

How to Submit Medical Authorizations Online with AuthAccel



Promise Health Plan

Agenda




1. AuthAccel overview for medical requests
2. AuthAccel demonstration: Submitting a medical authorization request
3. View medical authorization status: How to search
4. Summary and resources
5. Q&A

A PDF of this presentation and a link to the recording will be emailed to you in about 5 working days.

AuthAccel overview

Request Medical Prior Authorizations



Name:
ALBERT MEMBERN

Date Of Birth:
03-16-1959

Address:

Phone:

Special Programs:

Member ID:
123456842

Benefit String:
M0019670

IPA/MG:

Effective:
01-01-2020

Plan Type/Group ID#:
Full PPO SAV_ED 5500 Jan20/W0001074

LOB:
DMHC.PPO

Term:
12-31-2199

Member Eligible

12-31-2199

Select Authorization Urgency

☒ Standard ☐ Expedited

AuthAccel is Blue Shield of California's medical and pharmacy online authorization system available 24/7 from our Provider Connection website.

The system currently works best for providers with fewer than 2,000 PINs attached to the Tax ID under which they are submitting or viewing an authorization. This PIN limitation is expected to be removed in Q3.

Submitting and viewing authorizations in AuthAccel

Any medical authorization you currently submit to Blue Shield of California and Blue Shield Promise Health Plan can be submitted online via AuthAccel.

The system also shows the status of all medical and Rx requests submitted for Blue Shield and Blue Shield Promise members, including those submitted via fax, phone, etc.

Note, AuthAccel functionality will differ by plan type. Today's training focuses on functionality related to submitting and viewing medical authorizations for Medi-Cal and Cal MediConnect members.

	Blue Shield Promise Medi-Cal & Cal MediConnect	Blue Shield Medicare	Blue Shield Commercial/FEP
Submit medical	Y	Y	Y
View medical	Y	Y	Y
Submit pharmacy	N	Y	Y
View pharmacy	Y	Y	Y

AuthAccel demonstration

Resources to help you work in AuthAccel

Click to the
Medicare, Medi-Cal,
Cal MediConnect
instructions.

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How to submit a medical authorization in AuthAccel (updated 5/2021)

There are three types of medical authorizations that can be submitted in AuthAccel: 1) Inpatient, 2) Service Request (Prior Auth), and 3) Medication.

A medication request is for drugs injected or infused in a medical setting. A pharmacy request is for medication that is prescribed to and self-administered by the patient.

Guidelines for working in AuthAccel

- AuthAccel currently performs best for providers with fewer than 2,000 Provider IDs attached to their Tax ID.
- Google Chrome is the preferred browser.
- Do not use browser navigation when working in AuthAccel.
- Work will not be saved if the system is exited prior to submitting a request.
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries.
- Mandatory fields in AuthAccel are indicated with an asterisk (*).
- Many drop-down lists offer predictive search. Click in the open field and begin typing to display a list of options that best match your entry.

Access AuthAccel from Provider Connection

1. Click **Authorizations** at the top of the homepage.
2. Click **Medical Authorization** from the blue navigation banner.
3. Select the appropriate Tax ID from the drop-down list.
4. Click **Go**.
5. AuthAccel opens in a new window.
 - To submit under a different Tax ID, close AuthAccel, return to the *Medical Authorizations* page in Provider Connection, and select the new Tax ID.

AuthAccel works differently by plan type. **Click the link below to view instructions for the appropriate plan type.**

- [Commercial and FEP plans](#)
- [Medicare, Medi-Cal, and Cal Medi-Connect plans](#)

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blue  of california

How to view medical authorization status in AuthAccel (updated 3/2021)

AuthAccel will display all open authorizations and all authorizations closed within the last 30 days. Closed authorizations older than the 30-day window are retrievable using the **Show More Search Options** button. When searching for older closed requests by date, use the decision date vs. the date when the authorization was submitted.

There are three types of medical prior authorizations viewable in AuthAccel: 1) Inpatient, 2) Service Request (Prior Auth), and 3) Medication.

A medication request is for drugs injected or infused in a medical setting (such as a doctor's office or outpatient hospital facility). Medication authorizations fall under the medical benefit. A pharmacy request is for medication that is prescribed to and self-administered by the patient.

Below are step-by-step instructions for how to view a medical prior authorization request in AuthAccel. You can: 1) move through each section sequentially or 2) **CTRL + click** on a specific topic in the table of contents below.

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Guidelines for working in AuthAccel

- Google Chrome is the preferred browser.
- Do not use browser navigation when working in AuthAccel.
- AuthAccel times out after 30 minutes of inactivity.
- A link is provided from AuthAccel to Blue Shield of California's clinical policies and guidelines. For Blue Shield Promise Health Plan clinical policies, [click here](#).

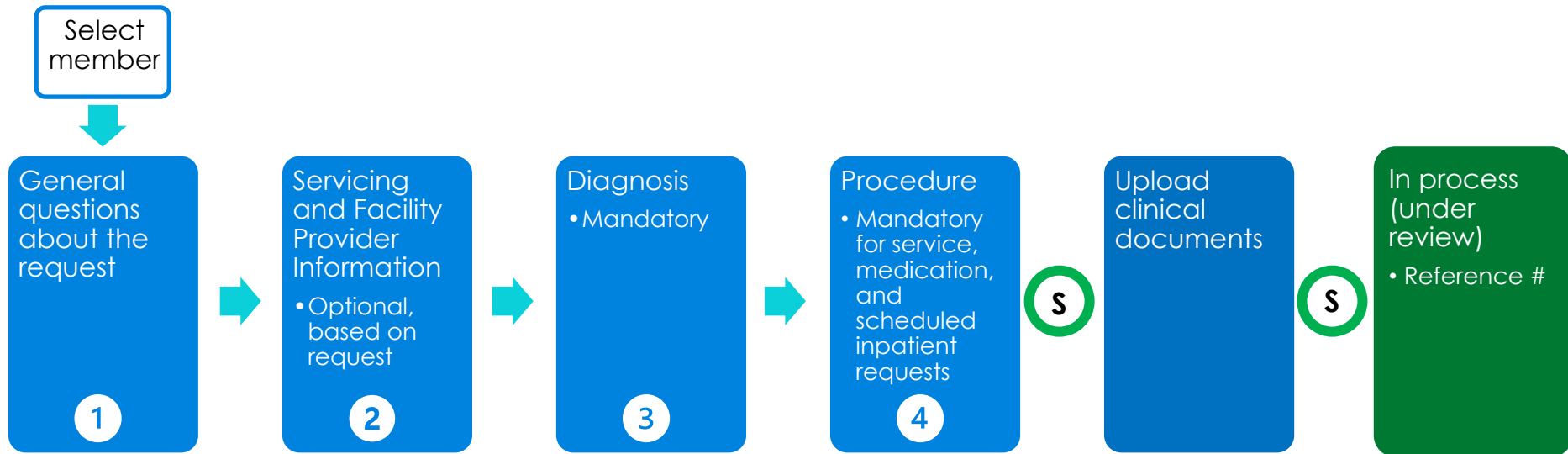
Step-by-step instructional PDFs for medical authorization submissions and status checks are linked here on Provider Connection:

- On each AuthAccel launch page in the right panel.
- In the [Authorizations](#) section under [Authorization tools](#).
- In the [News & Education](#) section under [AuthAccel online authorization training](#).

AuthAccel tips

- Google Chrome is the preferred browser
- Use AuthAccel navigation, not your browser navigation, when working in the system
- AuthAccel times out after 30 minutes of inactivity and will not save unsubmitted entries
- Mandatory fields have an asterisk (*) and must be completed to submit
- Grayed out fields are populated by the system and cannot be edited

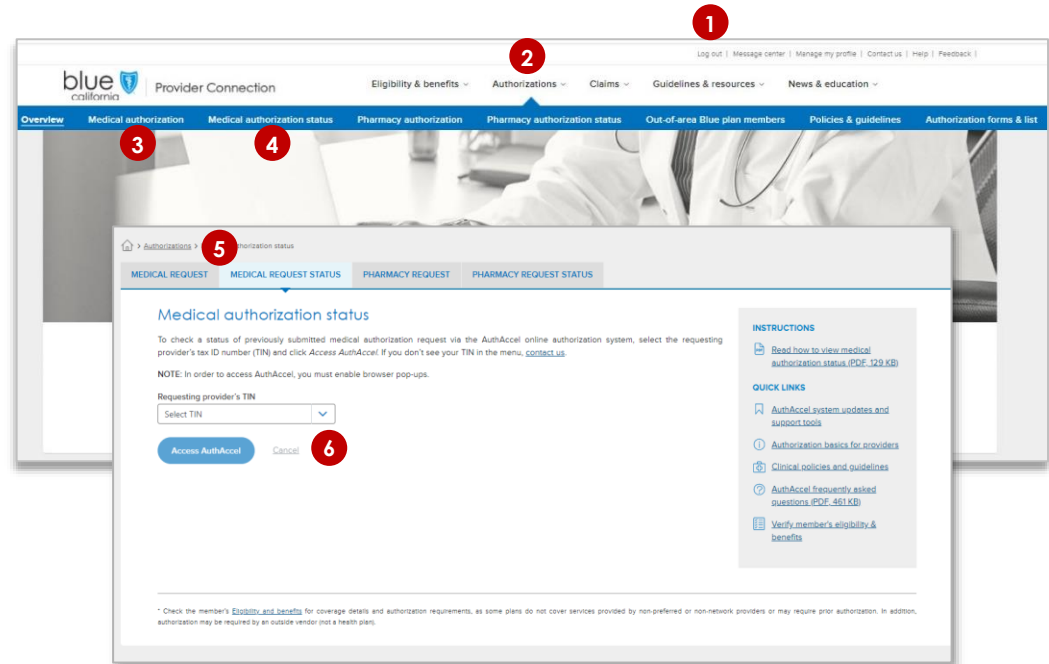
High level process map for Medi-Cal/Cal MediConnect medical requests*



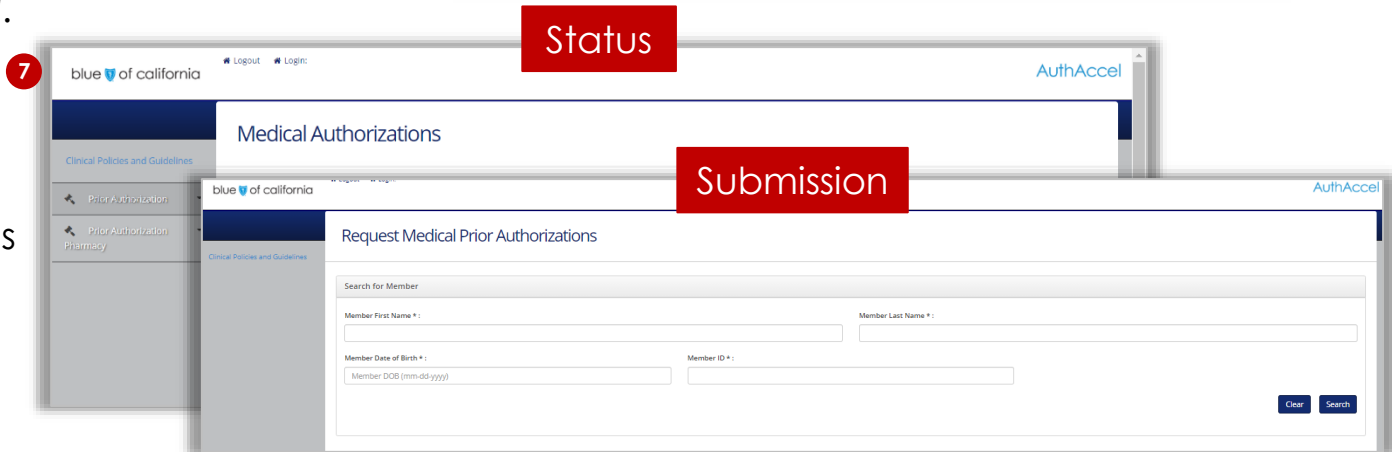
* This process also applies to Medicare authorization requests. The process is different for Commercial and FEP authorizations.

Access AuthAccel from Provider Connection to submit or view medical requests

1. Log into Provider Connection at blueshieldca.com/provider.
2. Click the [Authorizations](#) section link or use the authorization links on the homepage.
3. Click either [Request a medical authorization](#) or
4. [View medical auth status](#).
5. The corresponding AuthAccel launch page will display.
6. Select the appropriate Tax ID from the drop-down list and click *Access AuthAccel*.




7. AuthAccel for submission or status will open in a new window.



AuthAccel demonstration

Request Medical Prior Authorizations



Name:
ALBERT MEMBERN

Date Of Birth:
03-16-1959

Address:

Phone:

Special Programs:

Member ID:
123456842

Benefit String:
M0019670

IPA/MG:

Effective:
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Plan Type/Group ID#:
Full PPO SAV_ED 5500 Jan20/W0001074

LOB:
DMHC,PPO

Term:
12-31-2199

Member Eligible

12-31-2199

Select Authorization Urgency

☒ Standard ☐ Expedited

Alternate Benefit Type field

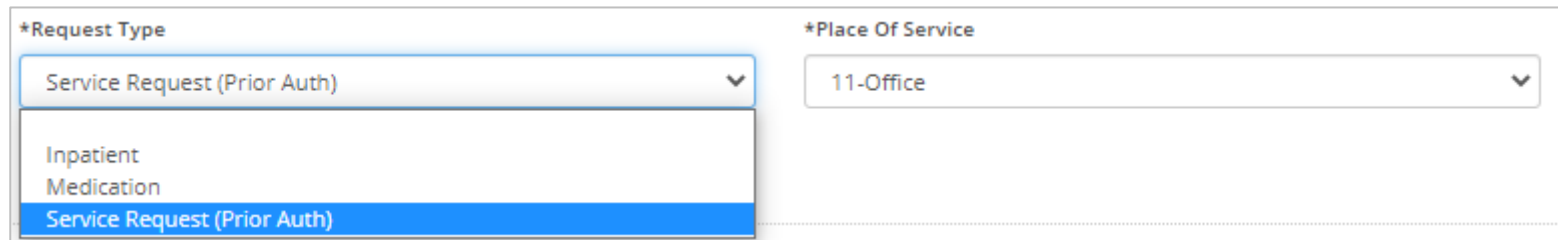
- The **Select below if the member is using their Alternate Benefit Type** field displays if the member has a Cal MediConnect or PPO/POS (point of service) plan.
- When you see this field, use the drop-down list to select the primary plan.
- If no selection is made for claims payment:
 - Members with a Cal MediConnect plan will default to Medicare.
 - Members with a PPO/POS plan will default to HMO.

The screenshot shows a form with the following elements:

- A section titled "Requesting Provider Same as Servicing Provider" with radio buttons for "YES" and "NO". The "NO" button is selected.
- A dropdown menu titled "Select below if the member is using their Alternative Benefit Type". The dropdown is open, showing a list of options: "CAL MEDICONNECT", "Medi-Cal", "MediCare", "PPO", and "PPO/POS". The "CAL MEDICONNECT" option is highlighted in blue.
- A field labeled "*Request Type" with a dropdown arrow.

Tips for Blue Shield Promise inpatient submissions

- All Promise Health Plan scheduled inpatient authorizations should be submitted as ***Request Type** *Service Request (Prior Auth)*.



The screenshot shows a form with two dropdown menus. The first dropdown, labeled '*Request Type', has a list of options: 'Service Request (Prior Auth)', 'Inpatient', 'Medication', and 'Service Request (Prior Auth)'. The second dropdown, labeled '*Place Of Service', has the option '11-Office'.

- The ***Place of Service** will default to Office. **Change to:**
 - 22-On Campus-Outpatient Hospital **OR**
 - 24-Ambulatory Surgical Center
- Add facility and if appropriate, servicing provider.
- Reason: All Blue Shield Promise authorizations are reviewed by the outpatient clinical review team.
- If approved, no further action is required from you. If the member is admitted to an inpatient hospital, the hospital will submit to Blue Shield Promise via a face sheet.

**Viewing authorization
status**

Authorization request turnaround times

Turnaround times in AuthAccel match those of other authorization submission modalities like phone or fax.

Authorization request turnaround times		
Authorization type	Standard	Expedited
Service Request/Prior Auth (including DME)	5 business days	72 hours
FEDERAL Service Request/Prior Auth (including DME)	15 calendar days	72 hours
Medication	72 hours	24 hours
Inpatient (Initial)	24 hours	24 hours
Concurrent	72 hours	24 hours
Pharmacy	72 hours	24 hours

Access AuthAccel from Provider Connection to view medical requests for all Blue Shield and Blue Shield Promise plan types

The image displays three overlapping screenshots of the Blue Shield of California Provider Connection and AuthAccel interfaces, illustrating the steps to access medical authorization status.

Screenshot 1 (Top): Shows the Provider Connection homepage. The "Medical authorization status" link in the top navigation bar is highlighted with a red circle labeled "1".

Screenshot 2 (Middle): Shows the "Medical authorization status" page. The "MEDICAL REQUEST STATUS" tab is highlighted with a red circle labeled "2". Below the tab, the "Access AuthAccel" button is highlighted with a red circle labeled "3".

Screenshot 3 (Bottom): Shows the AuthAccel "Medical Authorizations" page. The page includes a sidebar with "Clinical Policies and Guidelines", "Prior Authorization", and "Prior Authorization Pharmacy". The main content area displays a table of medical authorizations with columns: DATE SUBMITTED, REFERENCE, ALTERNATE AUTH ID, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, and PAGE. A search bar is located at the top right of the table.

Two authorization status search types *



Current search:

Search for open authorizations or ones closed within the last 30 days



Historical search:

Search for closed authorizations older than 30 days

* Also applies to pharmacy authorization status searches.

Current search

1. The *Prior Authorization Request Status* table will automatically load with ALL open requests and requests closed within the last 30 days submitted under the TIN used to access AuthAccel.
2. Use the general *Search* field located at the top right of the table or one of the *open search fields* at the top of any column to locate the authorization.
3. For communication related to the request plus other details, click the authorization *Reference #*.

Medical Authorizations

Open authorizations and those closed within the last 30 days will display in the table below. For closed authorizations older than 30 days, populate the provider in the Closed Request Search field, then click Show More Search Options.

*Closed Request Search

To search for closed requests older than 30 days, select the provider, then click Show More Search Options.

Show More Search Options

Prior Authorization Request Status 11

Show 1 entries

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	PAYER	ACTION
Date Submitted	Reference #	Alternate Auth ID	Member Name	Request Type	Admission Date	Discharge Date	Requesting Provider	Servicing Provider	Facility Provider	Status	Decision	Payer	
02-09-2021	H63188520		MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		Completed	Approved	COMMERCIAL DMHC	Add Discharge Date Add Attachment
02-09-2021	H51136158		MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		COMMERCIAL DMHC	Add Discharge Date Add Attachment
02-09-2021	H25552312		EDWARD BUXTON	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		MEDICARE CMS	Add Discharge Date Add Attachment
02-08-2021	H84963618		ALBERT MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		COMMERCIAL DMHC	Add Discharge Date Add Attachment
01-15-2021	H53366215		KERRI MEMBERI	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center	SUTTER DAVIS HOSPITAL	In Progress		COMMERCIAL DMHC	Add Discharge Date Add Attachment

Previous 1 2 3 Next

Historical search

- To access closed authorizations older than 30 days:
 1. Select the provider from the **Closed Request Search* field.
 2. Click the *Show More Search Options* button.

Medical Authorizations

Open authorizations and those closed within the last 30 days will display in the table below. For closed authorizations older than 30 days, populate the provider in the Closed Request Search field, then click Show More Search Options.

*Closed Request Search 1

To search for closed requests older than 30 days, select the provider, then click Show More Search Options.

Show More Search Options 2

Prior Authorization Request Status 11

Show ▼ entries Search:

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	PAYER	ACTION
Date	Submitted	Reference #	Alternate Auth ID	Member Name	Request Type	Admission Date	Discharge Date	Requesting Provider	Servicing Provider	Facility Provider	Status	Decision	Payer
02-09-2021		H63188520		MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		Complete	Approved	COMMERCIAL DMHC
													Add Discharge Date Add Attachment
02-09-2021		H51136158		MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		COMMERCIAL DMHC
													Add Discharge Date Add Attachment
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													Add Discharge Date Add Attachment

Previous 1 2 3 Next

Historical search continued...

- To access closed authorizations older than 30 days:
 3. Enter data into one or more of the fields.
 4. Click Search -- results will display below

*Closed Request Search

PG0047639001 Sleep and Wellness Center 19742 MACARTHUR BLVD STE 200,IRVINE,CA

To search for closed requests older than 30 days, select the provider, then click Show More Search Options.

Hide Search Options

Member First Name :

Member Last Name :

Member DOB :

Member ID# :

Authorization Status :

Decision :

Auth # :

Alternative Auth ID :

Request Type :

Requesting Provider First Name :

Requesting Provider Last Name :

Servicing Provider First Name :

Servicing Provider Last Name :

Search by Date (Date Type) :

From Date :

To Date :

4 Search Clear

Prior Authorization Request Status 1

Show 1 entries

Search: Search...

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	PAYER	ACTION
12-09-2020	H42767249		NATALIE MEMBERI	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		Complete	Approved	COMMERCIAL DOI	Add Discharge Date Add Attachment

Previous 1 Next

Attach documentation in View Medical Auth Status screen

1. Click *Add Attachment* under the *Action* column to upload clinicals and/or “review as is” instructions to an open (undecided) request – great for LOI situations.
2. To view the documentation you added, click the authorization *Reference #*. This opens the *Member Auth Details* window. Scroll down to the *Supporting Documentation* table.

Medical Authorizations

Open authorizations and those closed within the last 30 days will display in the table below. For closed authorizations older than 30 days, populate the provider in the Closed Request Search field, then click Show More Search Options.

*Closed Request Search

To search for closed requests older than 30 days, select the provider, then click Show More Search Options.

Show More Search Options

Prior Authorization Request Status **11**

Show entries

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	DECISION	PAYER	
Date	Submitted	Reference #	Alternate Auth ID	Member Name	Request Type	Admission Date	Discharge Date	Requesting Provider	Servicing Provider	Facility Provider	Status	Decision	Payer
02-09-2021		H63188520	MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		Complete	Approved	COMMER DMHC	
02-09-2021		H51136158	MICHELLE MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		COMMER DMHC	
02-09-2021		H25552312	EDWARD BUXTON	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		MEDICAR	
02-08-2021		H84963618	ALBERT MEMBERN	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center		In Progress		COMMER DMHC	
01-15-2021		H53366215	KERRI MEMBERI	Service Request (Prior Auth)			Sleep and Wellness Center	Sleep and Wellness Center	SUTTER DAVIS HOSPITAL	In Progress		COMMER DMHC	

ACTION

Add Discharge Date

Add Attachment

Add Discharge Date

Add Attachment

Add Discharge Date

Add Attachment

Add Discharge Date

Add Attachment

Provider Search button

If your Tax ID has more than 20 Blue Shield Provider IDs connected to it, the two drop-down lists encircled in red will not pre-populate when you submit a medical or pharmacy authorization or conduct a historical authorization search. Instead, you will see a *Provider Search* button.

Submission

Select Authorization Urgency

☒ Standard ☐ Expedited

*Requesting Provider

Provider Search

Alternative Auth ID

Specialty

Provider Status

Hospice Facility - Fac

If any information below is incorrect, please call (800) 258-3091.

First Name

Last Name

Organization

Status – Historical Search

Medical Authorizations

Open authorizations and those closed within the last 30 days will display in the table below. For closed authorizations older than 30 days, populate the provider in the Closed Request Search field, then click Show More Search Options.

*Closed Request Search

Provider Search

To search for closed requests older than 30 days, select the provider, then click Show More Search Options.

Show More Search Options

⏮ Prior Authorization Request Status 1

Provider Search button continued...

Clicking the *Provider Search* button will open the *Provider Search* window.

1. Enter data into one or more fields.
2. Click *Search* – results will display below
3. Click *Select* to populate the auth submission screen or execute the historical search

Provider Search 1

Provider Id

NPI

1932197258

Tax Id

First Name

Last Name

Facility/Organization

Zip Code

93940

2

Search

Clear

Provider Search Results

3

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
Select	FA0002521001	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902
Select	PG0021309008	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	2511 GARDEN RD, MONTEREY, CA, 939405330
Select	PG0021309009	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902
Select	PG0021309013	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	576 HARTNELL ST, MONTEREY, CA, 939402833
Select	PG0037252004	1932197258				COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 HOLMAN HWY, MONTEREY, CA, 939405902

Summary and resources

AuthAccel benefits round-up

- Remember, AuthAccel works best for providers with fewer than 2,000 PINs attached to the Tax ID under which they are submitting or viewing an authorization. (PIN limitation to be removed in Q3.)



Integrates member eligibility and provider status into the process.



Allows direct attachment of clinical documentation to the authorization.



Gathers all authorization information in one location.



Displays status and decisioning for all medical authorizations, regardless of how they are submitted.

Resources

If you would like to...	Click or call...
<ul style="list-style-type: none"> Register for or use Provider Connection 	<ul style="list-style-type: none"> Blue Shield Promise Provider Connection Reference Guide Blue Shield Provider Connection Reference Guide
<ul style="list-style-type: none"> Visit Provider Connection 	<ul style="list-style-type: none"> Blue Shield Provider Connection home page
<ul style="list-style-type: none"> View Blue Shield Promise Health Plan clinical policies and procedures 	<ul style="list-style-type: none"> Medical policy list Prior authorization list
<ul style="list-style-type: none"> Submit Blue Shield Promise medical authorizations online and/or check the status of your requests 	<ul style="list-style-type: none"> AuthAccel step-by-step instructions Submit a medical authorization in AuthAccel Check medical authorization status in AuthAccel
<ul style="list-style-type: none"> Get help with billing, eligibility, benefits, authorizations, claims, or the website 	<ul style="list-style-type: none"> Blue Shield Promise Provider Services at (800) 468-9935 Blue Shield Provider Services at (800) 541-6652



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