How to Submit Medical Authorizations Online with AuthAccel

Agenda

1. AuthAccel overview for medical requests

2. AuthAccel demonstration: Submitting a medical request

3. View authorization status: How to search for an open or closed request

4. Search for a requesting provider when you have 20+ Blue Shield Provider IDs attached to your Tax ID

5. Summary and resources

6. Q&A

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AuthAccel overview

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

AuthAccel can now consume over 2,000 Blue Shield Provider IDs (PINs) at any one launch. The previous PIN limitation has been removed.

Providers of any size can now use AuthAccel to submit and view medical authorizations.

Submitting and viewing authorizations in AuthAccel

- Medical requests that you currently submit to Blue Shield Promise Health Plan can be submitted online in AuthAccel – but not Rx.

  - AuthAccel will except both medical and Rx requests for Blue Shield of California members

- You can also view the authorization status of medical and Rx requests submitted for Blue Shield and Blue Shield Promise members, including those submitted via fax, phone, etc.

	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

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

AuthAccel demonstration

Resources to help you work in AuthAccel

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

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

- In the Authorizations section under Authorization tools.

- In the News & Education section under AuthAccel online authorization training.

  - Plus, an AuthAccel Authorization System FAQ located here.

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.

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High level process map for Medicare, Medi-Cal and Cal MediConnect medical requests*

```
Select
member
   ↓
```

General questions about the request

1

→

Servicing and Facility Provider Information
- Optional, based on request

2

→

Diagnosis
- Mandatory

3

→

Procedure
- Mandatory

4

(S)

Upload clinical documents

(S)

In process (under review)
- Reference #

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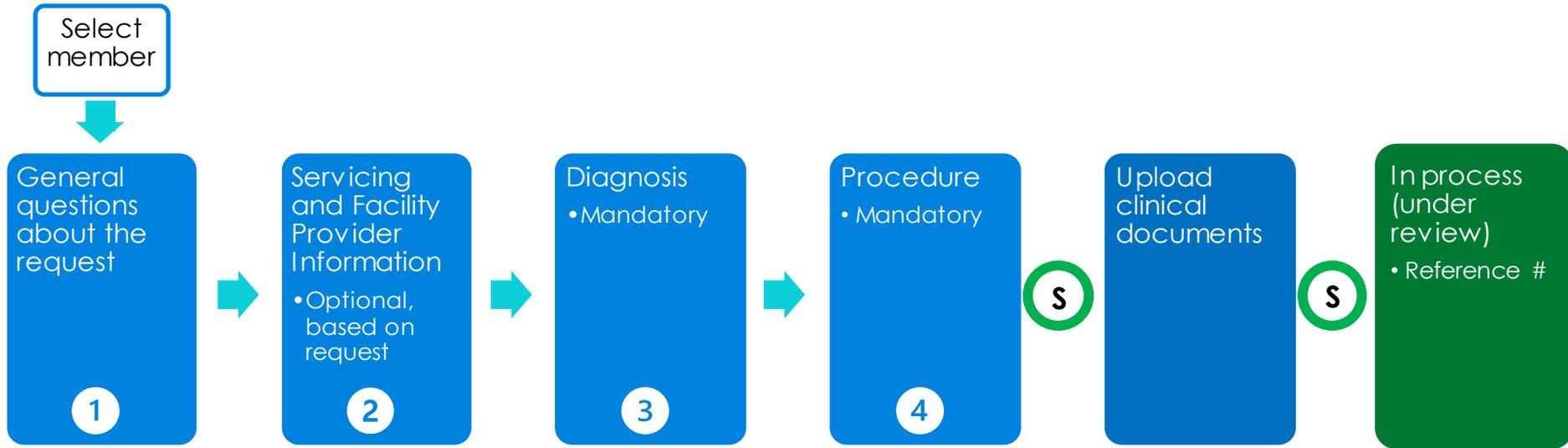
*   The process is different for Commercial and FEP authorizations.

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.
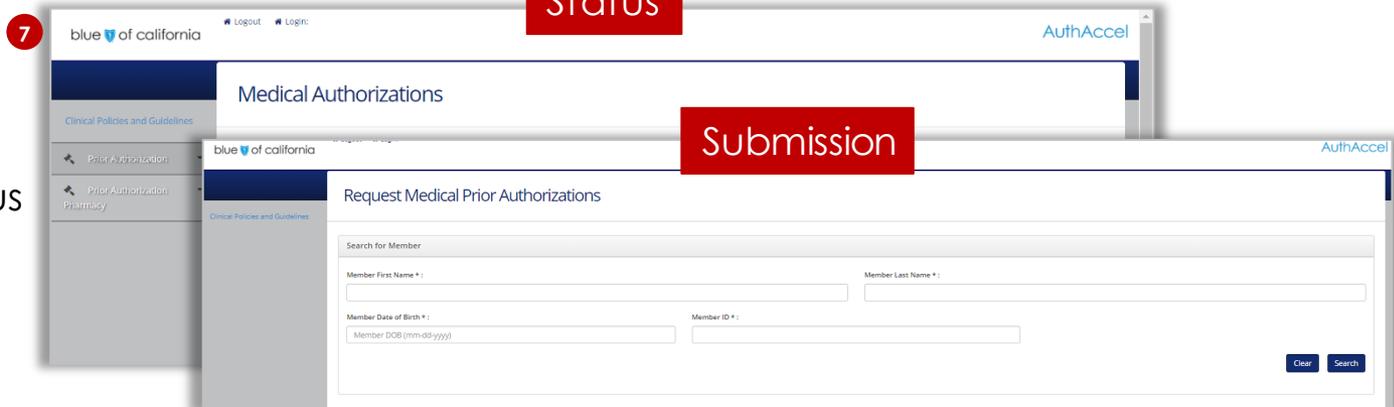
6. Select the appropriate Tax ID from the drop-down list and click *Access AuthAccel.*
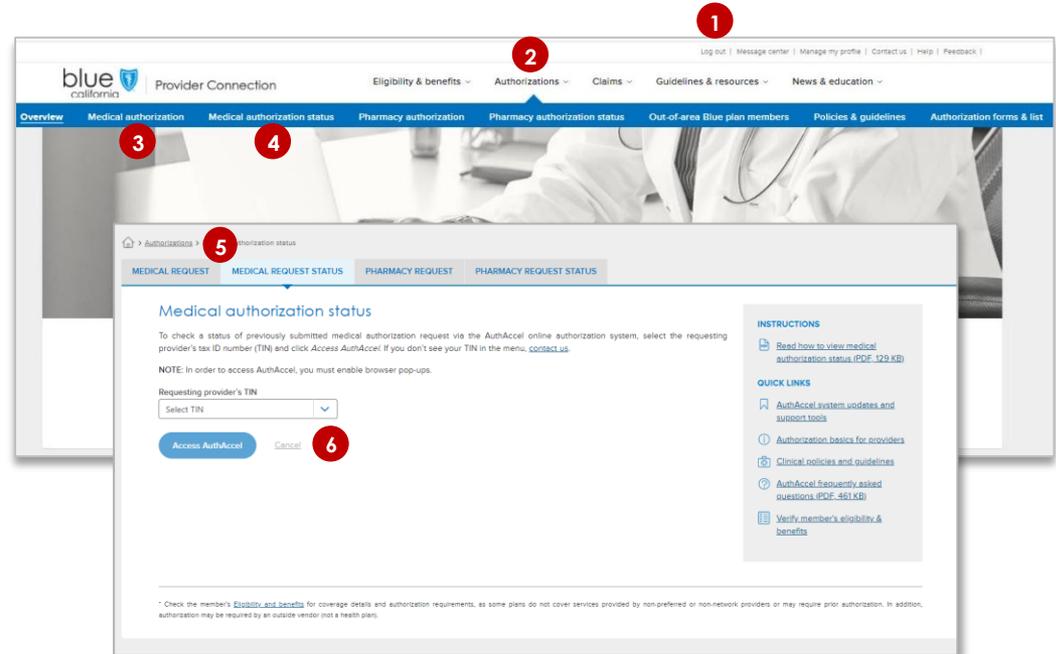
7. AuthAccel for submission or status will open in a new window.

AuthAccel demonstration

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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.

Tips for Blue Shield Promise inpatient submissions

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

- **Reason:** All Blue Shield Promise authorizations are reviewed by the outpatient clinical review team.
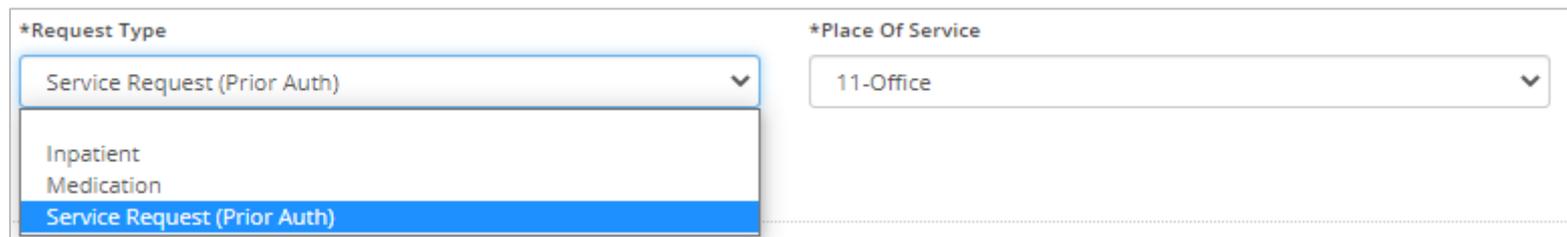
*Request Type	*Place Of Service
Service Request (Prior Auth) ⌄	11-Office ⌄
Inpatient	
Medication	
Service Request (Prior Auth)	

- 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.
- 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

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

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.

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.

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 the *Closed Request Search field for a historical search

Summary and resources

AuthAccel benefits round-up

Providers of any size can now use AuthAccel to submit and view medical authorizations.

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…
• Register for or use Provider Connection	• Blue Shield Promise Provider Connection Reference Guide • Blue Shield Provider Connection Reference Guide
• Visit Provider Connection	• Blue Shield Provider Connection home page
• View Blue Shield Promise Health Plan clinical policies and procedures	• Medical policy list • Prior authorization list
• Submit Blue Shield Promise medical authorizations online and/or check the status of your requests	• AuthAccel step-by-step instructions • Submit a medical authorization in AuthAccel (log in required) • Check medical authorization status in AuthAccel (log in required)
• Get help with billing, eligibility, benefits, authorizations, claims, or the website	• Blue Shield Promise Provider Services at **(800) 468-9935** • Blue Shield Provider Services at **(800) 541-6652**

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