Submitting an Authorization in Availity

Inpatient Job Aid

Please refer to the prior authorization list (PAL) Tool at **pal.sentarahealthplans.com** to view authorization requirements for in-network providers.

- Click on Authorizations & Referrals tile
- Click on Authorization Request
- Organization: Sentara Health Administration
- Templates: No template selected
- Payer: Sentara Health Plans
- Request Type: Inpatient Authorization
- Service Type: **1 – Medical Care** = Emergent admission; **2 – Surgical** = Elective surgical admission; **65 – Newborn Care** = Sick baby request/Border baby request; **69 – Maternity** = OB Delivery; **70 – Transplants** = Elective transplant admission; **A9 – Rehabilitation** = IPR post acute request; **AG – Skilled Nursing Care** = SNF post acute request; **TC – Transitional Care** = LTACH post acute request ***See crosswalk for examples for each service type**
- Patient Information: Subscriber Member ID, Patient Date of Birth, Patient Last Name, Patient First name are required fields identified by the red *
- **Requesting Provider is MD or practitioner: Provider Type = Provider; Enter NPI of admitting provider; Click blue Search *Please note: If provider not found, use "Show Manual Entry" and enter information in all required fields**
- Choose affiliation for provider (if more than one) based on TIN for correct address or location; Click Select
- Enter fax number for requesting provider
- Complete Contact Information: Name, Phone, Fax
- Click blue Continue
- You will see a spinning blue circle that says "Verifying Eligibility"
- Add Service Information: Place of Service, From Date, Quantity Type, Quantity, and Admission Type are required fields identified by the red * **Please note: For preservice requests, enter a quantity of 1; for concurrent requests (member currently admitted) or post acute care requests, enter a quantity of 7; Preservice or future date of service = Elective; Concurrent admission or member currently admitted = Urgent**
- For expedited Review: Click box to certify request is urgent and meets definition of an expedited review
- Add Diagnosis(s)
- Procedure Details (for elective admission requests using 2- Surgical template): Procedure Code(s), From Date, Quantity Type, Quantity are required fields identified by the red *
- **Rendering Providers & Facilities is facility: Provider Type = Facility; Enter NPI of facility (place where member is to be admitted for preservice requests or place where member is currently admitted for concurrent requests); Click blue Search *Please note: If provider not found, use "Show Manual Entry" and enter information in all required fields. If you used "Show Manual Entry" for both requesting and treating providers entries, you need to abort your request and fax request to the Health Plan. If you try to submit the AUTH, you will get an error.**

Sentara® Health Plans

Step-by-Step Guide

Medicaid Authorization Requests in the JIVA Provider Portal

- For commercial members, choose “IP” provider listed (if more than one) based on TIN for correct address or location *Please note: SNF providers may have a SNF prefix; Click Select
- Click Continue
- Will see a blue spinning circle that states “Loading Next Step”
- External SSO to MCG Health: Click Take Me to MCG Health if you are completing MCG criteria or blue continue button to bypass MCG criteria
- Will see a blue spinning circle that states “Completing step”
- Upload Clinical Documents: Must add at least one attachment *Sentara – Please add face sheet; all other providers please attach clinical information required to complete the medical necessity review
- Submit
- Will see a spinning blue circle that states “Submitting Prior Auth”
- Result Details will display with falling confetti: Result will show Status, Status Message, Reference Number, Transaction ID

*Authorization Dashboard will show all items user has entered and status