

Dear Provider,

This letter is to inform you of an important change to our pharmacy prior authorization process.

Blue Cross and Blue Shield of Kansas City (Blue KC) has implemented an electronic prior authorization form on the provider portal. Effective October 31, 2016, the only method for providers to submit pharmacy authorization forms will be via eForms through their provider portal.

Effective October 31, 2016, the fax option to submit pharmacy authorization forms will no longer be available.

What is an eForm?

eForms are electronic versions of the existing prior authorization requests.

Where does a provider access eForm?

Providers will access the eForms from their Provider Portal at Providers.BlueKC.com.

How does a provider submit an eForm?

1. Log in to provider portal at Providers.BlueKC.com.
2. Click **Forms** from the tabs at the top.





Kansas City

Home Claims / Eligibility Communications Resources **Forms** Medical Policies Account Administration

FORMS

MEDICARE ADVANTAGE

FORMS

PDF Files require Adobe Reader to be installed on your PC. If you do not have Adobe Reader installed on your PC, please visit our website and [download Adobe Reader](#) for free.

3. Click **Prior Authorization Forms**

[ERA \(835\)/EFT Rules](#)

ERA(835)/EFT Operating Rules Update.

[Little Stars Program Referral Form](#)

To be completed and faxed by treating physician after 1st prenatal visit. We accept referrals for all plans, including FEP.

[Prior Authorization Forms](#)

BCBSKC may require prior authorization before certain medical services and/or medications are performed or dispensed.

[Provider Claim Inquiry](#)

When faxing, please use the correct fax number based upon the line of business and remember to separate unique claim inquiries with a blank piece of paper.

[Provider Electronic Funds Transfer Application Form \(EFT\)](#)

Complete and submit or fax this form to BCBSKC to set up Electronic Funds Transfer for your practice.

4. Under Prior Authorization, select **Prior Authorization for Medications** link.



A prior authorization request for an ACA or FEP member must be completed on their respective form. Select the hyperlink based on the member's plan. See image below.

Prior Authorization

[Prior Authorization for Services, Durable Medical Equipment \(DME\) and Protheses requiring Prior Authorization](#)

[Prior Authorization for Medications](#)


[Prior Authorization for Medications - ACA \(Affordable Care Act\) Plans ONLY](#)

[Federal Employee Advance Medical Review](#)

[Predetermination Forms](#)




5. Providers can click on the name of the medication to complete a request online.

 If the name of the medication is not found, providers should complete the General Prior Authorization request located at the top.

6. All fields marked with an asterisk (*) must be completed before the form can be submitted.


- Alpha prefix is not required when entering the Blue KC ID.
- The suffix is the 2 digit number at the end of the ID (00, 01, 02, etc).
- When keying the diagnosis code, do not key the decimal (for example, the diagnosis Z00.00 should be keyed as Z0000).
- If more than one diagnosis is present, click the plus button to add more fields to the form.

7. When the request has been successfully submitted, users will receive the following confirmation.

 Providers can also opt to receive a confirmation email by selecting the option on the bottom of the form.



THANK YOU

Your form has been submitted. 

Your form has been successfully emailed to the address provided. (Image of the form will be attached as well as any attachments.)

Please allow 36 hours, to include one (1) business day from date of receipt of all necessary information for determination. Duplicate submissions slow the process.

All patient information is strictly confidential.

If you have questions please call (816) 395-2176.

Do you wish to proceed with another Pre-Authorization for the same patient?

YES

NO



Selecting 'yes' to the question at the bottom will copy the submitted member's demographic information to the next PA form the provider selects.



What if the provider is Out Of Area (OOA) and does not have portal access?

Providers can still access eForms by either clicking on the **Contact** or the **Forms** buttons at the top of the page, on the Blue KC Provider log in.

What if a provider faxes a prior authorization request to 816-502-4915 after October 31?

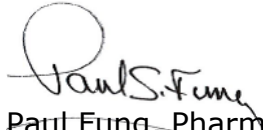
All providers should be directed to submit eForms beginning October 31, 2016. However, through January 1, 2017, if a PA request is submitted to the fax number, the request will still be processed. After January 1, this fax line will **no longer be active**. Providers faxing to this number will receive an error and/or the transmission will not be received by Blue KC.

What if the provider does not have the ability to access an eForm?

While we expect this to be an extremely rare situation, providers should request a pharmacy services representative at 816-395-2176 for alternative instructions.

Thank you for your cooperation as we make these changes.

Sincerely,



Paul Fung, Pharm D
Director Pharmacy Services

