

## Introduction

The provider portal integrates with Blue Cross and Blue Shield of Nebraska's (BCBSNE) Medical Management Documentation system and is a way for providers to electronically submit authorizations, step through criteria and receive automated responses and real-time updates.

Providers can check on the status of authorizations, add supporting documentation for authorizations, update authorization with discharge information and submit inpatient extension request in one easy-to-use interface.

The preauthorization process uses single sign-on functionality to eliminate the need to maintain separate login credentials.

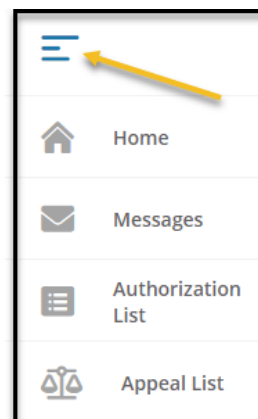
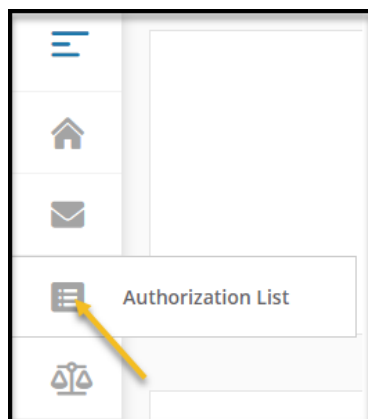
## Navigation

The Home Screen is a dashboard that allows the user to:

- Start a new inpatient or outpatient authorization request
- Review inpatient and/or outpatient authorization requests that are in progress
- Request to withdraw a pending authorization

The left-hand side of the Home Screen provides additional links to:

- Home Screen
- Messages (this is not used at this time)
- Authorization List
- Appeal List (this is not used at this time)
- The user can hover over the icon or click the expand/collapse icon to see the options.



## Initiating a New Authorization Request

1. From the Home Screen, click **Start New Inpatient Request** or **Start New Outpatient Request** to begin a new authorization request.

**Note:** Fields with a red asterisk \* are required fields.

2. Search for a member
  - a. Enter First Name, Last Name, and Date of Birth (DOB)  
OR
  - b. Enter Member ID, including the alpha prefix
3. Click the member in the demographic ribbon to select

Member ID Card ID : EHN100032899 , Patient ID : EHN10003289900	First Name Mallary	Last Name OCASKBPCBENLONIUM	Date of Birth 04/12/1985
Phone Number N/A	Primary Insurance BCBSNE	Secondary Insurance N/A	Address PO Box 11 361 Deming St, Campbell, NE, 689320011

4. Select **Eligibility**
5. Select the Authorization Type from the drop-down list
6. Select Auth Priority (Outpatient authorizations only)
7. Enter the Provider and Facility information in the applicable fields

**Note:** Do not use **Provider Code**.

- a. Select **Provider Name, NPI, or Tax ID** from the drop-down list
- b. Enter the first three letters of the provider's name or code and press the down arrow key to populate results  
OR
- c. Click the magnifying glass icon to conduct an Advanced Search

* Requesting Prescriber	
Provider Name	Begin typing name or code to select

**Note:** If the Requesting/Ordering Provider and Servicing Provider are the same click the check box next to the Requesting Prescriber fields.

8. Enter the Date of Service and Place of Service (Outpatient) OR Admission Date and Time and Treatment Type (Inpatient)
9. Enter the diagnosis information
  - a. Enter the first three letters of the description and pressing the down arrow key  
OR
  - b. Enter the diagnosis code and pressing the down arrow to select

* Diagnosis Code	
150.9	+
Description	Code
Congestive heart failure	150.9

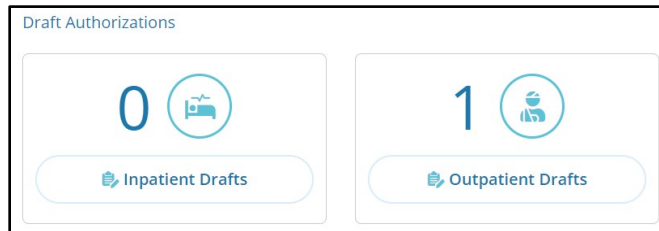
- c. If additional diagnosis codes need to be entered, click the + icon to add the diagnosis information
10. Enter the procedure information
  - a. Enter the first three letters of the description and pressing the down arrow key  
OR

- b. Enter the procedure code and pressing the down arrow to select
- c. Enter any additional fields for the procedure including dates and number of units requested

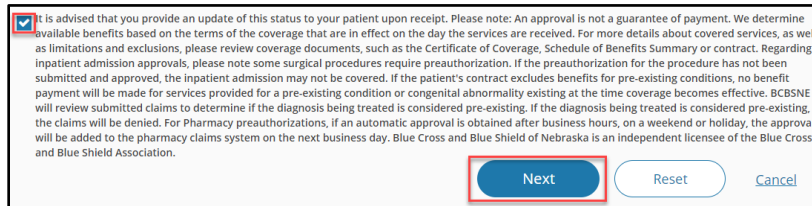
11. If the user is not ready to submit or needs to have another user enter InterQual information, select **Save as Draft**



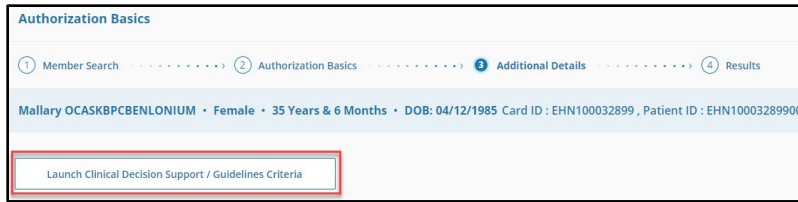
- a. On the ribbon at the top of the authorization, select **Yes, save as draft** or **No, stay on screen**
  - i. Clicking Yes will allow the user to save a draft of the authorization for up to seven days
    - 1. Please note, drafts are not visible to BCBSNE.
  - ii. Clicking No will allow the user to go back and complete the authorization
- b. These draft authorizations can be accessed from the Home screen under **Draft Authorizations**
  - i. Click **Outpatient Drafts**, then select the auth by clicking **Draft** under the Status column



12. If the user is ready to submit and enter InterQual information, acknowledge the disclaimer and click **Next**



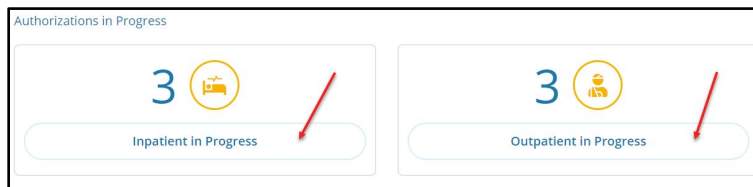
13. Click **Launch Clinical Decision Support/Guidelines Criteria**



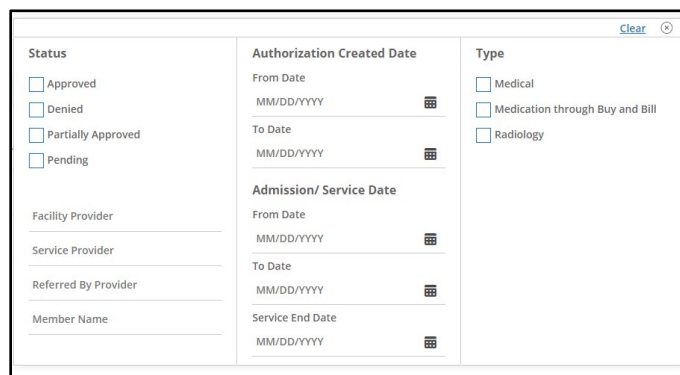
14. Once the InterQual review is completed, the request will either be approved (if criteria are met) or it will be pended for review by BCBSNE.
  - If approved, the authorization summary will appear
  - If the review is pended, an additional screen will appear to add notes and attach additional information
    - Include Contact information (name, phone/fax number)
  - Click **Submit**
15. The authorization summary screen will display the authorization status, member information, and authorization information entered.
  - Authorization information can also be viewed by clicking on the **Authorization List** from the Home screen

## Viewing Authorizations in Progress

1. From the Home Screen, click the tile for **Inpatient in Progress** or **Outpatient in Progress**



2. Enter the Member ID in the search field to search for a specific member's pended authorization
3. Click **Filters** sort the results based on the type of auth, created date, service/admission date, and provider information.



4. To view the details of the pended or in progress authorization, click the down arrow to the left of the authorization

**Authorization List**

Inpatient **Outpatient**

Member ID: [Search] Filters Download Results Choose Columns

Auth ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
1015TIIZ1	Oct 15, 2020	Mallary OCASKBPCBENLONIUM	BCBSNE	Oct 15, 2020	Medical	Pending	N/A	N/A

**Auth Details**

Primary Diagnosis: Fever, unspecified  
 Notification Date: 10/15/2020  
 Decision Date: N/A  
 Card ID: EHN100032899, Patient ID: EHN10003289900  
 Requesting Prescriber: Jacalyn W Coolahan

View & Print Auth View Notes View Docs View Letter View Guidelines View Discharge Plan

+ Additional Information

## Authorization List

The Authorization List will display the authorization that are pended, approved, denied, withdrawn, or cancelled. This list can be accessed by clicking the Authorization List icon on the left hand side or by clicking **View All Inpatient Authorizations** or **View All Outpatient Authorizations**. Both options will bring the user to the authorization list.

**Note:** Only Inpatient or Outpatient Authorizations will display in the authorization list. The user must click the type at the top of the page.

**Authorization List**

**Inpatient** Outpatient

Member ID: [Search] Filters Download Results Choose Columns

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Facility	Service Provider
1016FXW47	Oct 16, 2020	Mallary OCASKBPCBENLONIUM...	BCBSNE	Oct 16, 2020	Nicu	Pending	N/A	UNIVERSITY OF NEBRASKA MEDICINE	Elsje P Nykiel
1001TWVB4	Oct 01, 2020	SUSIE ABTLBOKMUDLONIUM...	BCBSNE	Oct 01, 2020	Nicu	Pending	N/A	NEBRASKA MEDICINE	Elsje P Nykiel
1001TQWFU	Oct 01, 2020	EMMA BOSSLAPPOIROBOTAG	BCBSNE	Oct 05, 2020	Acute Surgical	Pending	N/A	NEBRASKA HAND AND SHOULDER INSTITUTE	Elsje P Nykiel

Below is a list of the Columns and their description:

Column	Description
Auth ID #	The unique, system-generated ID number assigned to the authorization
Created Date	The date on which the authorization was created.
Member Name	The first and last name of the member
Plan Type	The member's plan type associated with the authorization
Admission Date (Inpatient)	The date of admission.
Procedure Date (Outpatient)	The date of the procedure
Type	The type of authorization
Status	The overall authorization status: <ul style="list-style-type: none"> <li>Pending – The authorization has been submitted and is pending a decision.</li> <li>Denied – The authorization has been denied. You can start an appeal.</li> </ul>

	<ul style="list-style-type: none"> <li>Approved – The authorization has been approved for payment.</li> <li>Partially Approved – Only some service lines in the authorization have been approved</li> </ul>
Facility	The name of the facility provider.
Service Provider	The name of the service provider.
Next Review Date	Can be added via Choose Columns. For Denied, Pending, Void or any other status, the Next Review Date column will be N/A. The date in the Next Review Date column will always be the next date to the End Date of the approved authorization and will always auto populate.
Service End Date	Can be added via Choose Columns. The maximum end date in all service lines
Referred By Provider	Can be added via Choose Columns. The name of the referring provider.

- Results can be narrowed and sorted by:
  - Ascending or descending in the column headers
  - Member ID
    - Enter the member ID in the search field
  - Using Filters to narrow the results

The screenshot shows a search filter panel with the following sections:

- Status:**
  - Approved
  - Denied
  - Partially Approved
  - Pending
- Authorization Created Date:**
  - From Date: MM/DD/YYYY
  - To Date: MM/DD/YYYY
- Admission/ Service Date:**
  - From Date: MM/DD/YYYY
  - To Date: MM/DD/YYYY
  - Service End Date: MM/DD/YYYY
- Type:**
  - Medical
  - Medication through Buy and Bill
  - Radiology
- Search Fields:**
  - Facility Provider
  - Service Provider
  - Referred By Provider
  - Member Name

- The bottom of the grid provides options for going to additional pages (if applicable), increasing the number of items per page, number of items displaying, and a refresh icon.

The screenshot shows a pagination control with the following elements:

- Navigation icons: Previous, Home, Page 1 (highlighted), Next, Last
- Items per page: 10
- Page information: 1 - 1 of 1 items
- Refresh icon

## Download Results

Click **Download Results** to export the grid to an Excel spreadsheet.

## Expanding an Authorization

Click the down arrow to display the authorization information and display additional viewing options.

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Facility	Service Provider
1016FXW47	Oct 16, 2020	Mallary OCASKBPCBENLONIU...	BCBSNE	Oct 16, 2020	Nicu	Pending	N/A	UNIVERSITY OF NEBRASKA MEDICINE	Elsje P Nykiel

**Auth Details**

Primary Diagnosis: Fever, unspecified      Ordering Provider: Elsje P Nykiel

Notification Date: 10/16/2020

Decision Date: N/A

Card ID: EHN100032899, Patient ID: EHN10003289900

[View & Print Auth](#)  
[View Notes](#)  
[View Docs](#)  
[View Letter](#)  
[View Guidelines](#)  
[View Discharge Plan](#)

[+ Discharge Information](#)  
[+ Additional Information](#)

Option	Description
<b>View &amp; Print Auth</b>	View a summary of the authorization in a printer-friendly and downloadable format.
<b>View Notes</b>	View any notes associated with the authorization.
<b>View Docs</b>	View any documents associated with the authorization
<b>View Letter</b>	View any letters associated with the authorization.
<b>View Guidelines</b>	View assessment responses. If there are no assessments run on an authorization, the system will display "Guidelines not found".
<b>View Discharge Plan</b>	View a grid with discharge plan responses. If there are no discharge plans run on the authorization, the system will display "Discharge Plan not found".

## Add Discharge Information

1. Click **+ Discharge Information**

The screenshot shows the same authorization details as above. The button labeled "+ Discharge Information" is highlighted with a red rectangular box, indicating the next step in the process.

2. Select the **Discharge Date** from the calendar icon
3. Select the **Discharge To** location from the drop-down list
4. Add a note
5. Add Attachments (if applicable)
6. Click **Submit**

**Discharge Information**

Mallory OCASKBPCBENLONIUM Authorization ID : 1016FXW47

\* Discharge Date: 10/25/2020

\* Discharge To: Select

\* Add Note: Begin typing

- Select
- Acute Inpatient Transfer
- Custodial
- Expired
- Home with Home Health Care
- Home with Outpatient Follow Up
- Hospice

# Add Attachments

Submit Cancel

## Add Additional Information

1. Click **+ Additional Information**

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type
1016FXW47	Oct 16, 2020	Mallory OCASKBPCBENLONIU...	BCBSNE	Oct 16, 2020	Nicu

**Auth Details**

Primary Diagnosis: Fever, unspecified      Ordering Provider: Elsjie P Nykiel

Notification Date: 10/16/2020

Decision Date: N/A

Card ID : EHN100032899 , Patient ID : EHN10003289900

[View & Print Auth](#)  
 [View Notes](#)  
 [View Docs](#)  
 [View Letter](#)  
 [View Guidelines](#)  
 [View Discharge Plan](#)

[+ Discharge Information](#)  
 [+ Additional Information](#)

2. Enter additional information in the Enter Note field.
3. Add Attachments (If applicable)
4. Click **Submit**

**Additional Information**

Mallory OCASKBPCBENLONIUM Authorization ID #1016FXW47

Enter Note

# Add Attachments

Submit Cancel



# Withdraw a Pending Authorization

Pending authorizations can be withdrawn prior to a decision made by BCBSNE. The following steps show how to complete this action.

1. From the Home Screen, click **Request to withdraw a pending Authorization**
2. Search for the authorization to withdraw:
  - a. Enter the authorization ID  
OR
  - b. Search by Service Start Date, Service End Date or both  
OR
  - c. Member ID  
OR
  - d. Member Name
3. Click **Find Authorization**
4. Select the authorization from the list by clicking the radio dial

The screenshot shows a search form with the following fields: Authorization ID# (0925FQ28M), Service Start Date (MM/DD/YYYY), Service End Date (MM/DD/YYYY), Member ID (Enter Member Id), and Member Name (Enter Member Name). A blue 'Find Authorization' button and a 'Clear' button are on the right. Below the form is a table with the following data:


Auth ID #	Created Date	Member Name	Plan Type	Type	Status	Facility	Service Provider
<input type="radio"/> 0925FQ28M	Sep 25, 2020	Gervasio, Nicola	BCBSNE	Medical	Pending	N/A	Abdul-Mate R Pociengel

5. Select the service line(s) to withdraw
6. Enter a note in the Add Note field
7. Attach any relevant documentation (if applicable)
8. Click **Submit**

The screenshot shows the 'Withdraw Request' form for authorization #0925FQ28M for member Gervasio, Nicola. It includes a table of service lines with the following data:

Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input checked="" type="checkbox"/> 77317	BRACHYTX ISODOSE INTERMED	Procedure	1	09/28/2020	N/A	Pending

Below the table is an 'Add Note' field with the placeholder text 'Enter information regarding the withdrawal.' and an 'Add Attachments' button. A blue 'Submit' button and a 'Cancel' button are at the bottom right.

 Your withdrawal request has successfully submitted on authorization #0925FQ28M. [Click to print](#)

# Request an Inpatient Extension

1. From the Home Screen, click **Authorization List**

60-092-5 (10-20-20)

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2. Search for the member from the Inpatient Authorization List using the Member ID search field

Authorization List

Inpatient Outpatient

Member ID

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Next Review Date	Facility	Service Provider
1016FXW47	Oct 16, 2020	Mallory OCASKBPCBENLONI...	BCBSNE	Oct 16, 2020	Nicu	Pending	N/A	UNIVERSITY OF NEBRASKA MEDICINE	Elise P Nykiel
1001TWWB4	Oct 01, 2020	SUSIE ABTLBOKMUDLONI...	BCBSNE	Oct 01, 2020	Nicu	Pending	N/A	NEBRASKA MEDICINE	Elise P Nykiel
1001TQWFU	Oct 01, 2020	EMMA BOSSLAPPOIROBOTAG	BCBSNE	Oct 05, 2020	Acute Surgical	Pending	N/A	NEBRASKA HAND AND SHOULDER INSTITUTE	Elise P Nykiel

3. Select an approved or partially approved authorization for extension by clicking the arrow next to the authorization to open the details.

**Note:** Pended or Denied authorizations cannot be extended in the Provider Portal

Authorization List

Inpatient Outpatient

Member ID

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Service End Date	Facility	Service Provider
0825T5MT9	Aug 25, 2020	Test AHS Member	BCBSNE	Aug 25, 2020	Acute Medical	Approved	Aug 27, 2020	Aaleyah X Hribar	N/A
0825TB7JG	Aug 25, 2020	Test AHS Member	BCBSNE	Aug 25, 2020	Acute Medical	Approved	Sep 03, 2020	Aaleyah X Hribar	N/A

4. Click **+ Extension** button
5. Enter extended end date, total extended units, enter a note, and attach clinical rationale for extension

Request Extension

Test AHS Member Authorization ID #0825T5MT9

Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Treatment Type	Extend Start Date	Extend End Date	Total Extended Units
00000	Inpatient Stay	Day(s)	08/25/2020	08/27/2020	3	0	Select	08/28/2020	08/28/2020	1

\* Enter Note

clinical to support extension

6. Acknowledge disclaimer and click **Submit**
7. Decision is viewable in the authorization details.