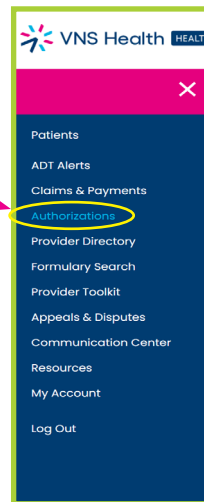


## Health Plans Provider Portal: How to Request Authorizations

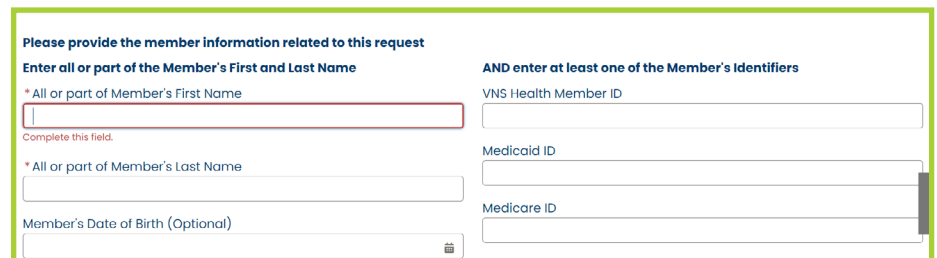
**1** Log in to the portal and click **Authorizations** from the left sidebar.



**2** This will open the Authorizations screen. On the lower left, find and click the **Submit a New Authorization Request** button.



**3** On the next screen, enter all or part of the member's **first and last name** on the **left** side of the form. On the **right** side of the form, enter one **other** member identifier, then click the **Next** button on the right.



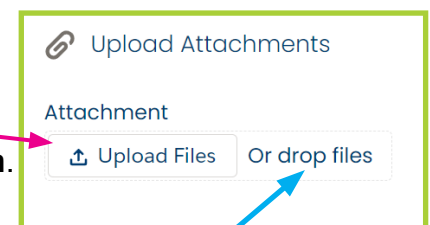
**4** If there are multiple members with the entered name, choose the correct member from the list and click the **Next** button.

- If the member is not shown, check the box next to “Member is not found in the list” then choose “yes” and click the **Next** button to return to the previous screen to re-enter the member data.
- Note: if a member is new to the Plan, they may not appear in the portal for 24 hours.
- If you need to cancel the request, press **Cancel** on the right to return to the Authorizations page.

**5** Enter all required data in the request form and click **Next**.

**6** If there are no documents to attach to your request, click **Next** at the bottom right.

To upload documents, find and click **Upload Files** then select your first document from your computer, and click **Open**. Each file may not exceed **50MB**.

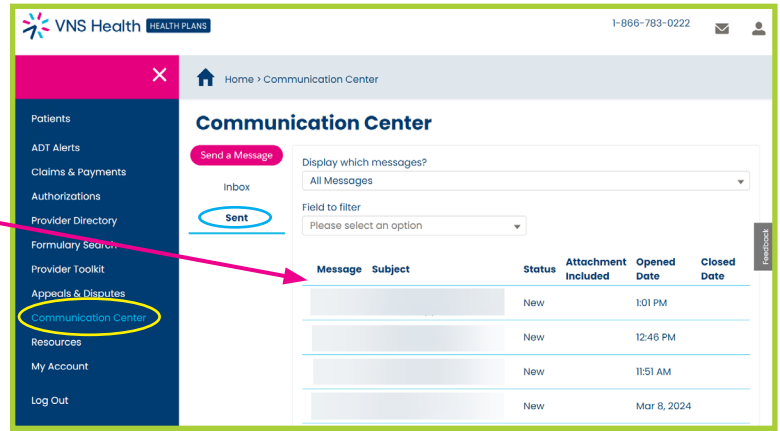


Alternatively, you can “drag and drop” a document on “Or drop files” to upload it.

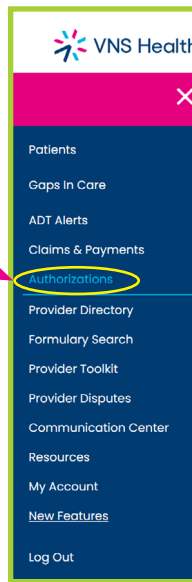
Upload any additional documents by repeating these same steps, and click **Next** at the bottom right when you are finished.

7 Click **Finish** to submit your request. This will open your **Communication Center**, where your request will appear as a Message in your **Sent** folder.

8 Note: Authorizations and **status updates** can be seen on the Authorizations page. It may take up to 24 hours for an authorization status to be updated.



**1** Log in to the portal and click **Authorizations** from the left sidebar.



**2** This will open the Authorizations screen. On the lower left, find and click the **Submit a New Authorization Request** button.



**3** On the next screen, enter all or part of the member's **first and last name** on the **left** side of the form. On the **right** side of the form, enter one **other** member identifier, then click the **Next** button on the right.

Please provide the member information related to this request

Enter all or part of the Member's First and Last Name

\* All or part of Member's First Name

Complete this field.

\* All or part of Member's Last Name

Member's Date of Birth (Optional)

AND enter at least one of the Member's Identifiers

VNS Health Member ID

Medicaid ID

Medicare ID

**4** If there are multiple members with the entered name, choose the correct member from the list and click the **Next** button.

- If the member is not shown, check the box next to "Member is not found in the list" then choose "yes" and click the **Next** button to return to the previous screen to re-enter the member data.
- Note: if a member is new to the Plan, they may not appear in the portal for 24 hours.
- If you need to cancel the request, press **Cancel** on the right to return to the Authorizations page.

**5** On the next screen, enter required data. For Authorization Request Type, choose "**Inpatient - SNF**" from the drop down menu.



For timely processing of your request, enter **all** data from the **case review checklist** below in the Additional Information field at the bottom of the page and/or via the file upload option found on the next page:

**Inpatient - Skilled Nursing Facility case review checklist**

1. current PRI
2. need/reason for transfer
3. accepting facility (if facility is OON/OOS - provide reason for not using INN SNF and include list of rejections)
4. requestor name and contact information
5. If applicable:
  - If **rehabilitation**: PT/OT eval with PLOF and current therapy notes dated within 48h of request
  - If **wound** needs: Detailed wound care notes including wound measurements, stage, description & treatment
  - If **IV** needs: medication name, frequency & duration
  - If **Vent/Trach**: Vent settings, details of weaning attempts/plans to wean
  - If **PEG**: Date of PEG placement & detailed nutrition note with current rate & goal rate

When finished, click the **Next** button on the right to go to the File Upload page,

- 6** If there are no documents to upload/attach to your request, click **Next** at the bottom right.

To upload documents, find and click **Upload Files** then select your first document from your computer, and click **Open**. Each file may not exceed **50MB**.

Alternatively, you can “drag and drop” your document(s) onto “Or drop files” to upload it.

Upload any additional documents by repeating these steps, then click **Next** at the bottom right when you are finished.

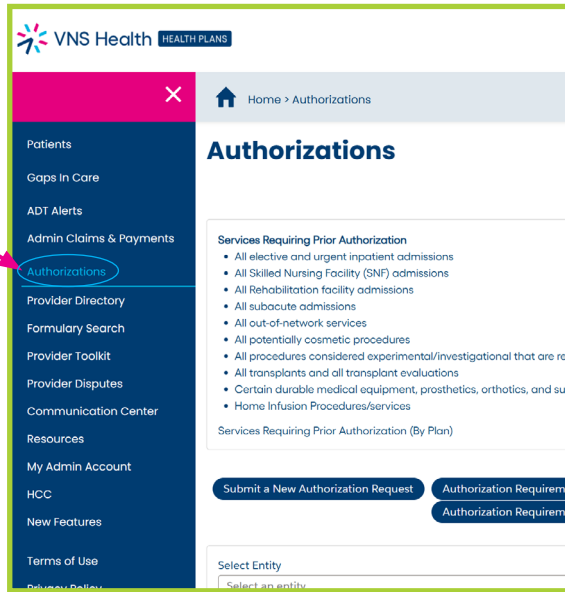
- 7** Click **Finish** to submit your request. This will open your **Communication Center**, where your request will appear as a Message in your **Sent** folder.

Note: Authorizations and **status updates** can be seen on the Authorizations page. It may take up to 24 hours for an authorization status to be updated.

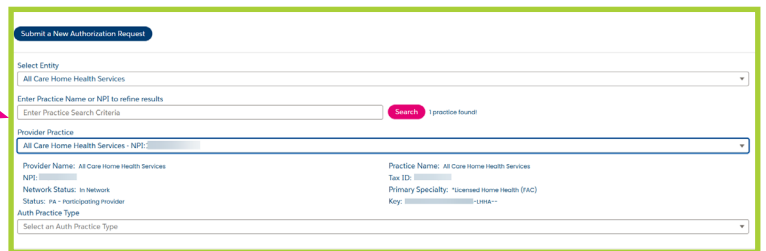
Message	Subject	Status	Attachment Included	Opened Date	Closed Date
		New		1:01 PM	
		New		12:46 PM	
		New		11:51 AM	
		New		Mar 8, 2024	

# Health Plans Provider Portal: How to Search Authorizations

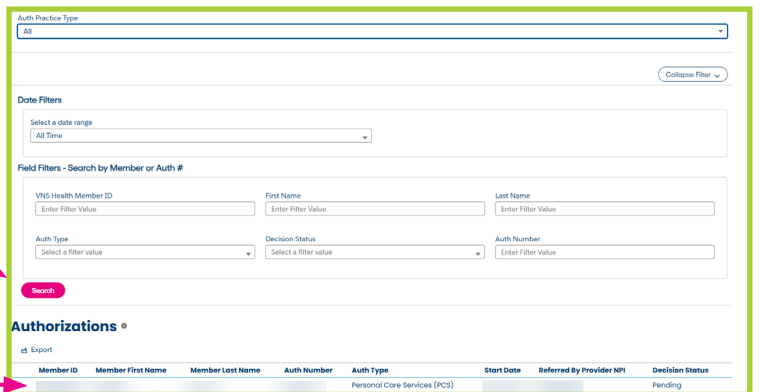
1 Admins/Providers: Log in to the [portal](#) then click **Authorizations** from the left side menu to open the Authorizations screen.



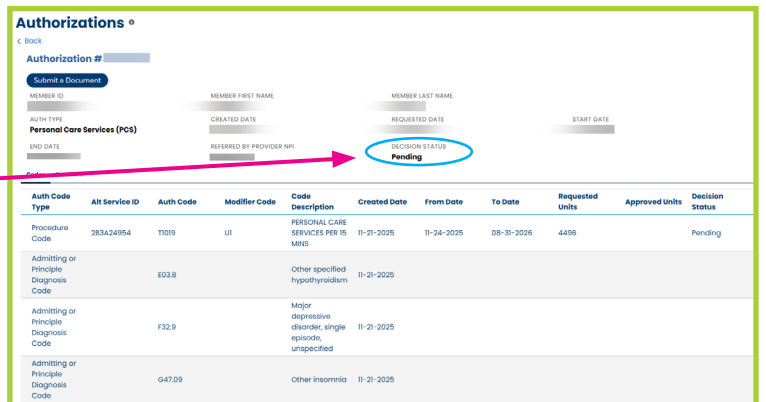
2 At the bottom of the Authorizations screen, use the Select Entity dropdown to select a provider, or enter the practice name or NPI number.



3 Enter member name or use the available filters as needed to search authorizations. Click search to apply filters.



4 Click an authorization from the results to open the Authorizations detail screen.

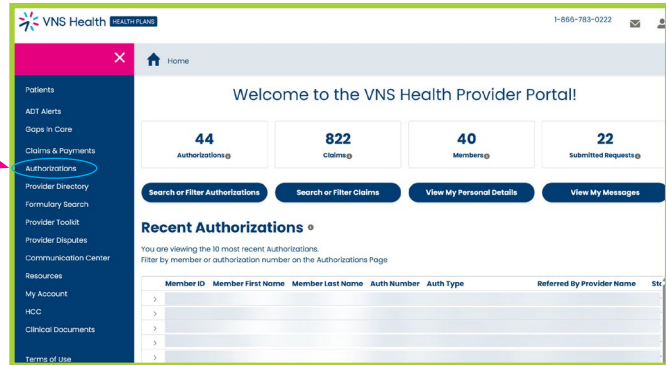


5 From the Authorizations detail screen, you can view details including authorization status.

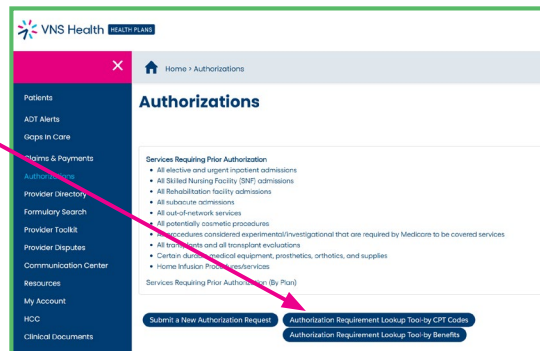
## Health Plans Provider Portal: Determine Prior Authorization Requirement by Place of Service

Prior Authorization (PA) requirements may vary by place of service. Use this search tool to determine whether a CPT/HCPCS procedure code requires Prior Authorization based on the place of service.

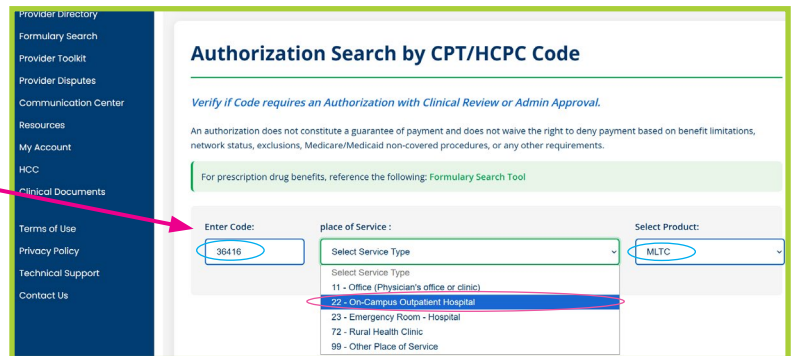
- 1 Log in to the [portal](#). Click **Authorizations** from the left side menu to open the Authorizations screen.



- 2 Click the **Search by CPT/HCPC Code** button at the bottom right.



- 3 Enter procedure code. Then select a place of service and product (plan) from the dropdown menus.



- 4 Click **Lookup** button to return authorization requirement status by place of service.

Note: If a place of service is not selected, all place of service results will be displayed.

