

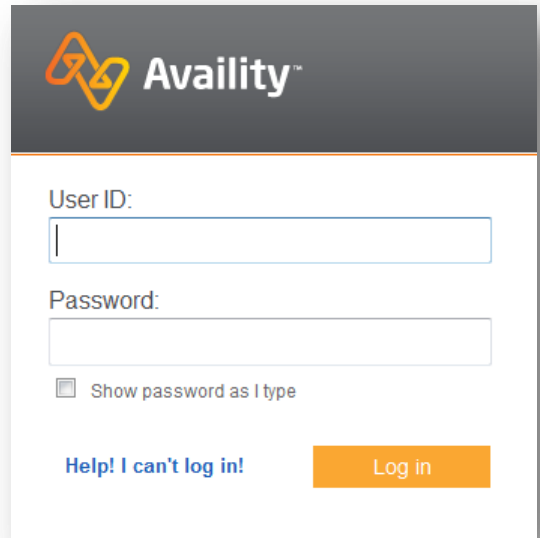


Pre-Service Review for Out-of-Area Members

Electronic Provider Access (EPA) is a tool that enables providers to initiate online pre-service reviews for out-of-area Blue Plan members. The term “pre-service review,” as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. Conducting a pre-service review is not a substitute for checking eligibility and benefits. The EPA tool is available to Blue Cross and Blue Shield of Illinois (BCBSIL) independently contracted providers who are registered Availity™ Web Portal users. Listed below are the steps for locating the appropriate landing page to submit a pre-service review for out-of-area and local members for BCBSIL providers.

What You Need to Begin

- **User ID** – Each user will be assigned a unique User ID by their organization’s Primary Access Administrator.
- **Password** – New users are supplied a temporary password by their Primary Access Administrator.



Step 1:

Go to the **Auths and Referrals** menu and select *Referrals* or *Authorizations* [OK, TX] // *Authorizations* [IL, NM] ...

Eligibility and Benefits

Auths and Referrals

Referrals

Auth/Referral Inquiry

Clinical Auth Management

Current Admissions Report

Claims Missing Referrals

Referral Report

Radiology Referral Submission

Online Batch Management

Claims Management

Availity Payer List

EDI File Management

Enrollments

Patient Care Summary

My Account

Reporting

Payer Support

Account Administration

Availity Administration

Client Services

Check Eligibility & Benefits

My Account Information

Contact My Administrator

Availity Payer List

Welcome New User (PDF)

Value-Added Services

Availity Resources

Availity. Patients. Not Paperwork.

News & Announcements

This is just a test

This is a test title

- 11/14/2013

123456789 123456789 123456789 123456789 12350chars

The PreClaims team is currently testing some changes to the home page announcements. Any random string of characters you see here are simply test cases.

- 11/12/2013

Redesign Deploy Test Title 1

The home page redesign is finally here and has been released into the test environment.

- 11/08/2013

Access to Humana's ERA/EFT Enrollment and Maintenance ...

Access to Humana's ERA/EFT Enrollment and Maintenance Application via Payer Resources

- 05/24/2010

Step 2:

After clicking on **Authorizations**,* select the following:

- Pre-service review for **local member** – select BCBSIL from the drop-down menu
- Pre-service review for **out-of-area member** – select *Other Blue Plans* – BCBSIL

Organization and three-character prefix of the member ID number are also required fields. For Federal employees, enter the first three characters of the member ID.

***Note:** Steps 2 through 4 are similar for Referrals. [OK, TX]

Availity™ Who controls my access? Region: Illinois 1 800 AVAILITY Contact Support Log Out

Home User View Free Training Payer Resources Knowledge Base Help

Eligibility and Benefits
Auths and Referrals
Referrals
Authorizations
Online Batch Management

Claims Management
Availity Payer List
EDI File Management
Patient Care Summary
My Account
Reporting
Payer Support

Authorizations [Learn More >>](#)

Includes notification, pre-certification, pre-authorization and prior approval

* indicates a required field

* Payer: ? BCBSIL
Select One
BCBSIL
OTHER BLUE PLANS-BCBSIL

* Organization: OTHER BLUE PLANS-BCBSIL

Request Information

* Member Alpha Prefix: ? ABC

Is this pre-authorization required for an out-of-area member? You can check here

Step 3:

Use the radio button to select the **Requesting Provider Type**. From the drop-down menu, select the **Requesting Provider** from **Express Entry**. If the provider is not listed in Express Entry, the provider information can be entered manually before clicking **Submit**.

* Requesting Provider Type: Provider Facility

* Express Entry - Requesting Provider: ?

* Specialty / Taxonomy: ?

* Requesting Provider Last Name: ?

* Requesting Provider First Name: ?

Tax ID: ?

* NPI: ?

* Address 1: ?

Address 2: ?

* City: ?

* State: ?

* ZIP Code: ? - ?

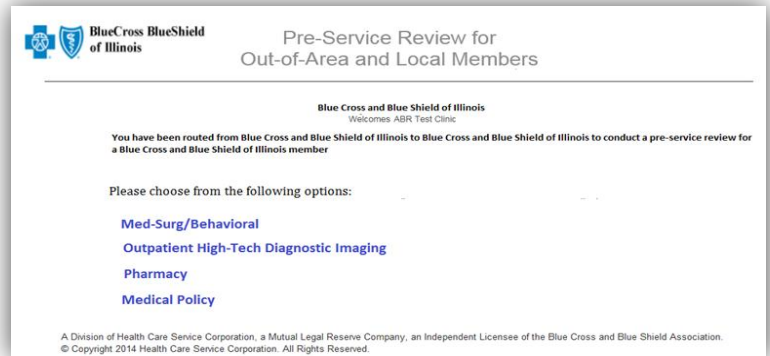
Submit Clear

Step 4: Pre-Service Review Landing Page

Based on the **three-character prefix**, you will be re-directed to the plan specific landing page as shown in the scenarios below. Click the appropriate preauthorization option from the list provided.

Scenario A – BCBSIL Member

Example of pre-service review landing page for BCBSIL Member

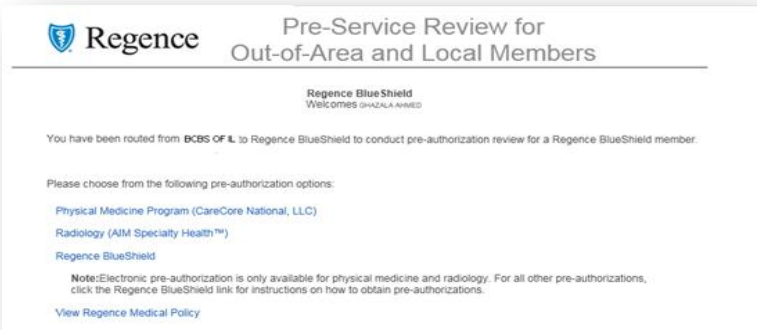


The screenshot shows the 'Pre-Service Review for Out-of-Area and Local Members' page for Blue Cross Blue Shield of Illinois. It includes the BCBSIL logo, a welcome message from an ABR Test Clinic, and a message stating the user is routed to this page for a pre-service review. Below this, there is a section titled 'Please choose from the following options:' with four links: 'Med-Surg/Behavioral', 'Outpatient High-Tech Diagnostic Imaging', 'Pharmacy', and 'Medical Policy'. At the bottom, there is a small disclaimer: 'A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2014 Health Care Service Corporation. All Rights Reserved.'

***Note:** Please contact your Availity Primary Access Administrator (PAA) to complete a BCBS Pre-Auth Registration for Single Sign-On if the Med-Surg/Behavioral link is not displayed as an option on the landing page.

Scenario B – Out-of-Area Member Availity Portal

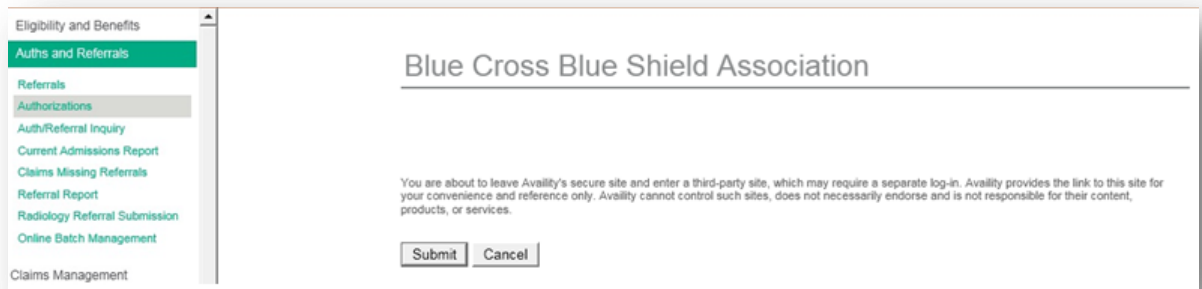
Example of pre-service review landing page in Availity for an out-of-area member



The screenshot shows the 'Pre-Service Review for Out-of-Area and Local Members' page for Regence BlueShield. It includes the Regence logo, a welcome message from SHAZLA AHMED, and a message stating the user is routed from BCBS of IL to Regence BlueShield for a pre-authorization review. Below this, there is a section titled 'Please choose from the following pre-authorization options:' with three links: 'Physical Medicine Program (CareCore National, LLC)', 'Radiology (AIM Specialty Health™)', and 'Regence BlueShield'. A note states: 'Note: Electronic pre-authorization is only available for physical medicine and radiology. For all other pre-authorizations, click the Regence BlueShield link for instructions on how to obtain pre-authorizations.' At the bottom, there is a link for 'View Regence Medical Policy'.

Scenario C – Out-of-Area Member Non-Availity Portal

For payers that do not use Availity, an alert message will be received stating that you will be routed to a third party site to initiate your pre-service review.



The screenshot shows a web interface with a sidebar menu on the left containing items like 'Eligibility and Benefits', 'Auths and Referrals', 'Referrals', 'Authorizations', 'Auth/Referral Inquiry', 'Current Admissions Report', 'Claims Missing Referrals', 'Referral Report', 'Radiology Referral Submission', 'Online Batch Management', and 'Claims Management'. The main content area displays the 'Blue Cross Blue Shield Association' logo and a warning message: 'You are about to leave Availity's secure site and enter a third-party site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services.' Below the message are 'Submit' and 'Cancel' buttons.

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Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.