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JVHL Introduces On-line Portal for Providers Requesting Prior Authorization for Testing May 2023

JVHL, as the TPA and delegate for laboratory services for Blue Care Network (BCN) members, is pleased to introduce to providers an on-line portal to facilitate the Prior Authorization process. In accordance with Blue Care Network Medical Policy, prior authorization is required for molecular, genomic, cytogenetic, and out of network testing.

Prior Authorization requests submitted through the portal will be delivered electronically in a secure environment to JVHL Referral Management staff for review and case decision. Case decisions will be faxed back to the submitter within 14 days. In addition, the portal will provide on-line mechanisms for users to status requests and obtain case decisions.

It is important to note that Prior Authorization requests may still also be submitted via telephone. To request an authorization or to status an existing authorization via the phone, contact the JVHL Referral Management Department at (313) 294-5922.

One final note before providing instructions on how to set up a user identification and password, please know that whether submitting a request on-line or via the telephone, be sure to have the following information ready at the time of request. ***Medical records and supporting documents must be in .pdf format to be uploaded to the portal when making requests on-line.***

- ❖ Patient Demographics (this includes name, date of birth, address, and insurance/member ID)
- ❖ Ordering practitioner name, credentials (MD, DO, PA, etc.), and NPI
- ❖ Office contact name, phone number, and fax
- ❖ Patient's Clinical Information
 - Diagnosis (including date of diagnosis if applicable)
 - Patient's symptoms relevant to the requested testing
 - Family history and/or ethnic background relevant to the requested testing
 - Will testing impact patient treatment and/or care? If yes, how will it affect treatment and/or care?
 - Has the patient signed informed consent?
 - Has the patient received genetic counseling?
 - Has a specimen been collected? If yes, has the test been performed?
- ❖ Name of the requested test
- ❖ Providing lab information (name, NPI, Phone #, Website for test menu)
- ❖ Billing lab information (Name & NPI)
- ❖ CPT-4 Procedure Codes
- ❖ Charge/list price of test(s)

To Apply for Access to the On-Line Prior Authorization Portal

1. Go to www.jvhl.org and click “Apply For Access.”



2. Choose the type of facility from which you are applying, Laboratory or Physician Office.

A screenshot of the 'Apply For Access' form. The title is 'Joint Venture Hospital Laboratories Application'. Below the title, it says 'You are applying as a NEW USER'. The 'Use Case:' label is followed by a dropdown menu currently showing 'Select One'. A red arrow points to the dropdown menu. The dropdown menu is open, showing three options: 'Select One' (highlighted in blue), 'I am applying from a laboratory.', and 'I applying from a physician's office.'

3. Click the dropdown menu to choose the type of access required.

A screenshot of the 'Apply For Access' form. The title is 'Joint Venture Hospital Laboratories Application'. Below the title, it says 'You are applying as a NEW USER from a LABORATORY'. The 'Application Type:' label is followed by a dropdown menu currently showing 'Select One'. A red arrow points to the dropdown menu. The dropdown menu is open, showing seven options: 'Select One' (highlighted in blue), '1) Claim & Eligibility Access', '2) JVHL Resource Center', '3) JVHL Resource Center + Claim & Eligibility Access', '4) Prior Authorization Portal', '5) JVHL Resource Center + Prior Authorization Portal', '6) JVHL Resource Center + Prior Authorization Portal + Claim & Eligibility Access', and '7) Prior Authorization Portal + Claim & Eligibility Access'.

4. Complete the user/applicant information as prompted. All fields are required.

Apply For Access

The JVHL Resource Center houses proprietary information that can be very helpful to network members and health plan partners. Please complete the application below to obtain access to the portal. Note that your password must be at least 9 characters long, include at least 1 capital letter, 1 lower case letter, a number, and at least 1 non-alphanumeric character (examples of non-alphanumeric characters: @ \$! % * ? &).

Joint Venture Hospital Laboratories Application	
You are applying as a NEW USER from a LABORATORY using a PRIOR AUTHORIZATION AND CLAIM & ELIGIBILITY ACCESS application.	
Applicant Information	
Applicant First Name:	<input type="text"/>
Applicant Last Name:	<input type="text"/>
E-mail:	<input type="text"/>
Confirm E-mail:	<input type="text"/>
Phone:	<input type="text" value="() - -"/>
Supervisor First Name:	<input type="text"/>
Supervisor Last Name:	<input type="text"/>
Supervisor E-Mail:	<input type="text"/>
Supervisor Phone:	<input type="text" value="() - -"/>

5. For applicants from laboratories, complete the organization information when prompted.

Organization	
(Choose all that apply. Press the Ctrl key to select more than one.)	
Organization:	<div><div>OTHER (INDICATE BELOW)</div><div>ADVANCED PATHOLOGY SOLUTIONS (QP)</div><div>AFFIRMA, ENVISIA & PERCEPTA VERACYTE INC - SAN FRANCISCO (ZJ)</div><div>AFFIRMA, ENVISIA, PERCEPTA VERACYTE INC - AUSTIN (II)</div><div>ALLEGHENY CLINICAL LABORATORY (IH)</div><div>ASCENSION BORGESS ALLEGAN HOSPITAL (AG)</div><div>ASCENSION BORGESS HOSPITAL (BO)</div><div>ASCENSION BORGESS LEE HOSPITAL (LE)</div><div>ASCENSION GENESYS HOSPITAL (GE)</div><div>ASCENSION MACOMB OAKLAND-MADISON HG (OG)</div><div>ASCENSION MACOMB OAKLAND-MADISON (RM)</div></div>
Organization (Other):	<input type="text"/>
Department:	<input type="text"/>
Applicant Job Title:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<div>Select One</div>
Postal Code:	<input type="text"/>

6. Complete the information for the practitioner for whom prior authorizations will be made. Make sure to include each practitioner.

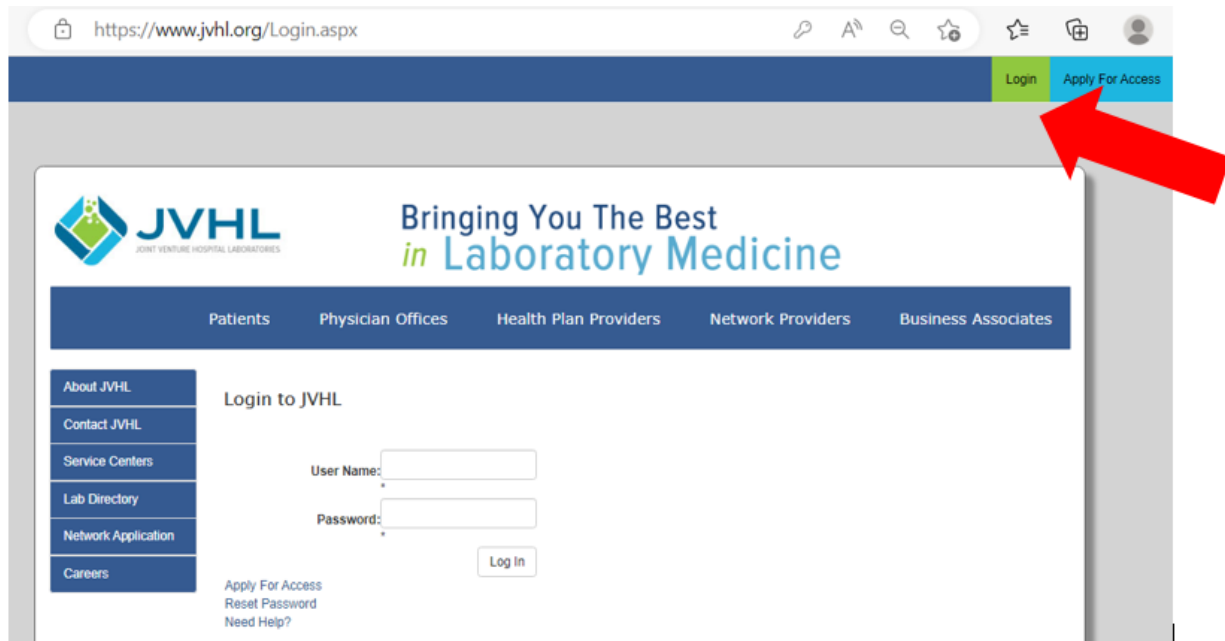
Prior Authorization	
Physician Office Name:	<input type="text"/>
Physician Office Street Address:	<input type="text"/>
Physician Office City:	<input type="text"/>
Physician Office State:	<input type="text" value="Select One"/>
Physician Office Postal Code:	<input type="text"/>
Physician Office Phone:	<input type="text" value="() -"/>
Physician Office Fax:	<input type="text" value="() -"/>
Physician First Name:	<input type="text"/>
Physician Last Name:	<input type="text"/>
Physician Office NPI:	<input type="text"/>
Physician E-mail:	<input type="text"/>
Are there additional physicians in the office who will be ordering tests requiring prior authorization?	<input type="text" value="Select One"/>

7. Complete the login information by choosing a username, password, security question and answer.

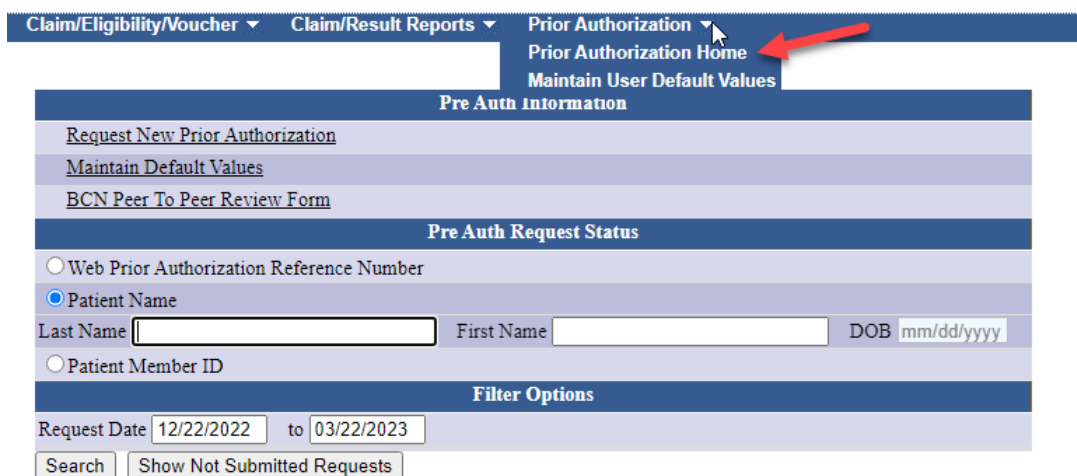
Login Credentials	
User Name:	<input type="text" value="kjustice77"/>
<i>Your password must be at least 7 characters long, include at least 1 capital letter, 1 lower case letter, and at least 1 non-alphanumeric character (examples of non-alphanumeric characters: @ \$! % * ? &).</i>	
Password:	<input type="password" value="*****"/>
Confirm Password:	<input type="password" value="*****"/>
Security Question:	<input type="text" value="Where do you work"/>
Security Answer:	<input type="text" value="JVHL"/>

To Request an Authorization

1. Log in to the Portal (<https://www.jvhl.org/Login.aspx>) and enter your User Name and Password when prompted.



2. From the menu option on the left, choose "Prior Authorization Portal"
3. Click the Prior Authorization drop down and then click "Prior Authorization Home"



4. Next, click “Request New Prior Authorization”.

The screenshot shows a web application interface with a top navigation bar containing links: Downloads, User Info, Claim/Eligibility/Voucher, Claim/Result Reports, and Prior Authorization. On the left is a sidebar with links: About JVHL, Contact JVHL, Service Centers, Lab Directory, and Careers. The main content area is titled 'Pre Auth Information' and contains three links: 'Request New Prior Authorization' (highlighted with a red arrow), 'Maintain Default Values', and 'BCN Peer To Peer Review Form'. Below these links is a section titled 'Pre Auth Request Status' with two radio buttons: 'Web Prior Authorization Reference Number' and 'Patient Name' (selected). Under 'Patient Name', there are input fields for 'Last Name', 'First Name', and 'DOB' (with a placeholder 'mm/dd/yyyy'). Below this is a section titled 'Filter Options' with a 'Request Date' range from '11/28/2022' to '02/28/2023', a 'Search' button, and a 'Show Not Submitted Requests' button.

5. Enter the patient demographics (patient name, date of birth, gender, address, city, state, zip, and Member ID). Then click “Save Pre-Authorization Patient Information”.

The screenshot shows a 'Patient Information' form. The fields are: 'Name (First, Last):' with 'Feb' in the first box and 'February' in the second box; 'Date of Birth and Gender:' with '5/12/1935' in the date box and 'Female' selected for gender; 'Address Line 1:' with '123 Main St'; 'Address Line 2:' (empty); 'Address City:' with 'Allen Park'; 'Address State & Zip:' with 'Michigan' in the state dropdown and '48101' in the zip box; 'Payer & Member ID:' with 'BCN' in the payer dropdown and '84206557501' in the member ID box. At the bottom is a 'Save Pre-Authorization Patient Information' button.

6. Enter the Ordering Physician, Providing Laboratory, Billing Laboratory, and Test Information. Then click “Save Pre-Authorization Provider and Test Information.”
Note: see section “How to Choose a Form” on page 9 for help on which test to choose.

Pre Auth Information	
Website Pre Auth Reference #:	100073
Patient Name:	February, Feb
Requested Test:	

Ordering Physician Information	
NPI:	115XXXXXXX Lookup
Name (First, Last):	John Doe
Contact Person's Name:	Kelly
Telephone Number & Extension	3132713692 227
Fax Number & Extension	3134411668
Email Address	kjustice@jvhl.org

Providing Lab	
Lab Selection:	JVHL
Name:	JVHL
Phone Number:	3132713692
Website:	www.jvhl.org
NPI:	1073587937

Billing Lab	
Lab Selection:	JVHL
Name:	JVHL
Phone Number:	3132713692
Website:	www.jvhl.org
NPI:	1073587937

Test Information	
Pre Auth Type:	General Genetic
Test:	General Genetic Misc.
Test Name (Other):	Oncotype DX Prostate
Has the patient completed any type of Informed Consent form?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is Urgent?	<input type="radio"/> Yes <input checked="" type="radio"/> No <small>Note: Cases are only determined urgent if applying the standard timeframe could seriously jeopardize the life or health of the patient. Urgency must be documented.</small>
Reason for Urgency:	
Date Specimen Collected:	3/21/2023 (Leave Blank if Not Collected)
Date Test Performed:	mm/dd/yyyy (Leave Blank if Not Performed)
<input type="button" value="Save Pre-Authorization Provider and Test Information"/> <input type="button" value="Cancel Pre-Authorization Request"/>	

7. Enter in the CPT code(s), pricing, and qty and click “Add”. Please make sure to add all the CPT codes included in the request. If you are unable to provide pricing please input 0 in the charge field. Then click “Continue to the Next Section”

Pre Auth Information	
Website Pre Auth Reference #:	100072
Patient Name:	February, Feb
Requested Test:	General Genetic Misc.: Oncotype Prostate Dx

CPT Information	
CPT: 0047U	Modifier: Charge: 150.00 Quantity: 1
Add	
Continue To Next Section	Cancel Pre-Authorization Request

8. Enter in the Diagnosis code(s) and click “Add”. Please make sure to add all the patient diagnosis codes pertinent to the request. Then click “Continue to the Next Section”

Pre Auth Information	
Website Pre Auth Reference #:	100072
Patient Name:	February, Feb
Requested Test:	General Genetic Misc.: Oncotype Prostate Dx

Diagnosis Information	
Diagnosis (Enter Without Decimals): C61	Add
Continue To Next Section	Cancel Pre-Authorization Request

Pre Auth Information	
Website Pre Auth Reference #:	100072
Patient Name:	February, Feb
Requested Test:	General Genetic Misc.: Oncotype Prostate Dx

Diagnosis Information	
Diagnosis (Enter Without Decimals):	Add
Diagnosis Code: C61	Delete
Description: MALIGNANT NEOPLASM OF PROSTATE	
Continue To Next Section	Cancel Pre-Authorization Request

9. Enter the patient’s family history (if applicable), then click “Add”. Once all applicable family history has been added click “Continue to the Next Section”. Note: not all test forms will request family history.

Pre Auth Information	
Website Pre Auth Reference #:	100071
Patient Name:	february, feb
Requested Test:	General Genetic Misc.: Oncotype Prostate

Family History Information	
Condition: Other Prostate Cancer	Add
Relationship: Dad	Side of Family: NotApplicable Age Diagnosed: 52
Continue To Next Section	Cancel Pre-Authorization Request

Pre Auth Information	
Website Pre Auth Reference #:	100071
Patient Name:	february, feb
Requested Test:	General Genetic Misc.: Oncotype Prostate

Family History Information	
Condition: Other	Add
Is Bilateral:	
Relationship: Aunt	Side of Family: Maternal Age Diagnosed:
Condition: Other - Prostate Cancer	Delete
Age Diagnosed: 52	
Relationship: Dad	Side of Family: NotApplicable
Continue To Next Section	Cancel Pre-Authorization Request

10. Enter the patient's medical history by answering the questions provided. If the answer to the question is yes check the box next to the question. If the answer is no, leave it blank. This information will vary for each test type (see example below). Once the medical history has been completed click "Save Pre-Authorization XXXX Test Information".

Pre Auth Information	
Website Pre Auth Reference #:	100071
Patient Name:	february, feb
Requested Test:	General Genetic Misc.: Oncotype Prostate

Patient History - General Genetic Testing	
<input type="checkbox"/> Has the patient been clinically diagnosed by means of physical examination, conventional diagnostic studies, and/or history?	
<input type="checkbox"/> Does the patient display clinical features, symptoms, or ethnic background which justifies increased risk of the disease/disorder in question?	
<input type="checkbox"/> Is testing critical to the primary diagnosis and/or medical management of the patient?	
<input type="checkbox"/> Will the result of the test change patient's treatment and/or management?	
<input type="checkbox"/> Has the patient received genetic counseling?	
<input type="button" value="Save Pre-Authorization General Genetic Test Information"/> <input type="button" value="Cancel Pre-Authorization Request"/>	

Pre Auth Information	
Website Pre Auth Reference #:	100071
Patient Name:	february, feb
Requested Test:	General Genetic Misc.: Oncotype Prostate

Patient History - General Genetic Testing	
<input checked="" type="checkbox"/> Has the patient been clinically diagnosed by means of physical examination, conventional diagnostic studies, and/or history?	
<input checked="" type="checkbox"/> Physical Examination	
<input type="checkbox"/> Standard Laboratory Testing	
<input checked="" type="checkbox"/> Conventional Diagnostic Studies	
<input type="checkbox"/> Personal History	
<input type="checkbox"/> Family History	
<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Is testing critical to the primary diagnosis and/or medical management of the patient?	
In What Manner?	
Yes, will determine patient care including medications & future screening	
<input checked="" type="checkbox"/> Will the result of the test change patient's treatment and/or management?	
How?	
Yes, it will determine if medication is needed.	
<input checked="" type="checkbox"/> Has the patient received genetic counseling?	
<input type="button" value="Save Pre-Authorization General Genetic Test Information"/> <input type="button" value="Cancel Pre-Authorization Request"/>	

11. Click "Submit Pre Authorization Information For JVHL Review".

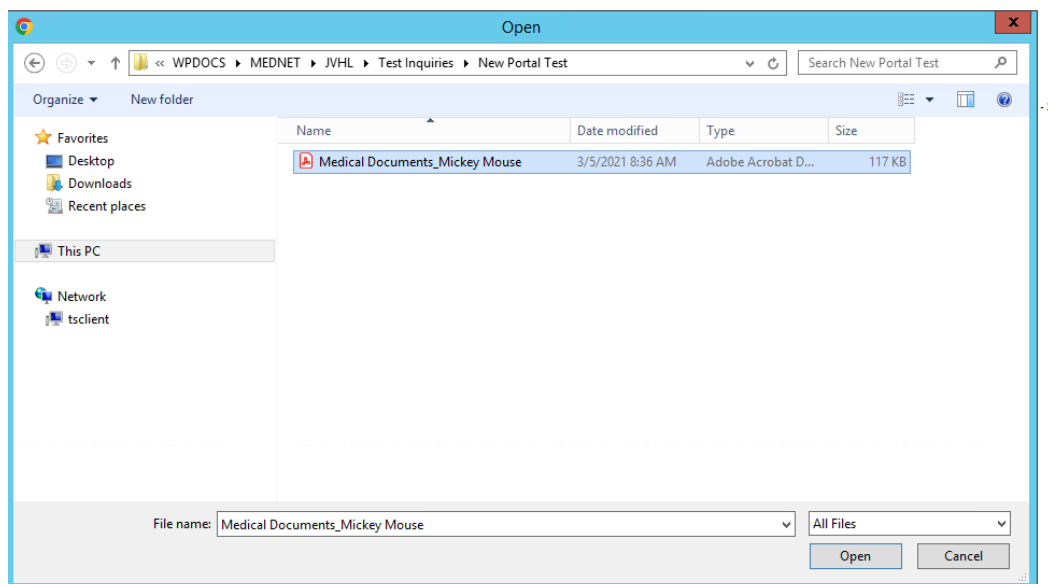
Pre Auth Information	
Website Pre Auth Reference #:	100074
Patient Name:	february, feb
Requested Test:	General Genetic Misc.: Oncotype Dx Prostate

<input type="button" value="Submit Pre Authorization Information For JVHL Review"/>	<input type="button" value="Cancel Pre-Authorization Request"/>
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12. The case has now been submitted to JVHL for review and decision. However, medical records must be submitted to JVHL to support Medical Necessity. Medical records can be faxed to (313) 294-5920 or upload medical records on-line to the case. To upload, click on the "Upload Medical Documentation File(s)", then choose your file (**must be in PDF format**), then click "Upload File".

Pre Auth Information	
Website Pre Auth Reference #:	100070
Patient Name:	feb, february
Requested Test:	OncotypeDX Breast Assay
Web Pre Auth Entry Status:	Complete - Submitted For JVHL Review
JVHL Case #:	10325
JVHL Pre Auth Review Status:	Pending
Date Case Submitted:	02/28/2023
Normal Review Time is 14 days for Standard Cases and 72 hours for Urgent Cases	

[Upload Medical Documentation File\(s\)](#)



Pre Auth Information	
Website Pre Auth Reference #:	100070
Patient Name:	feb, february
Requested Test:	OncotypeDX Breast Assay

Upload Clinical/Supporting Documentation
As an alternative to faxing clinical documentation to JVHL, documents can be uploaded through the JVHL Portal. Documents must be in PDF format, 8MB or less in size, and only one file can be uploaded at a time.

Previous Uploads
No Files Uploaded For This Case.

[Upload File](#) PDF (8MB Maximum File Size)

How to Choose a Form

1. Choose a form based on the test you are requesting. Below is a list of forms and the tests they are used for.

Form	Tests
BCR-ABL1	BCR-ABL1 ABL1
Breast Cancer Prognosis Assay	Oncotype Breast Assay Oncotype DCIS Prosigna Breast Cancer Index Prognostic Endo Predict Mamma Print
General Genetic	All genetic and/or out of network test requests not already listed in another form.
Ova1	Ova1 Overa Roma

To Status an Authorization

1. Enter the Patient's Last Name, First Name, and Date of Birth (DOB). Then click "Search"

The screenshot shows a web interface for managing prior authorization requests. It is divided into several sections:

- Pre Auth Information:** Contains links for [Request New Prior Authorization](#), [Maintain Default Values](#), and [BCN Peer To Peer Review Form](#).
- Pre Auth Request Status:** Features three radio buttons:
☐ Web Prior Authorization Reference Number
☒ Patient Name (indicated by a red arrow)
☐ Patient Member ID
- Form Fields:** Below the radio buttons are input fields for "Last Name", "First Name", and "DOB" (with a date format hint "mm/dd/yyyy").
- Filter Options:** Includes a date range selector for "Request Date" from "12/21/2022" to "03/21/2023".
- Action Buttons:** At the bottom are "Search" and "Show Not Submitted Requests" buttons. A red arrow points to the "Search" button.

2. All cases submitted under your account will populate for you to choose. Click on the case in which you are looking for status.

Pre Auth Information
[Request New Prior Authorization](#)
[Maintain Default Values](#)
[BCN Peer To Peer Review Form](#)

Pre Auth Request Status
☐ Web Prior Authorization Reference Number
☒ Patient Name
Last Name First Name DOB
☐ Patient Member ID

Filter Options
Request Date to

2 Matches Found

Pre Auth Web #	Request Date	Patient Last Name	Patient First Name	Patient ID	Date Submitted	JVHL Case #	Status
100069	12/22/2022	february	feb	84206557501	12/22/2022	10324	Complete - Submitted For JVHL Review
100071	3/21/2023	february	feb	84206557501	3/21/2023	10326	Complete - Submitted For JVHL Review

3. Review the case for status.

Pre Auth Information

Website Pre Auth Reference #:	100069
Patient Name:	february, feb
Requested Test:	BCR ABL1
Web Pre Auth Entry Status:	Complete - Submitted For JVHL Review
JVHL Case #:	10324
JVHL Pre Auth Review Status:	Pending
Date Case Submitted:	12/22/2022

Normal Review Time is 14 days for Standard Cases and 72 hours for Urgent Cases