Prior Approval Portal Submitting an Inpatient Request

The Prior Approval Portal can receive inpatient service requests that are pre or post service. This document will go over what fields are required to submit a request, how to view a request, attach clinical files related to the request and enter messages related to the request.

Both inpatient and outpatient requests share the same process with some differences in selections for fields. The steps are listed below:

**Create a New Inpatient Request:**

1. Log into the PRC or through your local Plan's link (if out of state provider) and access the Prior Approval Portal through the link provided.
2. Enter the first name (or initial), last name (or initial), member id and date of birth under the member tab or Find a Member.

If member is…	Then…
Blue Cross VT Member	Enter the "V", member number and dependent code
New England Health Plan (NEHP), Access Blue New England	Enter the alpha prefix, number and dependent code. Note: If the mbr has a leading zero following the alpha prefix, you will need to drop the zero and enter the remaining numbers and the dependent code.
Federal Employee Plan (FEP	Enter the "R" member number and dependent code.

Select the member by double clicking on the member's name.
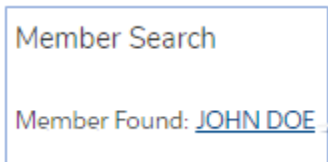
3. Click on "Create Authorization"
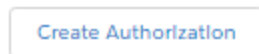
4. **First Screen:** (see next page)

Create Authorization

You are creating an authorization for Member ID: V8XXXX000000001

Please enter the service details for your authorization:

*In Outpatient
[Inpatient ▼]

*Setting
[--None-- ▼]

*Admit Level
[--None-- ▼]

*Rendering Provider Network
[In-Network ▼]

*Name (PA Completed/Submitted By)
[   ]

*Phone (PA Completed/Submitted By)
[   ]

*Auth Start of Service
[🗓]

*Auth End of Service
[🗓]

*Requesting/Attending Provider
[Search Healthcare Providers... 🔍]

☐ Requesting/Attending Provider not found in the lookup

*Servicing Provider/ Servicing Facility
[Search Healthcare Providers... 🔍]

☐ Servicing Provider/Servicing Facility not found in the lookup

Fax (PA Completed/Submitted By)
[   ]

Email (PA Completed/Submitted By)
[you@example.com]

[Next]

*All fields with the red asterisk are required fields and must be filled out to proceed to the next screen.

Setting Options

Select setting options populated from choice of Inpatient.

[--None-- ▼]

✓ --None--

Acute Care Hospital/Facility

Acute Rehabilitation Facility

Mental Health Facility

Substance Use Disorder Facility

Mental Health Residential Facility

Substance Use Disorder Residential Facility

Skilled Nursing Facility

Hospice

Long Term Care Hospital

Click the option that fits the setting by clicking on it.

Admit Level

The Admit level is triggered from the selected setting.

Rendering Provider Network – In-network defaults. Select from pull down for other options if not in-network.

Rendering Provider Network	Setting
In-network	Default
Out-of-Network	Not contracted with Blue Cross to support the member's plan type.
Benefit Exception for Out of Network	N/A - this is for internal Blue Cross staff
Non-preferred	N/A - this is for internal Blue Cross staff
Participating	N/A - this is for internal Blue Cross staff
Non-participant	N/A - this is for internal Blue Cross staff

Name/PA -person submitting the request.

Phone (Pa completed/Submitted by) – enter phone # in case reviewr needs to contact you.

Auth Start of Service -Use the calendar or complete the date mm/dd/yyyy.

Auth End of Service – Use the calendar or complete the date mm/dd/yyyy

Requesting/Attending Provider – Type the name in the field and selection from options that appear that match the provider. (if it does not pop up a name to select, click the box Requesting/Attending Provider not found in lookup. You will be prompted to complete after hitting "Next").

Servicing Provider/Servicing Facility - Type the name in the field and selection from options that appear that match the provider. (if it does not pop up a name to select, click the box Requesting/Attending Provider not found in lookup. You will be prompted to complete after hitting "Next").

Fax (PA Completed/Submitted by) – include for inpatient requests

Email (PA Completed/Submitted by)

*Click **Next** to go to next screen

5. Enter **Procedure code**(s) (make sure to check the box to enter multiple codes)
   a. Click Next to go to next screen

6. Enter **Diagnosis code**(s) (make sure to check the box to enter multiple codes)
   a. Click Next to go to finish and get message that authorization submitted.

Adding Clinical Files

The prior approval portal allows you to add documentation files after the request is submitted. Use this feature to add things such as diagnostic reports, lab results, progress notes, etc. Click on the New Clinical File button above the message inbox to start the attachment process. A separate screen will open with the option to browse or upload a file. Make sure click 1) Done on the screen:
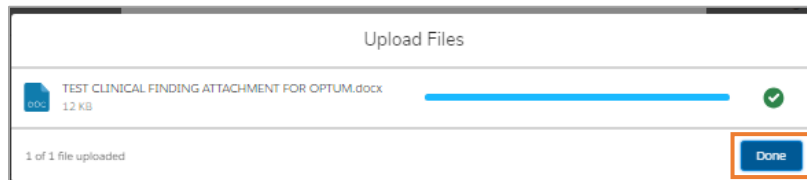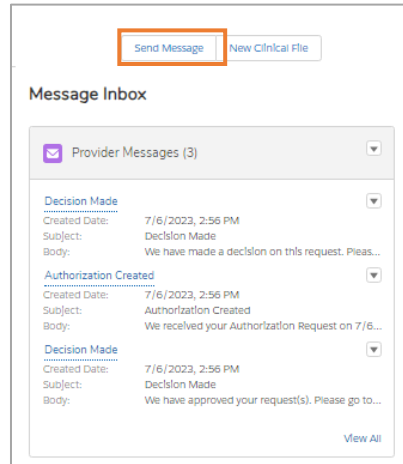

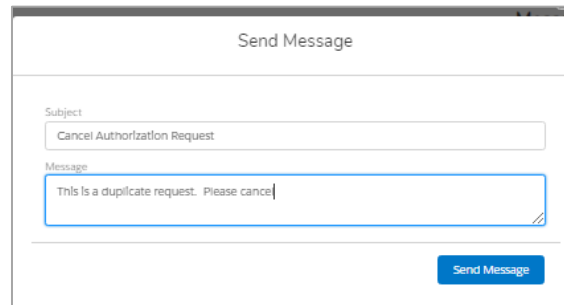and then 2) Attach when all files are uploaded.
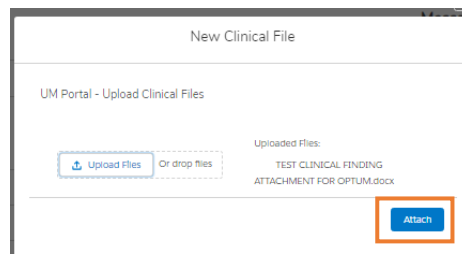
Canceling an Authorization

If you decide to cancel an authorization, send a message to Blue Cross by clicking the Send Message Button on the member's case page. The button is located above the Message inbox.

1. Click the Send Message Button
2. On the new screen enter:
    a. **Subject** – Cancel Authorization Request
    b. **Message** – Information on why cancelling.

3. Click Send Message
4. Refresh the page and you will now see your cancellation request.