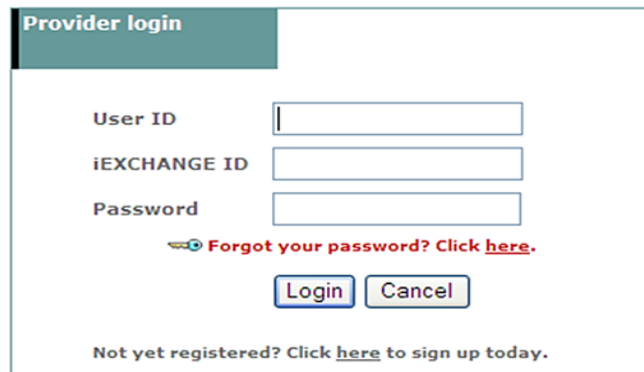


Submitting an Inpatient Predetermination

The iExchange Web tool supports direct submissions and provides online approval of benefit for predetermination requests. Listed below are the steps for requesting an inpatient predetermination request to Blue Cross and Blue Shield of Oklahoma (BCBSOK). iExchange is available 24 hours a day, 7 days a week -- with the exception of every third Sunday of the month when the system will be unavailable from 11 a.m. to 3 p.m. CT. **If you are an Out-of-area provider, please go to step 2. For assistance with iExchange access, please reference the Pre-service Review tip sheet when servicing a local and out-of-area member.**

Direct Access (Available to Oklahoma contracted providers only)

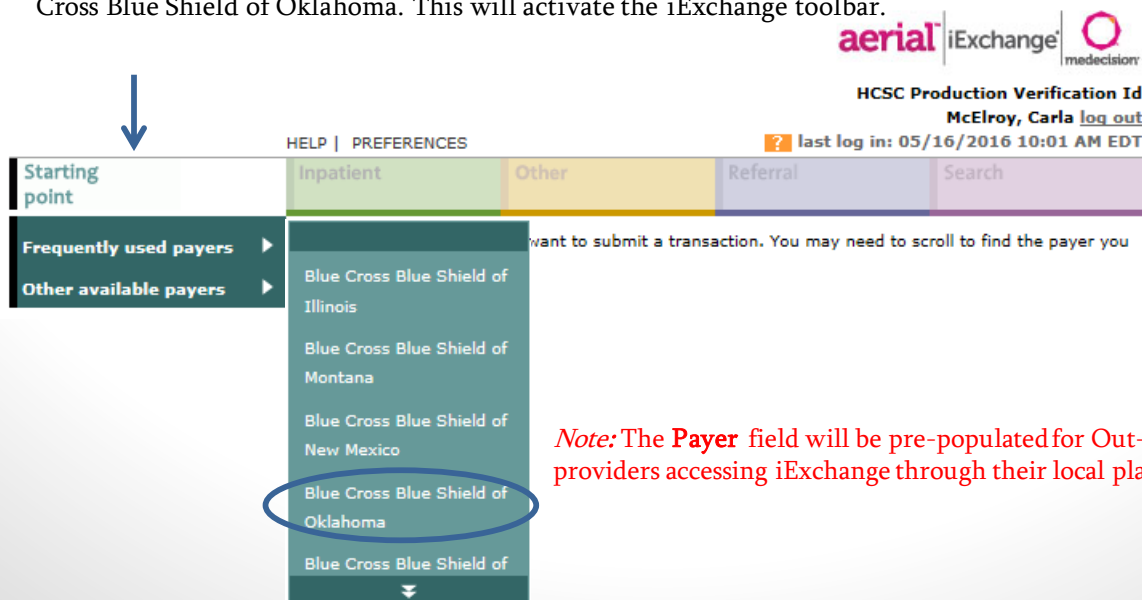
- **User ID** - Each user will be assigned a unique User ID by their organization's iExchange Administrator.
- **iExchange ID** - A unique number BCBSOK assigns to provider organizations registered with iExchange.
- **Password** - New users are supplied a temporary password by their iExchange Administrator.



* For Single Sign on (SSO) access for local contracted providers, please reference the tip sheet Pre-service Review for an out-of-area member.

Submitting a Predetermination Request

1. After logging into iExchange, users can access **Frequently used payers** from the **Starting point** menu. From the payer list, users can select Blue Cross Blue Shield of Oklahoma. This will activate the iExchange toolbar.



Note: The **Payer** field will be pre-populated for Out-of-area providers accessing iExchange through their local plan portal.

- After clicking the Inpatient tab, select New inpatient request to begin.

Inpatient Other Referral Search

New inpatient request
New inpatient behavioral health request
Extend inpatient request

Inpatient instructions
Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

New inpatient request
Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

- Out-of-area providers only – If multiple providers have been identified, you will be prompted to select the submitting provider in order to initiate your request. If not, go to step 4.

	Name	MCO ID	NPI	Address	Specialty	Phone
Select	Providence St Mary Medical Center	X43000000074966401	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804201	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320
Select	Providence St Mary Medical Ctr	X93200006714804101	1386895886	401 W Poplar St Walla Walla WA 99362-2846	General Acute Care Hospital	(509) 525-3320

- From the Inpatient request entry screen, click the **Member search** button. Users will be asked to supply the BCBSOK Member ID number to continue their search. After entering the Member ID, click **Submit search**.

Member search

Member ID search

Member ID
Enter the ID of an individual member

Date of birth
optional
Enter the member's date of birth / / (mm/dd/yyyy)

First name
optional
Enter the first name of the member

Submit search **Clear form** **Cancel**

Note: Enter Member ID minus the three character prefix. Include the letter "R" for federal employees.

5. From the patient listing, select **View existing requests** to review additional requests for the member. Then click the **Select** button.

	Member name	Date of birth
View details View existing requests View health summary	Doe, Jane	08/31/2004

*Note: View existing requests must be selected in order for the **Select** button to be enabled. If existing requests are located, please select **Return to member search** at the bottom of the screen to return to the Member search result screen.*

6. After the Member ID has populated to the **Inpatient request entry** screen, please provide the following information: **Submitting provider, Facility, Treatment setting, Admit date, Primary diagnosis, Requested length of stay and Attending physician.** * Users also must complete the *Surgical admission* and *Emergency* fields.

*The Facility, Primary diagnosis and Attending physician can be selected from their corresponding drop-down lists; otherwise, users can utilize the **Provider search** buttons to manually add this information.

Inpatient request entry
 Once you enter the General information and Services information click **Next step**. iExchange evaluates your inpatient request and displays the Inpatient request preview page.

*Tip: (Local Providers) The **Submitting provider** is the provider organization submitting the actual predetermination request. To add additional names to your **Submitting provider** list, contact your iExchange Administrator.*

Notification date 01/25/2016 (mm/dd/yyyy)

Member ID 999999999
Enter or Search for ID

Submitting provider James Community Hospital - 123456789

Facility James Community Hospital - 123456789
Select facility from the list or search for ID

Treatment setting Predetermination Acute

Treatment type Medical

Admit date 02 / 02 / 2016 (mm/dd/yyyy)

Is this an emergency? No

Primary diagnosis ICD10 A99.9
Enter Diagnosis code or Select from Short list

Secondary diagnosis (optional) ICD10

Secondary diagnosis (optional) ICD10

Requested length of stay 3

Attending physician Dr. Carla James - 123456789
Select attending physician from the list or search for ID

LOS bed type (optional)

*Tip: Use the **Treatment setting of Predetermination Acute** when submitting a **Predetermination request**.*

*Tip: The **Attending physician** is the supervising physician at the facility where services are being rendered.*

7. Under Principal service, please provide the Procedure code, Schedule date and Servicing provider.*

*The Procedure code and Servicing provider can be selected from their corresponding drop-down lists; otherwise, users can utilize the Procedure search and Provider search buttons to manually add this information.

Tip: Procedure codes ARE required to submit an acute predetermination request.

Principal service (optional)

➔ **Procedure**
Enter Procedure code or Select from Short list

9999

➔ **Scheduled date**

02 / 02 / 2016 (mm/dd/yyyy)

➔ **Servicing provider**
Select a servicing provider from the list or search for ID

Dr. Carla James - 123456789

[Servicing provider summary](#)

8. Users are encouraged to include their name, direct phone number and email address in the Additional notes section. Once all necessary fields have been completed, select Next step to move to the Inpatient request preview screen.

Additional notes (optional)

Note: Contact Name, Phone and email will pre-populate for an out-of-area provider

9. Scroll down on the Inpatient request preview screen to review the entered information for accuracy. If the information is correct, click Submit.

Inpatient request preview

Review your inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this inpatient request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.

10. The Inpatient request confirmation page will display the assigned Request ID, request status and the [Attach file](#) link to submit clinical documentation.

Inpatient request confirmation
This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Request ID: **16035AAABC** [Attach file](#)

Summary

LOS start/end date	Days	Status
02/02/2016 – 02/05/2016	3	Pend

IMPORTANT! The attachment of clinical documentation is required for predetermination requests. Please include the minimum necessary.

11. Enter the **Title** of the member's clinical documentation associated with the predetermination request and select [Browse](#) to upload the file.

Request Attachments
Attach new file
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment: [Browse...](#)

12. Select the document you want to upload to attach to the request and select [Open](#).

Choose File to Upload

Computer > OSDisk (C:) >

Search OSDisk (C:)

Organize New folder

Name	Date modified	Type	Size
Clinical Documentation.docx	1/10/2016 3:00 PM	Microsoft Word D...	

File name: Clinical Documentation.docx All Files (*.*)

[Open](#)

13. Click **Attach** to upload the file.


Request Attachments
Attach new file
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment:

14. Click **OK** to continue with attaching the file?

Message from webpage ✕

 The file you have attached will be sent to the health plan. Continue?

15. Informational message will display with the status of the attachment.

Informational

The file selected has been successfully attached and will be sent to the health plan.

Request Attachments
Attach new file
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment:


Attached Files		
Attachment	Title	Received by health plan
Clinical-Documentation.docx	Clinical Documentation	In progress

16. Date and time will display when attachment is received by the health plan.

Request Attachments
Attach new file
Allowable file type(s): BMP, JPEG, JPG, TIF, TIFF, DOC, DOCX, DCX, HTML, PDF, TXT, XML, XLS, CSV, XLSX, ZIP, XPS, XLT, XLM, TEXT

Title:

Attachment:

Attached Files		
Attachment	Title	Received by health plan
Clinical Documentation - iEXCHANGE TS-2016-01-13-01.14.15.870.docx	Clinical Information	 01/13/2016 - 01:14 PM