

AuthAccel Online Authorization System FAQ

(Updated May 2021)

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1. What is AuthAccel?

- A** AuthAccel is a medical and pharmacy online authorization system built by MHK and customized for Blue Shield. It provides an online, end-to-end process where you can complete, submit, track, and receive determinations for Blue Shield authorizations. AuthAccel is available 24/7 from the [Authorizations](#) section on the Blue Shield Provider Connection website (blueshieldca.com/provider). You must be logged in to Provider Connection to access AuthAccel.

2. Which Blue Shield providers can use AuthAccel?

Both medical and pharmacy authorizations can be submitted and viewed in AuthAccel for Blue Shield of California members. Only medical authorizations can be submitted in AuthAccel for Blue Shield Promise Health Plan members. However, both medical and pharmacy authorizations can be viewed in the system for these members.

3. What is the 2,000 PIN limitation in AuthAccel?

- A** AuthAccel consumes up to 2,000 PINs at any one launch. The specific PINs that get consumed and displayed in AuthAccel can be different at each launch of the system, and from user to user. Consequently, if you are a provider with more than 2,000 PINs, you will experience intermittent challenges when trying to:

- Find providers to populate the *Requesting Provider* field for authorization submissions.
- Locate current and historical authorizations when checking status.

The system works best for Blue Shield and Blue Shield Promise 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 2021.)

4. What types of authorizations can be submitted in AuthAccel?

- A** Any **medical authorization** that you submit to Blue Shield of California or Blue Shield of California Promise Health Plan for approval can be submitted in AuthAccel. Medical requests include service requests (prior auths) and requests for inpatient and medication authorizations.

Pharmacy authorizations for Blue Shield Commercial/FEP and Medicare members can be submitted in AuthAccel. However, pharmacy authorizations for Blue Shield Promise Medi-Cal and Cal MediConnect members cannot be submitted in the system.

Additionally, AuthAccel cannot be used to submit authorizations currently submitted to a Blue Shield third-party vendor.

5. Are there instructions I can follow for submitting an authorization or viewing status?

- A** Yes. Step-by-step instructions are linked in the right column of each AuthAccel launch page. Additionally, all instructions plus additional support material can be found on the Provider Connection [AuthAccel online authorization training](#) page.

6. Does AuthAccel works differently by plan type for medical authorization requests?

A Yes. Below is a high-level snapshot of what you can do in AuthAccel by plan type:

Functionality	Blue Shield Commercial/FEP	Blue Shield Medicare	Blue Shield Promise Medi-Cal/ Cal MediConnect
Submit medical request online and track authorization status	Y	Y	Y
Prescreen to determine if authorization is required or delegated	Y	N	N
Receive immediate approval for select medical services	Y	N	N
Attach medical documentation with submission, as well as to any open medical request	Y	Y	Y
Enter discharge date for open inpatient authorization requests	Y	Y	Y

7. Can I use AuthAccel to notify admission for scheduled procedures/inpatient surgeries?

A Yes. In AuthAccel, when submitting prior authorization requests for scheduled inpatient surgeries or procedures, the *Admit Date* field is required for the proposed date of admission. Blue Shield requests a notification of admission when the member is admitted to the inpatient facility. You may notify Blue Shield by fax or phone call or you may also add a document (hospital face sheet) to the authorization in AuthAccel to notify of hospital admission.

8. Can I use AuthAccel to request authorizations for other states' Blue plan members?

A No. For online authorization requests for patients insured by other states' Blue plans, please access the [BlueCard Program](#) page on Provider Connection.

Authorizations for Blue Shield of California members who visit out-of-state providers can be submitted in AuthAccel.

9. What is prescreening and how does it work for Commercial/FEP medical requests?

- A** AuthAccel “prescreens” or tells you when Blue Shield does or does not require authorization for a Commercial or FEP member. The system also tells you when authorization is delegated to another approver.

When either is the case, the system will change the authorization request to an inquiry. An inquiry is documentation from Blue Shield that authorization is not required from us or that it is delegated. You must complete the process and click *Submit* to secure an inquiry. You can download and/or print the inquiry for your records. Note, AuthAccel does not currently prescreen for any other plan types.

Determination if an authorization is or is not required by Blue Shield is made after you enter the procedure code(s). If a request contains a code requiring authorization and a code that does not, it will submit as an authorization. However, you will receive a determination only on the code that requires authorization.

Delegation alerts include the name and contact information for the appropriate authorizer. Based on the member’s plan, they can display when you:

- Enter member information
- Select the **Request Type* and/or the **Place of Service* fields
- Select the *Inpatient Admit Type*
- Enter the primary diagnosis code or procedure code

10. How do I know if a medical service or prescription needs authorization from Blue Shield?

- A** AuthAccel “prescreens” or tells you if a **medical authorization** is required for a Commercial or FEP member. You can also view Blue Shield’s [prior authorization list](#) or contact Provider Services at Blue Shield **(800) 541-6652**.

To determine if medical authorization is required for a Medicare member, please consult the above prior authorization list, or call Blue Shield of California Provider Services at **(800) 541-6652**.

To determine if medical authorization is required for a Medi-Cal or Cal MediConnect member, please consult the *Prior Authorization Code List* located on the [Prior Authorization List](#) page, or call Blue Shield Promise Health Plan at **(800) 468-9935**.

To determine if pharmacy authorization is required for Blue Shield Commercial and Medicare members:

- Navigate to the Blue Shield [Outpatient Drug Formulary Page](#) and select the [Blue Shield of California IFF, Small Group, Large Group, and Medicare formularies](#) link.
 - For Commercial members, scroll to either the *Individual and Family Plan/Small Group* section or the *Large Group* section, then click the appropriate plan’s drug formulary link.
 - For Medicare members, click the [Medicare Part D prescription drug formularies](#) link, then select the appropriate plan.

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To determine if pharmacy authorization is required for Medi-Cal or Cal MediConnect members,

- Navigate to the Blue Shield Promise [Pharmacy services and drug formulary page](#), scroll to the *Drug Formularies* section, and click the appropriate formulary link.

All formularies allow search by drug name and by therapeutic class. Once you search for and locate a drug, the drug details screen will display with a legend that defines the symbols used in the online formulary. To collapse this legend, click the down arrow. The symbol "PA" means that prior authorization is required.

11. Will AuthAccel tell me what documentation is required for my request?

A It depends.

- **For Commercial/FEP medical requests that qualify for immediate authorization consideration**, the *Document Clinical* questionnaire provides a list of required documentation.
- **For pharmacy authorizations approved immediately**, no documentation is required.
- **For medical authorizations that do not qualify for immediate authorization consideration and for Medicare, Medi-Cal, and Cal MediConnect requests**, AuthAccel will not tell you the specific documentation to submit. This also applies to pharmacy authorizations that do not approve immediately. In these cases, submit the documentation you would typically for the request, and Blue Shield will contact you via fax or telephone if anything additional is required.

12. What are the authorization request turnaround times in AuthAccel?

A Some medical and pharmacy authorizations may be approved immediately. For those that are not, turnaround times match those of other authorization submission modalities like phone or fax. Note that in AuthAccel, the **Authorization Urgency** default setting for all request types is "Standard." It can be changed to "Expedited" if that is the appropriate selection.

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

13. Who do I contact if I do not receive a decision within the designated turnaround time?

- A** For medical requests, contact Provider Services at Blue Shield **(800) 541-6652** or Blue Shield Promise **(800) 468-9935** and follow the prompts to request authorization status. For pharmacy requests, contact Pharmacy Services at Blue Shield **(800) 535-9481** or Blue Shield Promise **(800) 468-9935** and follow the prompts to request authorization status.

In both cases, be sure to have your authorization number (reference number).

14. Will AuthAccel automatically deny an authorization request?

- A** No. AuthAccel does not automatically deny an authorization request.

15. How will I be notified when a request entered in AuthAccel is decided?

- A** When an authorization approves immediately, you will see that in the system. No matter if an authorization approves immediately or is pended for review, once it is decided, you will receive an authorization determination letter via fax and the member will receive a mailed copy of that letter. You can also log in to Provider Connection and easily check authorization status online in AuthAccel by going to the [Authorizations](#) section and clicking either [Medical Authorization Status](#) or [Pharmacy Authorization Status](#).

Note, authorizations submitted to Blue Shield and Blue Shield Promise Health Plan by phone or fax are entered in to AuthAccel so that the status of these requests can also be reviewed online.

AuthAccel **does not send email** notifications when an authorization has been decided.

16. If an authorization is denied, can I see detail about that denial in AuthAccel?

- A** Yes. Click the specific **AUTH#** link from the medical or pharmacy *Prior Authorization Request Status* table to open the *Member Auth Details* screen. Navigate to the *Correspondence* section. View the attached documentation for information about the denial and steps that can be taken to appeal.

17. Can I modify/update an authorization once it has been submitted in AuthAccel?

- A** **For medical authorizations**, you can add documentation from the *View Medical Auth Status* table, if the authorization has a status of *In Progress* and has not yet been decided. You can also add discharge information to an open inpatient request. Additionally, for inpatient requests, you will continue providing daily clinical review whether a day(s) is denied or approved. Note that if an authorization is denied, you must submit a new request.

Changes to pharmacy authorizations or changes other than those outlined above for medical authorizations, should be faxed or phoned in. Be sure to provide/have ready the member's first and last name, subscriber ID, and authorization number (reference number).

18. Can I add additional documentation to an authorization submitted in AuthAccel?

A For **medical authorizations**, you add documentation from the *View Medical Auth Status* table, if the authorization has a status of *In Progress* and has not yet been decisioned. You will need the AuthAccel-issued authorization number (reference number) to attach the information to the correct authorization.

For pharmacy authorizations, you must fax additional documentation. Again, you will need the authorization number to ensure it is connected to the correct request.

Please do not submit additional information for a prior auth (service request) if that authorization has been denied. You may continue to submit additional documentation for an inpatient case if that case has denied days of stay.

19. How long is an authorization request accessible from AuthAccel?

A Authorization requests will remain accessible in the AuthAccel system for a minimum of 10 years.

20. Can I view all authorizations submitted in AuthAccel?

A No. You cannot view all authorizations submitted in AuthAccel. You will see only those requests that you have submitted. Additionally, you may also see authorizations submitted by some or all members of your organization, depending on how your organization's Provider Connection Account Manager has set up your account access. Servicing providers and facilities can also see authorizations to which they are linked.

21. Can I view all authorizations submitted for a specific member in AuthAccel?

A No. You cannot see authorizations submitted for a specific member by other providers who do not share your same Tax ID. You will see only those requests that you have submitted and/or, in the case of a servicing provider or facility, those to which you are linked. Additionally, you may also see authorizations submitted for a specific member by some or all members of your organization, depending on how your Provider Connection Account Manager set up your account access.

22. Can I, or members of my team, view all authorizations submitted by my organization in AuthAccel?

A This depends on how your organization's Provider Connection Account Manager has set up account access for your organization. For accounts established after April 2021, if the user is given access to a Tax ID, they will see ALL authorizations connected to that Tax ID. For accounts established before April 2021, the user's view may be limited to specific Provider IDs. If desired, the Account Manager can go to their *Manage User Accounts* page and deselect then reselect a Tax ID for each user. Doing this for each member of a team will let all team members see all authorizations entered by the organization under that specific Tax ID.

If you have questions about creating an account or setting up an Account Manager for your organization, go to [Provider Connection](#). Additionally, you can contact Provider Services at Blue Shield **(800) 541-6652** or Blue Shield Promise **(800) 468-9935**.

23. Can I upload authorizations to AuthAccel via an auth log or batch Excel file?

A No. AuthAccel does not upload auth logs or batch Excel files. However, you can check the status of any authorization in AuthAccel, no matter how it is submitted.

24. Can I upload documents directly into AuthAccel from my EHR/EMR or use Direct Exchange?

A No. You cannot directly upload documents from Electronic Health Record (EHR)/Electronic Medical Record (EMR) systems to AuthAccel or use Direct Exchange to directly transfer clinical information. You can save attachments from these systems to your computer and then upload and attach them to the authorization in AuthAccel.

25. Can I request a date extension for an approved authorization from AuthAccel?

A No. To request a date extension for an approved authorization, telephone Blue Shield or fax the request.

26. Can I submit appeals in AuthAccel?

A No. Appeals cannot be submitted via AuthAccel. The denial letter will be faxed to you. The letter will include instructions for how to submit an appeal. Blue Shield's Appeals Department will review appeal requests.

27. Can I submit retro authorizations in AuthAccel?

A No. Retro authorizations cannot be submitted via AuthAccel. If services are rendered without an authorization, you will submit the required documentation at point of claim. The claim will pend for medical review and be routed over for post-service clinical review.

28. Can I submit referrals in AuthAccel?

A No. Referrals are not processed in AuthAccel.

29. How can I obtain a username and password to Blue Shield's Provider Connection website?

A It is necessary to designate a Provider Connection Account Manager for your organization as this will be the individual who establishes the account. To establish the account, this person will go to blueshieldca.com/provider and click the [Login/Register](#) link located in the top right corner on the Provider Connection home page.

Once the account is established, it is the Account Manager's job to register users, grant permissions, and generally manage the account (e.g., reset user passwords, add new users, delete accounts).

Note, new users will **not** be able to obtain a username and password from Blue Shield on their own. Instead, they will be directed to contact your Account Manager who will complete the process.

If you have questions about creating an account or setting up an Account Manager, go to [Provider Connection](#). Additionally, you can contact Provider Services at Blue Shield **(800) 541-6652** or Blue Shield Promise **(800) 468-9935**.

30. Can I use my current Blue Shield Provider Connection username and password to access AuthAccel?

A Yes. You can use your existing Provider Connection login to access the system.