VHP Access QSG – Inpatient Admission Referral Entry

Inpatient Admission: Do Not Enter a Referral

Please **DO NOT** enter the request in the Provider Portal, VHP Access, for the following scenarios as these **WILL NOT BE PROCESSED.**

- ## All Hospital Inpatient Admission via Emergency Department
  Patient has been admitted to Inpatient/observation and currently in house

- ## All Retro Request for Hospital Inpatient Admission
  Patient was admitted to Inpatient/observation and already discharged from the hospital.

- ## All prior auth and retro requests for Inpatient Admission to Nursing Home, Long Term Acute Hospital (LTACH) & Acute Inpatient Rehab

Contracted Provider with VHP: Please fax your request to VHP at 408-885-4875.
Our Intake team will enter and assign to UM RN to review. VHP will inform the Provider of the authorization approval by phone or fax. Once Authorization is entered into the VHP system, Provider should be able to view in VHP Access.

## Non-Contracted Provider with VHP: Requires 24 Hour Verbal Notice
Provider must contact VHP by calling **VHP Admission Notification Line at 855-254-8264 option# 4 within 24 hours** of admission or post stabilization

Prior Auth request for Procedures Requiring Inpatient Admission (Elective Inpatient admission)

Preservice Request for Inpatient procedure/surgery that requires an admission post op

Please follow these steps EXACTLY as this will route the request to the correct team for review.

1. Login into our Provider Portal, VHP Access at **https://www.vhpaccess.org** and click **Create Referral**

2. Select the patient's name from your patient list or use the Search option to search your patients.

    a. If patient is not part of your patient list, then use the **Search All Patients** tab.
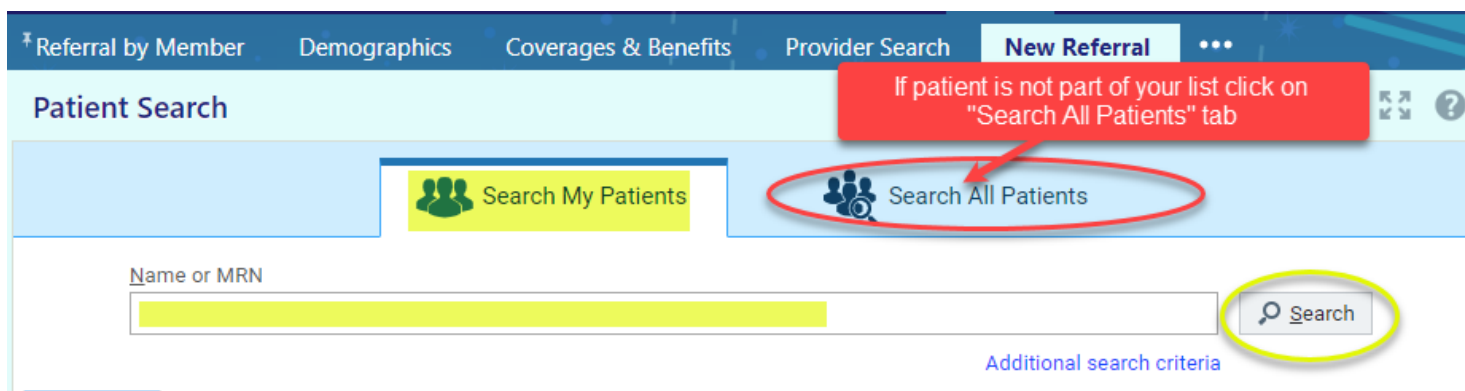
Referral Type

3. Select Referral Type **Procedure** and click **Next.**
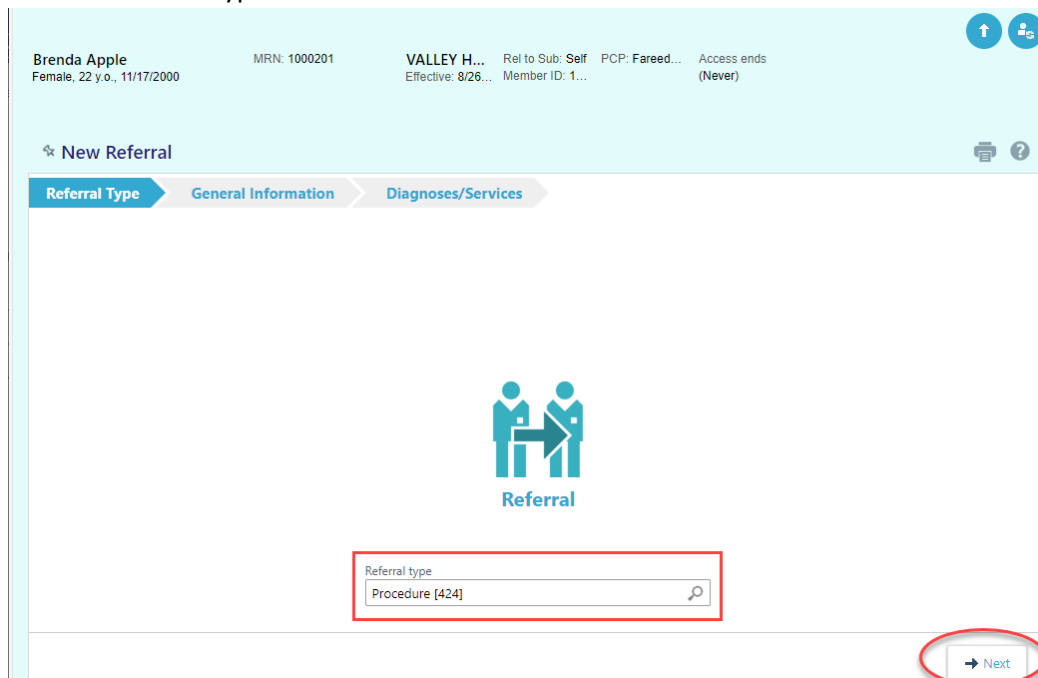
General Information

4. Confirm that the following information is filled out:
    a. **Priority.** Select appropriate priority.
        i. <u>Urgent</u> - Used when the member's condition is such that the insured faces an imminent and serious threat to his or her health or would be detrimental to the member's life or health or jeopardize the member's ability to regain maximum function if a decision is not made within 72 hours.
        ii. <u>Exigent</u> – **DO NOT USE** because this priority is used only for urgent request of drugs or medication treatments.
        iii. <u>Routine</u> - Used for non-urgent preauthorization requests.
    b. **Referral Reason**. Should ONLY be **Elective.**
    c. **Number of visits**. Enter the appropriate procedure quantity.
    d. **Start date**. Should be equal to *today's* date.
        - Please note a referral authorization is good for 6 months.
        - If there is a delay past 6 months then you would need to send an In Basket message to VHP letting us know there will be a delay and referral needs to be extended

Referral By & Referral To

5. Enter required information.
    a. Referral By Provider – Specific Provider name who is referring the patient.
    b. Referral By Location/POS – Where Referring Provider is located.
    c. Referral By Provider address – Where Notification/letter should be sent for Referring Provider
    d. Referral To Provider – Specific Provider name who is the requested Referral To Provider
    e. Referral To Location/POS – **Location or facility where requested procedures/services are performed.**
    f. Referral To Provider specialty – Specialty of Referred to Provider.
    g. Referral To Provider address – Where Notification/letter should be sent for Referred To Provider

    ↓ *Fill in the most specific fields first (Provider name) as system may then automatically pull in the other fields for you so you will have less to fill out.*
    ↓ *To avoid delay in processing your referral:*
        o *Make sure to fill out the Referred By & the Referred To with the specific Provider name.*
        o *Do a thorough search to select the correct pre-built record for each Provider name, Location & Address*

Referral By

a Provider

Tapestry, Lauren Provider, MD [E1000000]

b Location/POS

c Provider address

Referral To

d Provider

e Location/POS

f Provider specialty

g Provider address

Diagnoses/Services

6. Enter required information as shown by the Exclamation Points.

Notes

7. Enter any additional relevant notes and estimated date of procedure.

Attachment

8. Attach any clinical supporting documentation, then click **Request Referral**.

Following Up on an Existing Authorization

Once Authorization has been entered into the system, please log back into VHP Access to find your authorization status.

Turnaround Time (TAT) Guidelines for checking status of your submitted authorization request:

- Urgent request TAT 72 hours

- Routine request TAT 5 business days

Unable to Find Authorization in VHP Access

If there is no prior or existing VHP relationship between the patient & the Referred to Provider, you may be unable to view a Cancelled or Denied Authorization in VHP Access

Contact Provider Relations (408) 885-2221 Option #7

Questions on entering Authorizations in VHP Access

Check the VHP Access Provider Portal - Valley Health Plan - Training and Quick Start Guides

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Request Peer-to-Peer Review within 1st 2 weeks of a Referral NOA letter

The requesting Provider must reach out to the Medical Director (MDR) or VHP Utilization Management (UM) department during normal business hours (Mon-Fri 8am-5pm) to initiate a peer to peer within two weeks from the date an adverse determination Notification Of Action (NOA) letter is received.

After two weeks, the provider cannot initiate the peer to peer; however, the member retains the right to appeal the decision within 60 days of receiving the NOA.

Contact the Medical Director per contact information on the NOA letter.
Contact VHP Utilization Management (408) 885-4647

Appeal for Denied Authorization on Behalf of Member

Providers must obtain the member's written consent (by filling out the [Authorized Representative Form](#)) in order to submit an appeal on the member's behalf. Appeals can be submitted via fax, through the portal, or mailed. Contact Member Services at 1 (888) 421-8444 Option #1, then Option #2 for more information

Contact Member Services 1 (888) 421-8444 Option #1, then Option #2

Check on the Status of an Appeal for a Referral

Contact Member Services 1 (888) 421-8444