

Provider Education AuthAccel Online Authorization System FAQ (Updated May 2022)

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1. What is AuthAccel?

A AuthAccel is an online authorization system built by MHK and customized for Blue Shield. It provides an end-to-end process where you can complete, submit, track, and receive determinations for Blue Shield and Blue Shield Promise 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. The table below shows by line of business, what can be submitted and viewed in the system. BH = Behavioral Health.

Action	Blue Shield Commercial/FEP	Blue Shield Medicare	Blue Shield Promise Medi-Cal & Cal MediConnect
Submit medical requests: <ul style="list-style-type: none"> • Service request & BH service request • Inpatient & BH inpatient • Medication & BH medication 	Y	Y	Y
View medical requests	Y	Y	Y
Submit pharmacy requests	Y	Y	N
View pharmacy requests	Y	Y	Y

Note: While AuthAccel can be used to submit pharmacy authorizations for Blue Shield Commercial, FEP, and Medicare members, Blue Shield providers that utilize the Surescripts® or CoverMyMeds® EHR platforms and have electronic prior authorization (ePA) functionality enabled on their systems, may find it easier to submit ePA for their patients to request outpatient drug prior authorization. AuthAccel cannot be used to submit authorizations currently submitted to a Blue Shield third-party vendor.

2. 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.

3. Does AuthAccel work differently by line of business/plan type for medical requests?

A Yes. Below is a snapshot of what you can do in AuthAccel by plan type (BH=Behavioral Health):

Medical request functionality	Blue Shield Commercial/FEP	Blue Shield Medicare	Blue Shield Promise Medi-Cal/ Cal MediConnect
Submit medical request online and track authorization status <ul style="list-style-type: none"> • Service request & BH service request • Inpatient & BH inpatient • Medication & BH medication 	Y	Y	Y
Prescreen to determine if medical 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
View medical inquiries (Documentation provided when authorization is not required or is delegated for a medical service)	Y	Y	Y
Submit pharmacy requests online*	Y	Y	N
Track pharmacy authorization status	Y	Y	Y
Receive immediate approval for select pharmacy requests	Y	Y	N
<ul style="list-style-type: none"> • Prescreen to determine if pharmacy authorization is required • Attach additional pharmacy documentation to an open request 	N	N	N

* Blue Shield providers that utilize the Surescripts® or CoverMyMeds® EHR platforms and have electronic prior authorization (ePA) functionality enabled on their systems may find it easier to submit ePA for their patients to request outpatient drug prior authorization.

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

A Yes. When submitting prior authorization requests in AuthAccel 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, or you may also add a document (hospital face sheet) to the open authorization in AuthAccel to notify of hospital admission.

5. 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.

6. 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 medical authorization for a Commercial or FEP member. The system also tells you when medical 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. AuthAccel also stores inquiries for all lines of business under the *Medical Authorization Status* section. **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

7. How do I know if a medical service 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 consult the [Blue Shield prior authorization list](#) located on Provider Connection. To search this PDF, click F3 or type Ctrl+ F, then enter a code into the open search field. If the code is on the list, authorization is required. There is also searchable [Blue Shield medication policy list](#) for Commercial plans on Provider Connection. No login is required for these resources. Finally, you can contact Blue Shield Provider Customer Service at **(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 Provider Customer Service 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 Promise Health Plan Provider Customer Service at **(800) 468-9935**.

8. Will AuthAccel tell me what documentation is required for a medical 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 Commercial/FEP 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.
 - Submit the documentation you would typically for a request, and Blue Shield will contact you via fax or phone if anything additional is required. For Blue Shield of California authorization requests, you can also:
 - Consult the [Blue Shield medical policy list](#) on Provider Connection (no login required). Required documentation will be listed under the *Documentation for Clinical Review* section for each policy.
 - Search the [Blue Shield prior authorization request form library](#) on Provider Connection (no login required). These forms contain a list of required documentation for the specific request.

9. What are authorization request turnaround times in AuthAccel?

A Some Blue Shield of California 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 & BH service request (including DME)	5 business days	72 hours
FEDERAL service request & BH service request (including DME)	15 calendar days	72 hours
Medication & BH medication	72 hours	24 hours
Inpatient & BH inpatient (Initial)	24 hours	24 hours
Concurrent	72 hours	24 hours
Pharmacy	72 hours	24 hours

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

A For medical requests, contact Provider Customer Service 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).

11. Will AuthAccel automatically deny an authorization request?

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

12. 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, Blue Shield and Blue Shield Promise enters authorizations submitted by phone or fax into 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.

13. 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. Scroll to the *Correspondence* section. View the attached documentation for information about the denial and steps that can be taken to appeal.

14. Can I modify/update a medical 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 other than those outlined above 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).

15. Can I add additional documentation to a medical request in AuthAccel?

A **For medical authorizations submitted online or by any other means**, you 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 will need the AuthAccel-issued authorization number (reference number) to attach the information to the correct authorization.

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.

16. 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.

17. Can I view all authorizations submitted in AuthAccel?

A No. You can see authorizations you have submitted as well as authorizations submitted by other providers who share your same tax identification number(s) [TIN(s)]. Servicing providers and facilities can see all requests to which they are linked.

18. 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.

19. 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.

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

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

21. Can I submit appeals in AuthAccel?

A No. Appeals cannot be submitted in 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.

22. 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.

23. Can I submit referrals in AuthAccel?

A No. Referrals are not processed in AuthAccel.

24. 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.

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

A If your organization is not registered on the website, 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 their Account Manager who will complete the process.

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