experience a technical issue when submitting a request, Availity Client Services at **(1-800-Availity or 1-800-282-4548)** is available for assistance Monday through Friday from 7am to 6pm. If providers receive an error message, a prior authorization will be accepted by fax if a screen shot with a copy of the error message is included as the second page of the faxed request. If a copy of the error message is not included with the faxed request, the prior authorization will not be processed, and the provider will receive a faxed response redirecting them to the portal.

The following sections provide helpful tips and information about training, as well as how to use the portal to enter, search for, and update your Authorizations.

#### Training Opportunities

Providers can access the Blue Cross Authorization training demo and common question training guides from the Availity portal:

1. Click **Help & Training | Get Trained** (Availity Learning Center (ALC) opens a new tab)
2. Go to the very top of the ALC screen, search with the keyword “BCBSMN”
3. Click on the training document you want to access **or** click on the course title you want to enroll in **and**
4. Click **Enroll** in the top right corner and confirm that you want to enroll
5. Click **Start** to view the training

Webinar Trainings: Several live webinar trainings are scheduled for providers to get training and ask questions about how to most effectively use the portal for submitting authorizations.

How to Register:

Log onto Availity.com (Call Availity Client Services at **1-800-Availity** or **1-800-282-4548** if you need help)

1. Click **Help & Training | Get Trained** (Availity Learning Center (ALC) opens a new tab)
2. At the top center of the page, click **Sessions**
3. On the calendar, scroll to April or May to view all the live training sessions offered
4. Click **View Course** next to the date and time you want
5. Click **Enroll** at the top right corner of the screen
6. You will receive an email with information about the training immediately, one week before the training, and the day of the training with a link to the webinar.

<b>Training Date</b>	<b>Training Time</b>
4/8/19	2:30-4:00 PM
4/16/19	9:00-10:30 AM
4/18/19	1:00-2:30 PM
4/22/19	8:30-10:00 AM
4/24/19	1:00-2:30 PM
4/30/19	8:30-10:00 AM
5/2/19	1:00-2:30 PM
5/7/19	9:00-10:30 AM
5/9/19	12:30-2:00 PM
5/13/19	1:00-2:30 PM
5/15/19	10:00-11:30 AM

### **Authorization Process on Availity Portal**

Use the Authorization process in the Availity Portal for all required preservice inpatient and outpatient prior authorization requests and for PAN's.

Once you have successfully submitted an authorization request on Availity, you will receive an immediate response with a reference number and one of the following statuses:

- Approved
- Pending for Review
- Cancelled - No PA Required or Medicare is Primary or PPO Opt. Out
- Denied-Not a Covered Benefit or Experimental/Investigative

When a request is pended for review, you will be immediately prompted to attach supporting medical records. The request will not be processed until medical records are attached.

After submission is complete, you can access the Auth/Referral Dashboard where you can review requests you submitted in Availity and the current status of each request. When a pended request is completed, your Auth/Referral Dashboard will be updated with the final status and reason and the normal determination fax and letter will be generated.

Providers can also:

- Request a concurrent review authorization for additional days on an existing inpatient authorization
- Add discharge details on existing inpatient authorizations
- Attach additional medical records electronically during the clinical review process
- Inquire on the status of any utilization management request completed in the last year

## **Create an Authorization Request on Availity**

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer BCBSMN, your Organization and you'll be redirected to the Authorization application
4. Select Inpatient Authorization or Outpatient Authorization
5. Complete the required fields in steps 1-3, then review and submit your authorization
  - If your Authorization is a specialty authorization, you may be routed to a vendor between steps 1 and 2 to complete the authorization process. As much data as possible will be sent to limit the need for re-entry.
6. Receive and print your confirmation for your records
  - If your submission was pended for clinical review, you must attach supporting medical records or your authorization request will not be processed

## **Inquire on an Authorization Request Entered in the Last Year**

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Auth/Referral Inquiry**
3. Select Payer BCBSMN, your Organization and you'll be redirected to the Inquiry application
4. Select Inpatient Authorization or Outpatient Authorization
5. Complete the required fields, then submit your Inquiry
6. Select the specific request from the inquiry results
7. Review the details returned in your inquiry. At this point, you will have the option to update the request. When you click the "Update" button, you will be taken to a portal to complete the update process. You can:
  - Request a concurrent review authorization for additional days on an existing inpatient authorization
  - Add discharge details on existing inpatient authorizations
  - Attach additional medical records electronically during the clinical review process

## **View the Status of Authorizations Submitted in Availity Using the Authorization & Referral Dashboard: The last 90 days of requests are on the dashboard, to view an older authorization perform an inquiry first.**

1. Log in at **Availity.com**.
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Auth/Referral Dashboard**
  - The status is shown for each authorization request in the dashboard
  - Each authorization request will also show the name of the UM entity reviewing the request - BCBSMN or BCBSMN (vendor name)
3. Click on any request card in the dashboard. Additional authorization details will display.
4. Additionally, when selecting request card from the dashboard, you will be able to:
  - View details
  - Print details
  - Request a concurrent review authorization for additional days on an existing inpatient authorization
  - Add discharge details on existing inpatient authorizations
  - Attach additional medical records electronically during the clinical review process
5. From the dashboard, you can navigate to perform the following:
  - Inquiry
  - Create New Authorization or Referral
  - Find Referral – Additional for referrals ONLY
    - BCBSMN will have a proprietary inquiry (FindRef) where the user will be taken to a new screen, and a call out to BCBSMN will occur with user entered information such as NPI and a date range.

## **InterQual® Level of Care Criteria for Authorizations**

*Submitting authorizations in the Availity Portal for hospital, acute rehabilitation and long-term acute care (LTAC) admission.*

Providers submitting requests for these **types of** admissions will have the ability to complete the InterQual® Level of Care Criteria questionnaire prior to attaching medical records to the request.

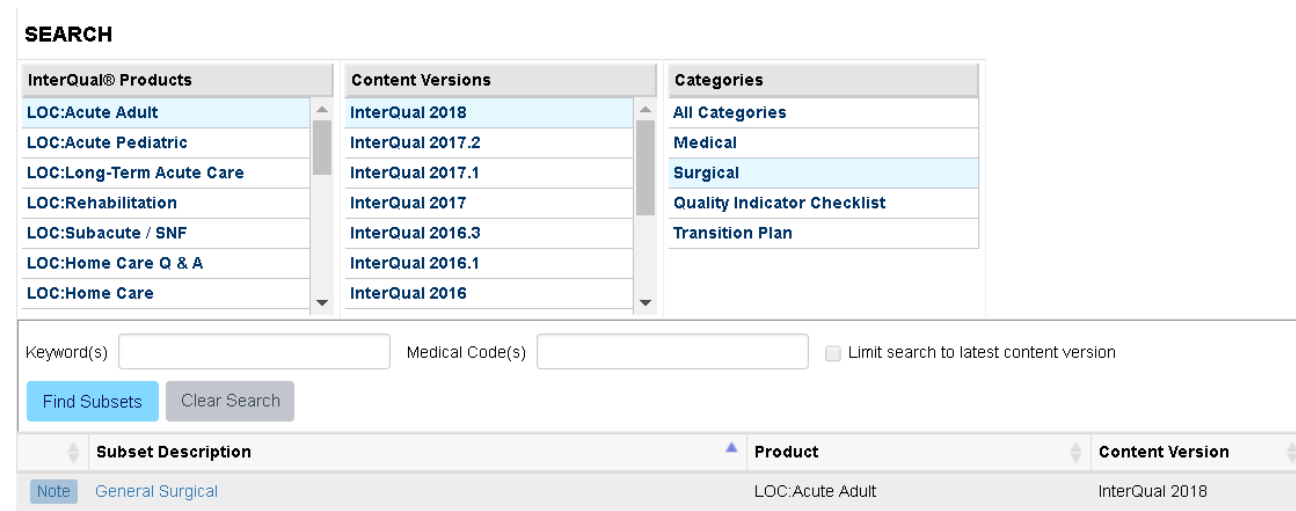
Note: InterQual® Level of Care Criteria questionnaires are not available for preadmission notifications.

## How to complete an InterQual® questionnaire from Availity

When a questionnaire is required, you will see the following screen after submitting the request. Select the “Click Here to Launch InterQual” link.



A new window will open with the questionnaire. Select the appropriate InterQual® Product, the current version, and the appropriate category for the type of admission requested. Click the blue link below the search box to begin the questionnaire.



In the next screen, select the Criteria from the menu on the left side of the screen and enter the information relevant to the patient in the panel on the right side until the questionnaire is complete.

When finished, click “Save” at the top of the screen, and close the window.



## After Completing a Questionnaire

When InterQual® admission criteria are met for the level of care requested, the request will be approved immediately, and no further action will be required.

When criteria for admission are not met or not enough information is available to complete the questionnaire, the provider can continue the request submission process by saving the survey and then following the prompts to attach medical records to support the admission. The request will then be pended to a Care Manager for review.

When admission criteria are not met, the provider may elect to order an observation stay for the patient rather than moving forward with the request for admission. **If the patient will not be admitted, we ask providers to withdraw the request from the Auth/Referral Dashboard in Availity** (See Provider Quick Point QP97-18 for more detail).

## Questions?

If you have questions regarding the use of Availity or a technical issue within Availity, please contact Availity Client Services at **(1-800-Availity or 1-800-282-4548)** for assistance Monday through Friday from 7am to 6pm.

For all other questions contact provider services at **(651) 662-5200 or 1-800-262-0820**.