Symphony Provider Portal

Training Guide – Kansas





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Understanding the Provider Portal home screen

This is the provider portal home screen; it is the first thing you will see when logging in to submit a request for authorization. From this screen you can look up the status of authorizations previously submitted or submit a new request.

Symphony	Orchestrate the best care.		
	Search My List		
New Episode		Quick Search Search Symphony Q	
Update			
Quick Note		Recent Searches test green brown	
(+)		Available for Search	
Add Document		Last Name First Name	

Submitting a new request for authorization

- Search for your member You can search by *Last Name*, *First Name*, *Date of Birth (MM/DD/YYYY)* or *Member ID (MBR ID)*.
- Enter the search criteria and then click on the magnifying glass.

Search My List		
	Test	Quick Search

A list of members matching that criteria will display.

Search My List					
				Test,	, KC
TAT 🔻	Last Name	First Name	MBR ID	DOB	Episode Id
🗌 🕓 13.2 days	Test	КС	KC3456	60 (01/03/1960)	UM00005863
DONE DONE	Test	КС	KC3456	60 (01/03/1960)	KSU00005258
DONE	Test	КС	KC3456	60 (01/03/1960)	NEU00005386
	Test	КС	KC3456	60 (01/03/1960)	
	Test	КС	KC3456	60 (01/03/1960)	UM00005834
	Test2	КС	KC3561	19 (01/01/2001)	NEU00005378
					Showing 1.6 of 6

• Check the box to the left of the member that you want to submit a request for and then click on **New Episode** on the top left of your screen.

	Search My List				
ᡌ					Test, K
New Episode		Last Name	First Name	MBR ID	DOB
Update	🗌 🕓 13.2 days	Test	KC	KC3456	60 (01/03/1960)
	DONE	Test	КС	KC3456	60 (01/03/1960)
Quick Note	DONE	Test	КС	KC3456	60 (01/03/1960)
		Test	КС	KC3456	60 (01/03/1960)
Add Document		Test	КС	KC3456	60 (01/03/1960)

• Select Authorization Request and then click Next.

Symphony ** Orchestrate the best care					Home Sign Out	±
	Member	Scenario	Actions	Review		
Today's Encounter			Quick Reference Train Trainin MBR ID 000	ence g, 31 yo male (01/01/1990 0060))	
 Authorization Request 						
Discard	Next			8	Details	

- Select the **Requested Priority** Standard or Expedited. If the request is expedited, please enter the clinical justification for expediting the request.
- Select the **Request Type** *Preservice*, *Concurrent* or *Retrospective*.
- Select Inpatient.

Provider Portal Entry	
Requested Priority:	◯ Standard ◯ Expedited
Additional Comments	
Request Details	
Request Type:	None 🗘
Service Type:	Inpatient Outpatient (Kansas Providers: Inpatient Only)

- Select the **Place of Service**.
- Enter the **Authorization Type** you can search by number of alphas.
- Enter the Admission Type Emergent, Urgent or Elective.
- Enter the date range for the admission being requested.
- Enter the number of days requested.
- For a precerted request, enter the planned admission date. For a member that is already admitted, enter the admission date.

INPATIENT REQUEST DETAILS	
Place of Service: *) Inpatient Hospital O LTAC O SNF O Inpatient Rehab
Service Location: Authorization Type:	21: Inpatient Hospital Service Type: INPATIENT 1: Medical Care
Level of Care:	None 🗸
Admission Type:	URGENT V
Requested Stay Dates:	11/23/2020 to 11/24/2020
Requested # of Units:	2 Days
Estimated Admission Date:	11/23/2020
Admission Date:	mm/dd/yyyy

- Enter the providers that will be delivering the care. An *Inpatient* authorization requires four providers *Requesting*, *Servicing Facility, Treating* and *Admitting*.
- Click on **Search**.

Pro	viders					
	REQUESTING PROVIDER					
	Search Flease use this Search link to populate the fields below. Do not type directly.					
	Last Name: First Name:					
	City: State					
	Provider ID: NPI:					
	Phone Number: Fax:					
	Provider Relationship: O PAR O Non-PAR					

You may search by Last Name, Provider ID, NPT or Tax ID.

• Enter the preferred information and click on the magnifying glass.

Find Provider		
	Test	XQ

A list of matching providers will display.

• Click anywhere on the line of your chosen provider, then click **Select**.

Results						
Last Name	First Name	Provider #	NPI	Tax ID	Address	Address ID
Test 1	Provider	000000001	000000001	000000001	11 Street	
Test 2	Provider	0000000002	0000000002	0000000002	222 Street	
Test 3	Provider	000000003	000000003	000000003	333 Street	
			S	elect	Cancel	

The provider will now populate under *Requesting Provider*.

REQUESTING PROVIDER		
Search Please u	se this Search link to populate the fields below. Do	o not type directly. First Name: Provider
City:	City	State KS
Provider ID:	000000001	NPI: 000000001
Phone Number:		Fax:
Provider Relation	iship: • PAR O Non-PAR	

• Repeat these steps for the remaining providers. If the *Requesting* and *Treating Providers* are the same, click on **Same as Requesting** and they will populate for you.

TREATING PROVIDER	
Search	Same as Requesting Same as Facility Please use this Search link to populate
Last Name:	First Name:
City:	State
Provider ID:	NPI:
Provider Relation	nship: O PAR O Non-PAR

• Enter the diagnosis by entering the code and clicking on the magnifying glass. The **Primary Diagnosis** goes in the first box, but you can add as many additional codes as needed under **Secondary Diagnosis**.

Diagnosis a	nd Procedure Codes				
-Ô-	Reminder: ensure that all codes have been "loaded" by pressing the green (Add) button.				
PRIMA	RY DIAGNOSIS				
	ICD-10	Description			
	None Available				
	E11.9 ×	Q Add			
SECON	DARY DIAGNOSES (IF APPLICABLE)				
	ICD-10	Description			
	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified			
	Code	Q Add			

• For an *Inpatient* authorization, enter the **Procedure Code** by entering the code and clicking on the magnifying glass.

PROCEDURE CODES				
	Procedure Codes	Description		
	None Available			
	99222	×Q	Add	

To remove a code entered in error, click on the **X** at the end of the description and enter the desired code.

Attach your documentation

• Click on the box. You also have an option to add a comment if needed.

	Attach	Clinical Documentation
		Ready to attach clinical documentation:
Atta	ach Clini	ical Documentation
		Ready to attach clinical documentation: \bigtriangledown
		Use the Attachments button in the upper left of the screen. Multiple files can be attached.
		Additional Comments:

• Click on the paperclip **Attachments** icon on the top left of your screen.



• Click on + Add file, then click on OK.

Attachments			
Туре		File	
🕇 Add file			
	1		
	ОК	Cancel	

• Select your document to upload and click **Open**.



The document has now been attached to your authorization request. If you uploaded the incorrect document, you can delete by clicking on **Delete**. To attached additional documents, repeat these steps.

Attachment	5				
Туре			File		
w	TEST Document.docx				Delete
+ /	Add file				
		ОК	Cancel		

Submitting the Request

• Click the box next to **Ready to Submit**.



• Verify that the information entered is correct and click the check box.

P	rovider F	Portal Submission
		Ready to Submit * 🖂 📖
	_	Status: PENDING RN REVIEW Forward to: RN
		Verify the above information is correct, then select to submit. 11/19/2020 14:19

• Click Next.

Discard	Finish Later	Next

• Click Finish.

Discard	Finish Later	<u>Finish</u>

You will now see the summary screen which confirms your request has been submitted.

Sympho	ny ••••• Orchestrate th	ie best care.
	Authorization ID:	XXUM00005902
88	Enrollment Date:	Disenrollment Date:
Home	Created:	11/19/2020 13:06 Started: 11/19/2020 13:06
O	Provider Portal Entry	
\sim	Requested Priority:	Standard
Details	For reporting purposes:	STANDARD
	Request Details	
Amend	Request Type:	PRESERVICE
Ē	Service Type:	Inpatient
	Inpatient Type:	All other Inpatient
Print	INPATIENT REQUEST DET	AILS
	Place of Service: *	Inpatient Hospital
Letters	Service Location:	21: Inpatient Hospital Service Type: INPATIENT
~~	Authorization Type:	1: Medical Care
\sim	Level of Care:	
New Episode	Admission Type:	URGENT
	Requested Stay Dates:	11/19/2020 to 11/21/2020
Quick Note	Requested # of Units:	3 Days

Checking the Status of a Previous Request

• On the *Provider Portal Home Screen*, click on **My List**.

Symphony	Orchestrate the best care.	
	Sear 1 My List	
New Episode		Quick Search Search Symphony Q
Lodate		
opusic		Recent Searches
\bigcirc		test
Quick Note		brown
+		Available for Search
Add Document		Last Name First Name

The display will show you all your previous requests.

Search My List							
				Search	h Symphony Q		
TAT 🔻	Last Name	First Name	MBR ID	DOB	Episode Id	Auth Status 🔻	Auth Category
						~~	
-112.0 days	Test	Laura	2222222222	19 (01/01/2001)	KSOD0005169	DENIED	INPATIENT
🗌 🕓 -105.1 days	Test	Laura	2222222222	19 (01/01/2001)	KSOD0005172	APPROVED	OUTPATIENT
-97.1 days	Test	Laura	2222222222	19 (01/01/2001)	KSOD0005179	PENDING MD REVIEW	OUTPATIENT
12.0 days	Test	KC	KC3456	60 (01/03/1960)	UM00005863		OUTPATIENT
14.0 days	Test	кс	KC3456	60 (01/03/1960)	XXUM00005902	PENDING RN REVIEW	INPATIENT
	Test	КС	KC3456	60 (01/03/1960)			
	Test	KC	KC3456	60 (01/03/1960)	XXUM00005892		

• To find a specific request, you can utilize this search feature and search by *Last Name, First Name, Date of Birth* (*MM/DD/YYYY*), *Member ID (MBR ID)* or *Episode Number*.

The Auth Status column will identify the status of the request.

TAT 🔻	Last Name	First Name	MBR ID	DOB	Episode Id	Auth Status 🔻
]						
] 🚺 14.0 days	Test	KC	KC3456	60 (01/03/1960)	XXUM00005902	PENDING RN REVIEW



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