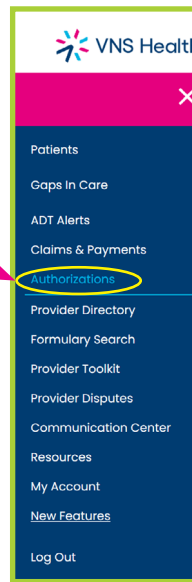


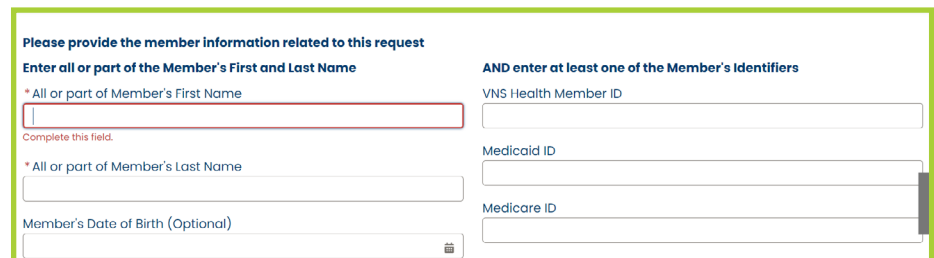
1 Log in to the portal and click **Authorizations** from the left sidebar.



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



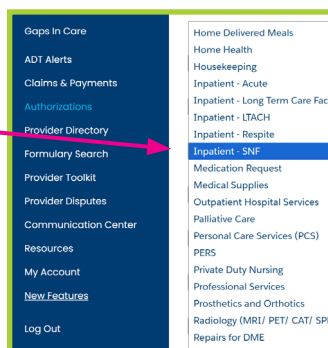
3 On the next screen, enter all or part of the member's **first and last name** on the **left** side of the form. On the **right** side of the form, enter one **other** member identifier, then click the **Next** button on the right.



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 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

Frequency (if applicable)

Additional Information

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**.

Upload Attachments

Attachment

Upload Files Or drop files

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.

VNS Health HEALTH PLANS

1-866-783-0222

Home > Communication Center

Communication Center

Send a Message

Display which messages?

All Messages

Field to filter

Please select an option

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	