

MHCP INPATIENT ADMISSION SUBMISSION

Viewed through Availity's Authorization

Accessed through the Availity Essentials Portal

AUTHORIZATIONS – MN EAS

- Blue Cross will be requiring notification at the time of acute inpatient admission.
- Blue Cross is partnering with vendor Audacious Inquiry (AI) for Admission, Discharge, Transfer (ADT) data for implementation on January 1, 2024, for Minnesota Health Care Programs (MHCP).
- Admission and discharge notification requirements will become automated for acute inpatient admissions at facilities located in Minnesota or a bordering county that are participating in the MN EAS service for admission dates beginning January 1, 2024.
- Providers participating with MN EAS will no longer need to submit admission and discharge notification information.
- Complete information on the use of MN EAS can be found in Provider Bulletin, [“Blue Cross and Blue Shield of Minnesota to Automate Receipt of Acute Admission, Discharge and Transfer Data for MHCP Members” \(P74-23\)](#).

AUTHORIZATIONS – NEWBORN ADMISSIONS

- Effective January 1, 2024, providers will not be required to notify Blue Cross when an enrolled subscriber gives birth. Eligible newborns of mothers enrolled in Blue Advantage Families and Children (F&C) or Blue Plus MinnesotaCare are automatically enrolled in Blue Cross for the calendar month of the birth only if they meet MHCP eligibility criteria.
- It is important that the mother notify her local agency of the birth of her child as soon as possible following the birth for the enrollment process to begin.
- Providers are encouraged to develop a process to assist MHCP subscribers in enrolling eligible newborns.

AUTHORIZATIONS – SUB-ACUTE ADMISSIONS

Sub-Acute Admissions

Admission to a subacute facility will require prior authorization based on the criteria published in the Prior Authorizations and Notifications document posted on the Blue Cross website.

Milliman Care Guidelines (MCG)

MCG care guidelines, 27th edition, will be used to guide utilization management decisions. The five (5) products licensed include the following:

- Inpatient & Surgical Care (ISC): Manage, review, and assess people facing hospitalization or surgery proactively with nearly 400 condition-specific guidelines, goals, optimal care pathways, and other decision support tools.
- General Recovery Care (GRG): Effectively manage complex cases where a single Inpatient & Surgical Care guideline or set of guidelines is insufficient, including the treatment of people with diagnostic uncertainty or multiple diagnoses.
- Home Care (HC): Provides evidence-based comprehensive guidelines to enable case managers and others to maintain quality and efficiency in the patient's home environment.
- Behavioral Health Care (BHC): Provides evidence-based guidelines to help healthcare professionals guide the effective treatment of patients with psychiatric disorders.

AUTHORIZATIONS – INPATIENT ADMISSION

- Inpatient (IP) Admissions are required when a Blue Cross member will need to stay overnight at a facility (e.g., hospital, skilled nursing facility, long-term care facility).
- For general training assistance with the Authorization application refer to training available in the Availity Learning Center.
- This IP Admission will not cover the needed professional service authorization that may be required by the member's group coverage.

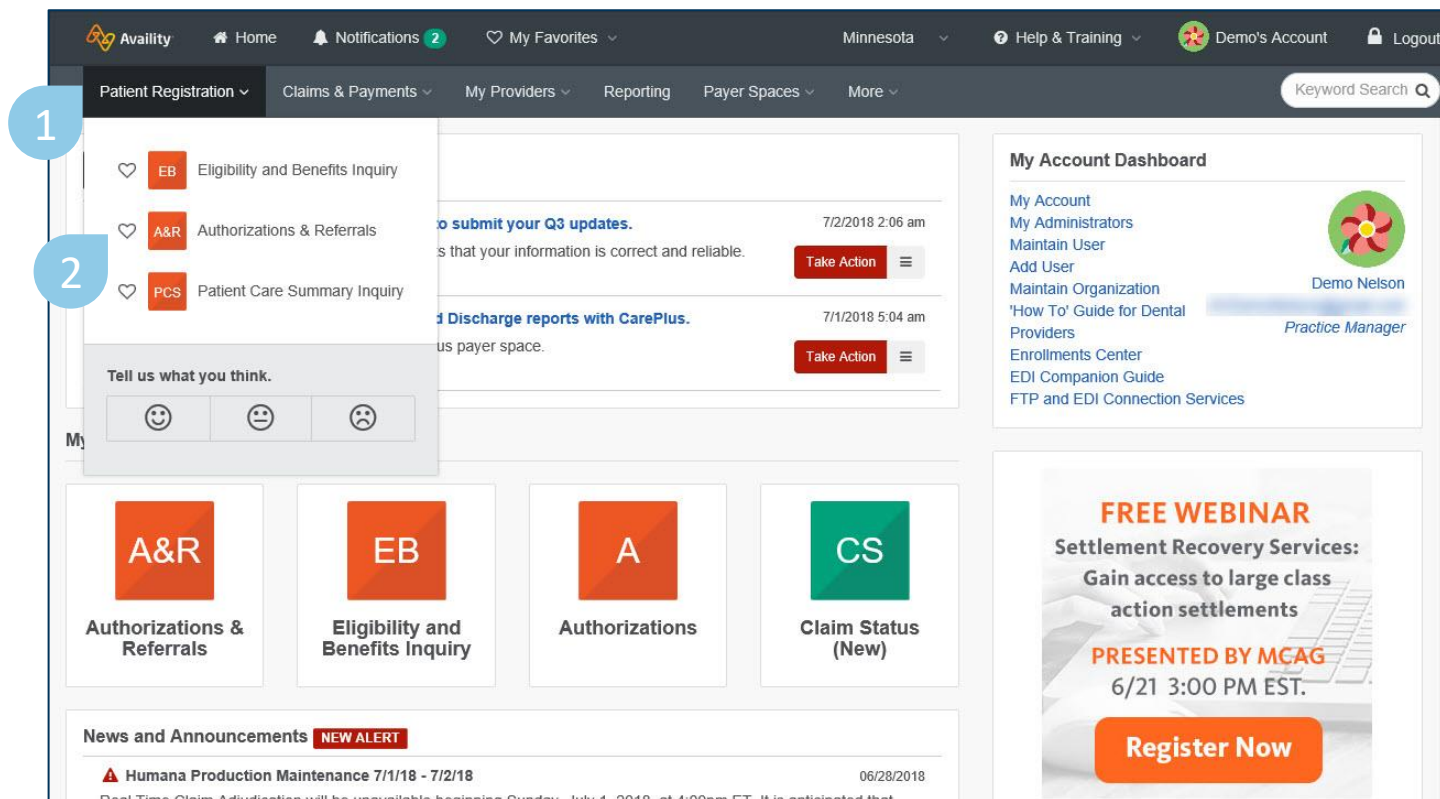
***YOU WILL NEED TO COMPLETE REGISTRATION PRIOR TO ACCESSING THIS INFORMATION. IF YOU HAVE NOT FINISHED THE REGISTRATION PROCESS, COMPLETE THAT FIRST, THEN RETURN TO THIS DOCUMENT.*

INPATIENT ADMISSION – ACCESS

To start the process, from the navigation bar select:

1. Patient Registration
2. Authorizations & Referrals

Tip: If more information is needed, click **Help & Training | Find Help**. Ask your organization administrator for help if you do not find the application in your menu options.



The screenshot displays the Availity web application interface. The top navigation bar includes 'Availity', 'Home', 'Notifications 2', 'My Favorites', 'Minnesota', 'Help & Training', 'Demo's Account', and 'Logout'. Below the navigation bar, a dropdown menu is open, showing 'Patient Registration' (highlighted with a blue circle and the number '1'), 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The 'Patient Registration' dropdown is further expanded to show 'EB Eligibility and Benefits Inquiry', 'A&R Authorizations & Referrals' (highlighted with a blue circle and the number '2'), and 'PCS Patient Care Summary Inquiry'. The main content area features a 'My Account Dashboard' with links for 'My Account', 'My Administrators', 'Maintain User', 'Add User', 'Maintain Organization', 'How To Guide for Dental Providers', 'Enrollments Center', 'EDI Companion Guide', and 'FTP and EDI Connection Services'. Below the dashboard, there are four large buttons: 'A&R Authorizations & Referrals', 'EB Eligibility and Benefits Inquiry', 'A Authorizations', and 'CS Claim Status (New)'. A 'FREE WEBINAR' section is also visible, advertising 'Settlement Recovery Services' presented by MCAG on 6/21 at 3:00 PM EST, with a 'Register Now' button. A 'News and Announcements' section at the bottom features a 'NEW ALERT' for 'Humana Production Maintenance 7/1/18 - 7/2/18'.

INPATIENT ADMISSION SUBMISSIONS

To continue select:



3. Authorization Request



Note: Auth/Referral Inquiry Auth/Referral Dashboard will be available after 1/20/2024.



[Home](#) > Authorizations & Referrals



Authorizations & Referrals

Multi-Payer Authorizations and Referrals

 [Auth/Referral Inquiry](#) 
[View Payers](#)

 [Authorization Request](#) 
[View Payers](#)

 [Referral Request](#) 
[View Payers](#)

 [Auth/Referral Dashboard](#) 

3

Tip: Contact your organization administrator if you do not have this tool. Click **My Administrators** on your **My Account** Dashboard on the home page to find your administrator's contact information.

INPATIENT ADMISSION

1. If you are connected to multiple organization, select the organization you want from the list.
2. Select BCBSMN Blue PLUS MEDICAID (00726) as the Payer.
3. Select the Authorization Type of Inpatient Authorization, click **Next**.

Tip: From the top right of any page in the authorization process, you can give feedback on the application, go directly to the Auth/Referral Dashboard, or start a new authorization request.

Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.

A Authorizations [Give Feedback](#) [Go to Dashboard](#) [New Request](#)

SELECT A PAYER

Organization ▾

1 1

Template(s) optional [Manage Templates](#)

No template selected ▾

Select a template from the list or continue with Payer and Request Type fields.

Payer ▾

2 2 BCBSMN BLUE PLUS MEDICAID (00726) ✕ ▾

Request Type ▾

3 3

Select Authorization Type

- Inpatient Authorization
- Outpatient Authorization

Shield of Minnesota website.

- Inpatient Authorization Type - Use to request an admission to any facility for room and board charges.
- Outpatient Authorization Type - Use to request any procedure, service or supply that requires Prior Authorization, regardless of place of service rendered.

[Next](#)

OUTPATIENT AUTHORIZATION – MEMBER INFORMATION

1. Select a Patient from the drop-down list, if available based on recent Eligibility & Benefit inquiries.
2. Or manually enter the patient's member ID, including the three-digit prefix.
3. Select the Relationship to Subscriber. Self is the default.
4. Enter the patient's date of birth.


Important: All member data in this document is test data. No live member data was used.

Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.


A Authorizations

[Give Feedback](#) [Go to Dashboard](#) [New Request](#)



1 Start an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit



Transaction Type Inpatient Authorization	Organization BCBSMN All Data	Payer BCBSMN BLUE PLUS MEDICAID (00726)	
--	--	--	---

PATIENT INFORMATION

Select a Patient  (Enter one or more to search: patient name (first or last), DOB, or Member ID.)

1

2 Member ID  3 Relationship to Subscriber 

Patient Date of Birth  

Patient Phone # optional


INPATIENT ADMISSION – MEMBER INFORMATION


1. Select a Patient from the drop-down list, if available based on recent Eligibility & Benefit inquiries.
2. Or manually enter the patient's member ID, including the three-digit prefix.
3. Select the relationship to the subscriber. Self if the default.
4. Enter the patient's date of birth

Important: All member data in this document is test data. No live member data was used.



Transaction Type	Organization	Payer	BlueCross BlueShield of Minnesota
Inpatient Authorization	BCBSMN ALL DATA	BCBSMN	

PATIENT INFORMATION


Select a Patient 

Select... 

1 Search by any combination of patient name (first and last), DOB, or Member ID.
 Note: CLAIR search processing time has been improved and will now display your recent E&B transactions in near real time.

2 Member ID  3 Relationship to Subscriber 

Patient Date of Birth

mm/dd/yyyy 

4 Patient Phone # optional

() - -

INPATIENT ADMISSION– PROVIDER SEARCH

1. Enter the Admitting/Attending Provider’s Individual NPI, not the NPI of the facility the patient is being admitted to.
 - a. If the admitting/attending provider’s individual NPI is unknown, select **I don’t know the Provider’s NPI**. You can then search by first and last name.

2. Click **Retrieve Provider Info**. The address displayed will be the primary credentialed locations.

3. Click **Select** next to the provider and location that applies to the request.

ADMITTING/ATTENDING PROVIDER

NPI

Retrieve Provider Info

I don't know the Provider's NPI

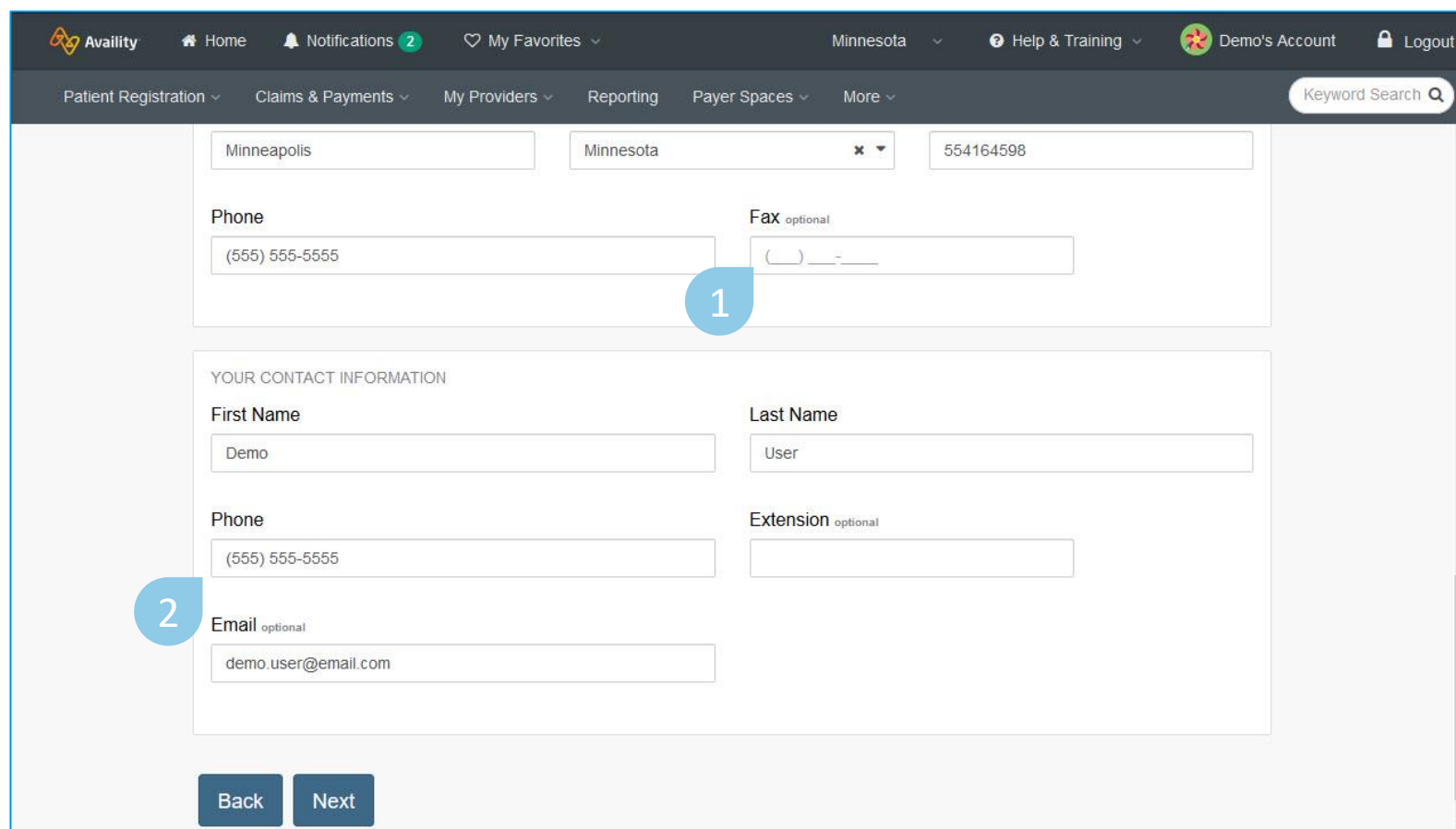
PROVIDER SEARCH RESULTS

Provider Name	Identifiers	Address	Contact Information	
Joe Family	NPI 3234567899	1234 W Healthy St Ste 321	5555555555	<div style="border: 1px solid #ccc; background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">Select</div>
ABC Providers Group		Minneapolis, MN 55416		

Results 1 - 1 of 1

INPATIENT ADMISSION– CONTACT INFORMATION

1. A fax number is required for the Admitting/Attending Provider.
2. Your contact information will be auto-populated based on your Availity user account information. You will need to manually enter your contact phone number. Click **Next** to continue.



Availity Home Notifications 2 My Favorites Minnesota Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

Minneapolis Minnesota 554164598

Phone (555) 555-5555 Fax optional () - -

1

YOUR CONTACT INFORMATION

First Name Demo Last Name User

Phone (555) 555-5555 Extension optional

2 Email optional demo.user@email.com

Back Next

MEMBER INFORMATION

Starting at step 2, Add Service Information, the member’s information, eligibility, and basic request details will display across the top of the page.

IRMA, JACKSONN Patient

Member ID
MQG855088045

Date of Birth
1996-03-14

Gender
Male



Eligibility Status
Active Coverage

Group Name
Minnesota Health Care Programs

Plan / Coverage Date
2023-03-01 - 9999-12-31

Transaction Type
Inpatient Authorization

Organization
BCBSMN All Data

Payer
BCBSMN BLUE PLUS
MEDICAID (00726)

FIELD DESCRIPTIONS AND TIPS


- **Category** – Behavioral Health or Medical
- **Service Type** – List of options will vary depending on which category is selected.
- **Service Date From** – Admit date of the admission. This date go be entered 5 business days in the past and 365 days into the future.
- **Place of Service** – Select the appropriate facility location of the admit. Options are based on Category and Service Type selected.
- **Diagnosis Code** – Codes need to be ICD-10. A total of 10 codes can be entered on the submission; only one is required.

SERVICE INFORMATION ⓘ

Category *

Service Type * ⓘ

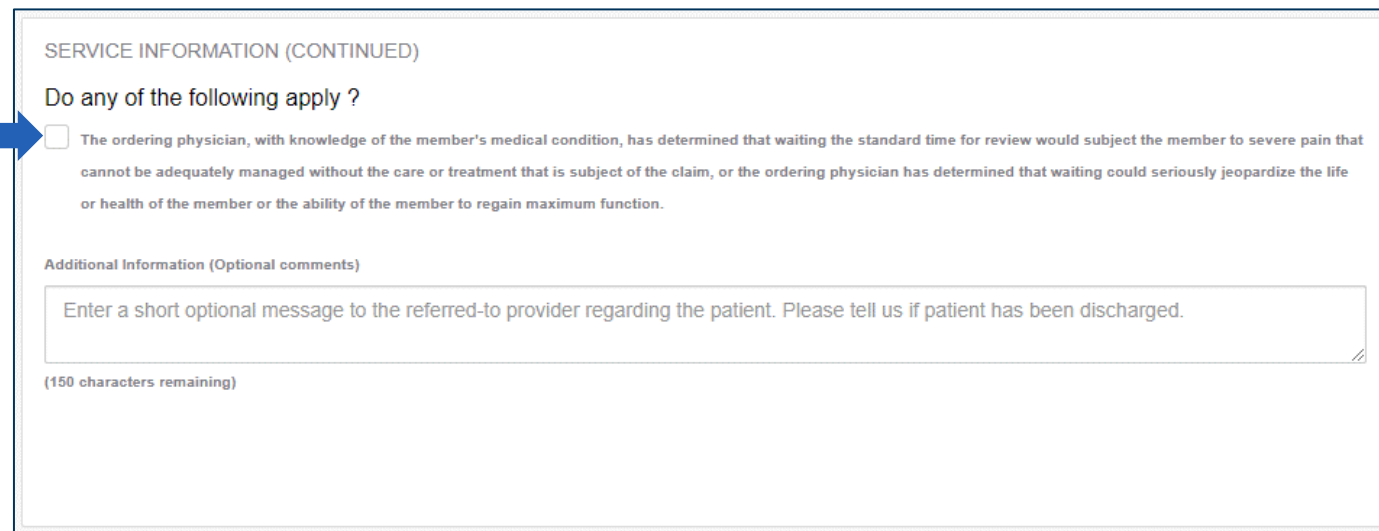
Place of Service * ⓘ

Service Date From *
 

SERVICE INFORMATION (RENDERING PROVIDER/FACILITY, STEP 3)

Many Inpatient Admission requests are auto-approved, but if the member's condition is life threatening and meets the conditions listed, select the check box.

An optional message can then be added about the member's condition, up to 150 characters for additional information; this does not take the place of adding clinical documentation when prompted.



SERVICE INFORMATION (CONTINUED)

Do any of the following apply ?

The ordering physician, with knowledge of the member's medical condition, has determined that waiting the standard time for review would subject the member to severe pain that cannot be adequately managed without the care or treatment that is subject of the claim, or the ordering physician has determined that waiting could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function.

Additional Information (Optional comments)

Enter a short optional message to the referred-to provider regarding the patient. Please tell us if patient has been discharged.

(150 characters remaining)

Tip: If the category Behavioral Health and any of the Mental Health services types were selected in the previous step, you will have an additional option shown on this page.

RENDERING PROVIDER/FACILITY

1. Enter the rendering facility's NPI.
 - a. If the rendering facility's NPI is unknown, select **I don't know the Provider's NPI**. You can then search by first and last name.
2. Click **Retrieve Provider Info**. All participating facilities that match the search will display.
3. Click **Select** next to the facility that applies to the request.
4. Click **Next**, to continue.

ADMITTING/ATTENDING PROVIDER

NPI

I don't know the Provider's NPI

PROVIDER SEARCH RESULTS

Provider Name Clinic/Practice Group Name	Identifiers	Address	Contact Information
ABC Facility LLC	NPI 1234567899	1234 S Healthy Rd Ste 110 Hastings, MN 55033	555-555-5555

Results 1 - 1 of 1

ATTACHMENTS

Clinical attachments will need to be added prior to submission.

The system allows for up to 10 attachments be authorization request.

Each attachment needs to be 1MB or less.

File name – include no characters

File can not be password protected.

File types – pdf, jpeg/jpg, tiff/tif, png, ms excel (both xls andxlsx), ms word (both doc and docx), ms ppt

* ms - Microsoft

Note: if attachments are not added and the authorization pends for review, a clinician will reach out via phone to request the attachments.

Home > Authorizations & Referrals > Authorizations Need help? [Watch a demo](#) about Authorizations and Referrals.

A Authorizations Give Feedback [Go to Dashboard](#) [New Request](#)

- 1 Start an Authorization
- 2 Add Service Information
- 3 Rendering Provider/Facility
- 4 **Add Attachments**
- 5 Review and Submit

MORNIE, MORKEL Patient

Member ID MQS800088048	Date of Birth 1990-07-15	Gender Male
Eligibility Status Active Coverage	Group Name Minnesota Senior Health Options	Plan / Coverage Date 2023-05-01 - 9999-12-31
Transaction Type Outpatient Authorization	Organization BCBSMN All Data	Payer BCBSMN BLUE PLUS MEDICAID (00726)

ADD ATTACHMENT(S)

[+ Add files](#)


[Back](#) [Next](#)

REVIEW AND SUBMIT

Before you submit the request, review all details and information you entered for accuracy. If you need to make edits to any of the fields, you can click back to that step.

Select the **Submit** button at the bottom of the page to submit the request and see the results.

1 Start an Authorization
2 Add Service Information
3 Rendering Provider/Facility
4 Review and Submit

DOE, JOHN Patient			
Member ID PEM1234567890000	Date of Birth 05/14/1945	Gender M	
Eligibility Status Active Coverage	Group Name Platinum Blue Rx Complete	Plan / Coverage Date 01/01/2017 - 12/31/9999	
Transaction Type Outpatient Authorization	Organization ABC Clinic	Payer BCBSMN	

Member Information [Back to Step 1](#)

Patient Name DOE, JOHN	Patient Date of Birth 05/14/1945	Patient Gender M
Member ID PEM1234567890000	Relationship to Subscriber Self	Subscriber Name DOE, JOHN

Clinical Information [Back to Step 3](#)

The ordering physician, with knowledge of the member's medical condition, has determined that waiting the standard time for review would subject the member to severe pain that cannot be adequately managed without the care or treatment that is subject of the claim, or the ordering physician has determined that waiting could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function:
No

Your Contact Information [Back to Step 1](#)

First Name Brooke	Last Name Brownie
Phone (555) 555-5555	Email Brooke.Brownie@email.com

Back
Submit

POST SUBMISSION

Once the request is submitted a Certification/Reference Number will be populated that will begin VU.

Status will return at line level and overall authorization. If one line sets as Pended, the entire authorization will be pended.

A copy of the submission can be printed or saved for reference.

[Print](#) [Save New Template](#)

Certificate Information

Transaction Type
Outpatient

Certification/Reference Number
VU122023136

Status
Pended

STATUS DESCRIPTIONS OF SUBMITTED AUTHORIZATION REQUESTS

Status	Description
Approved	The request has been approved by the payer.
Cancelled	The request has been cancelled by the payer. For prior authorization requests, this will occur when a prior authorization is not required
Pended	The request in being review by the payer.

THANK YOU

For technical support contact Availity 1-800-282-4548 or 1-800-AVAILITY. Or select **Help & Training | Availity Support** for additional Availity assistance.