

## Submitting and Tracking Prior Authorization Requests with Ventegra's e-PA Portal

Ventegra's **electronic Prior Authorization (e-PA) Portal** is a secure, HIPAA-compliant, web-based portal optimized for both desktop and mobile browsers. It enables providers and their delegates to electronically submit prior authorization requests and upload supporting clinical documentation—offering a faster, more efficient alternative to fax, phone, or email submissions.

### Key Benefits of Ventegra's e-PA Portal:

- Streamlines the PA submission process with a user-friendly interface.
- Reduces administrative burden by eliminating manual paperwork.
- Provides real-time status updates and secure messaging with the clinical review team.
- Ensures compliance with HIPAA standards for data security and privacy.

For instructions on creating an account, please refer to the Ventegra e-PA Portal Registration Quick Start Guide.

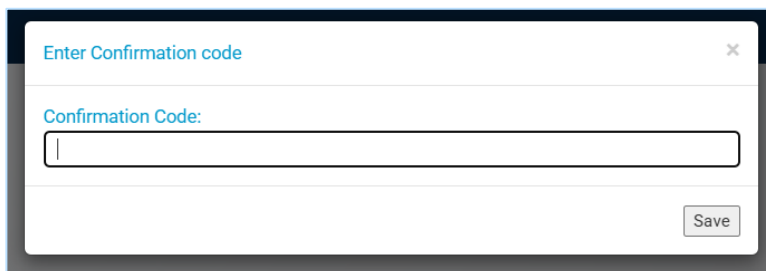
## Logging into the Portal

**Go to:** <https://ventegrapa.cervey.com>

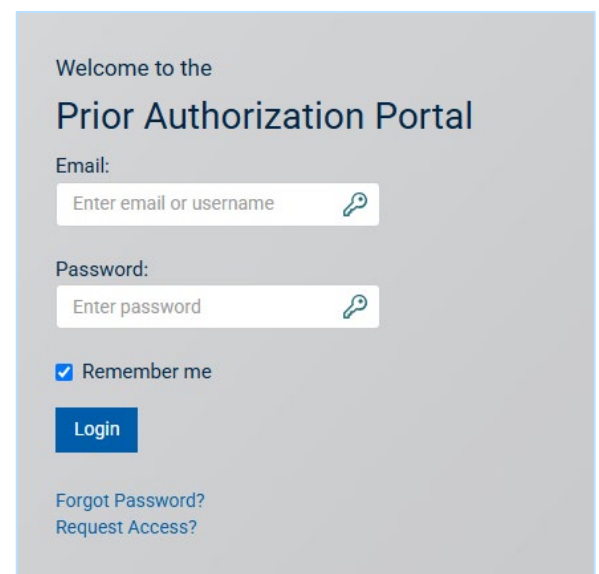
**TIP** – Save as a favorite for easy future access

Use the email address and the password you created during registration.

All users must verify their identity using Multi-Factor Authentication (MFA) via email address or mobile phone for enhanced security. MFA must be completed within **15 minutes** after entering your credentials.

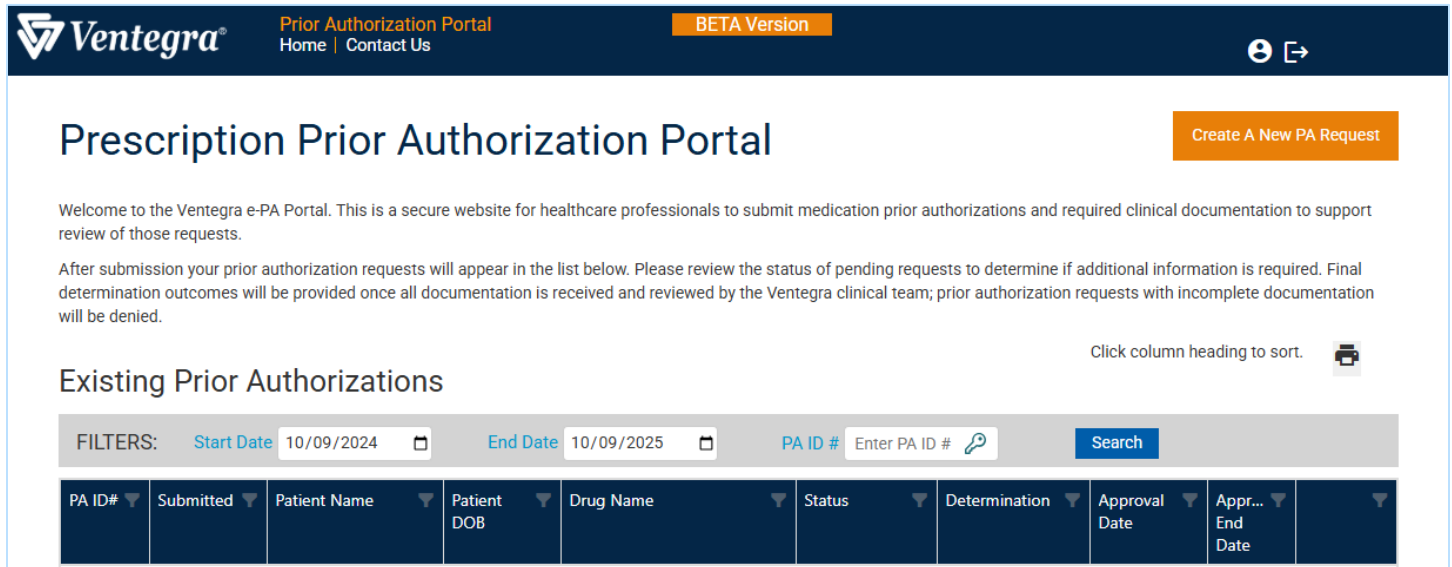


A screenshot of a web form titled "Enter Confirmation code". It features a text input field labeled "Confirmation Code:" with a cursor inside. A "Save" button is located at the bottom right of the form.



A screenshot of the login page for the "Prior Authorization Portal". The page has a light gray background and contains the following elements: a heading "Welcome to the Prior Authorization Portal", an "Email:" label above a text input field with the placeholder "Enter email or username" and a key icon, a "Password:" label above a text input field with the placeholder "Enter password" and a key icon, a checked checkbox labeled "Remember me", a blue "Login" button, and two links: "Forgot Password?" and "Request Access?".

## Home Screen Overview



The screenshot shows the home screen of the Prescription Prior Authorization Portal. At the top, there is a navigation bar with the Ventegra logo, 'Prior Authorization Portal Home | Contact Us', a 'BETA Version' badge, and user profile icons. The main heading is 'Prescription Prior Authorization Portal' with a 'Create A New PA Request' button. Below this is a welcome message and instructions. A section titled 'Existing Prior Authorizations' includes a filter bar with 'Start Date' (10/09/2024), 'End Date' (10/09/2025), and a search field for 'PA ID #'. Below the filters is a table with columns: PA ID#, Submitted, Patient Name, Patient DOB, Drug Name, Status, Determination, Approval Date, and Appr... End Date.

The Home Screen is your home page within Ventegra’s e-PA Portal. It provides a summary of all current and past prior authorization requests you have submitted. Each case is displayed in a table with the following information:

- Submission Date
- Patient Name and Date of Birth (DOB)
- Drug Name
- Status
- Determination
- Approval Date (if approved)
- Clinical Review Message

## STATUS DEFINITIONS

Status	What It Means
<b>PA Initialization</b>	Your request has been received. We are verifying plan and patient eligibility and checking if all required documentation is provided.

<b>Pharmacist Review</b>	The request is currently under review by the Ventegra clinical team.
<b>Request Additional Info</b>	Additional information is needed to complete the review. Check the “View Message” column for details. To respond, click the Case ID# and enter required information (ie, ICD10, etc) or upload additional clinical documents. You may also click the + icon in the “Comments and Additional Information” to add specific notes for our clinical team.
<b>Determination</b>	A decision has been made. The determination is displayed under the “Determination” header. Any corresponding overrides and letters are being processed. Medication is not yet available for billing and dispensing.
<b>Complete</b>	A decision has been made and the request is now complete. Any corresponding approval overrides have been placed for plans that utilize standard pharmacy prior authorization services, and letters have been mailed to you and the patient. If the request was approved, the patient can now fill the prescription at their pharmacy.

## DETERMINATION DEFINITIONS

Determination	Definition
<b>Approval</b>	The request has been approved for coverage.
<b>Denial</b>	The request has been denied. The rationale is shown under “View Message.” For standard pharmacy prior authorization services, a denial letter with appeals instructions (if applicable) will be mailed to the member.
<b>Exclusion</b>	The requested medication is not covered under the member’s pharmacy benefit and cannot be reviewed or appealed.

## OTHER HOME SCREEN FUNCTIONS

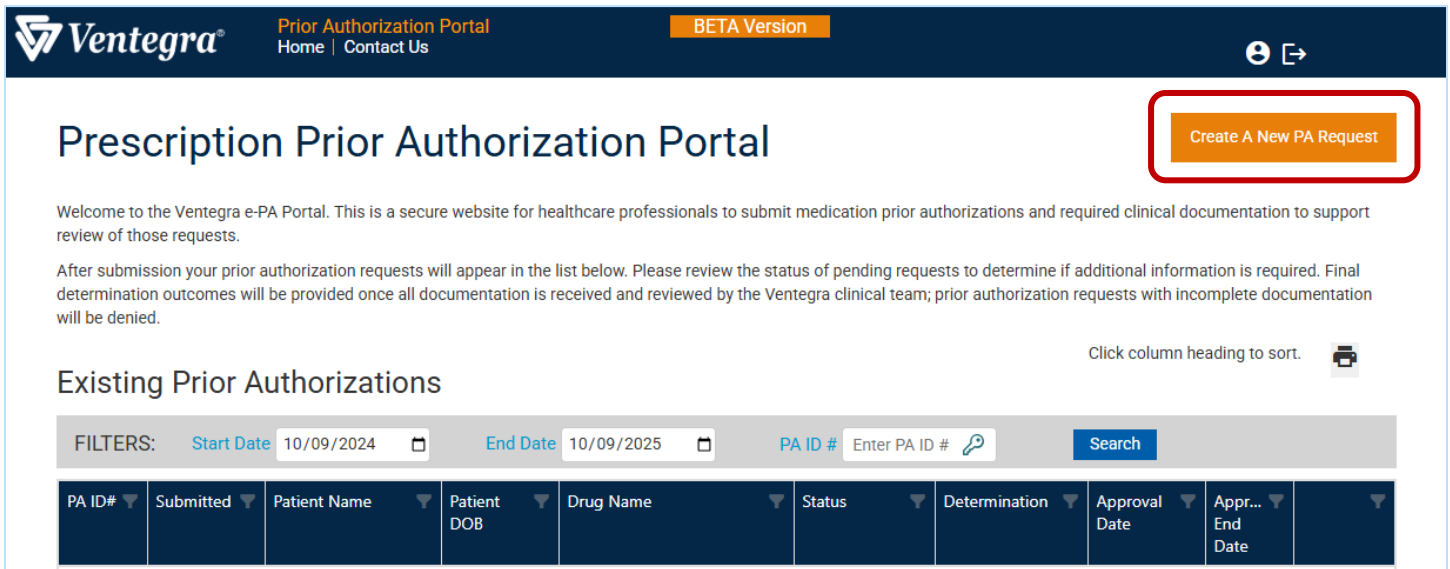
- **Filter Cases:** Use Start Date, End Date, or PA ID# to narrow results.
- **Sort Columns:** Click the funnel icon next to “Status.”
  - To view only active cases, uncheck “Complete”.
- **Print Cases:** Click the printer icon to generate a PDF.

- **View Case Details:** Click the PA ID# to open the case details page.

## Submitting a NEW Case

### Step 1: Start a New Request


From the Home Screen, click the orange button labeled “Create a New PA Request” located at the top right of the page.



**Prescription Prior Authorization Portal**

Welcome to the Ventegra e-PA Portal. This is a secure website for healthcare professionals to submit medication prior authorizations and required clinical documentation to support review of those requests.

After submission your prior authorization requests will appear in the list below. Please review the status of pending requests to determine if additional information is required. Final determination outcomes will be provided once all documentation is received and reviewed by the Ventegra clinical team; prior authorization requests with incomplete documentation will be denied.

Click column heading to sort. 

**Existing Prior Authorizations**


FILTERS: Start Date 10/09/2024 End Date 10/09/2025 PA ID # Enter PA ID # Search

PA ID#	Submitted	Patient Name	Patient DOB	Drug Name	Status	Determination	Approval Date	Appr... End Date	
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### Step 2: Locate Your Patient in the System (Required)

Provide the patient details to locate a match in Ventegra’s system.

**Patient Information**

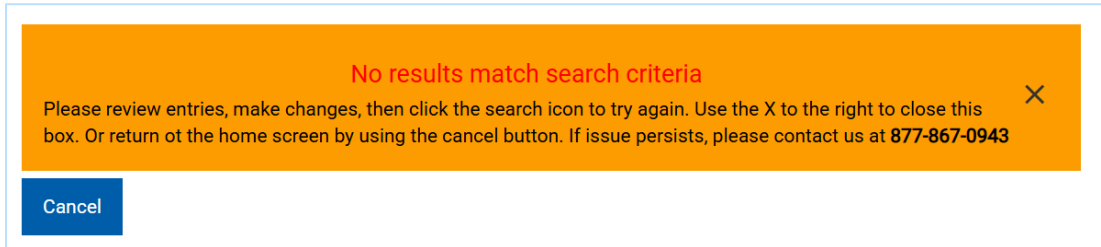
First Name  Last Name  Date of Birth  ID  

All four fields must match our system records to proceed.

- **First and Last Name:** Full names required; fields are not case-sensitive.
- **Date of Birth:** Must match format mm/dd/yyyy.
- **ID or SSN:** Use the pharmacy card ID or Social Security Number.
- **Click the magnifying glass icon** to search the Ventegra member database.

## If the member cannot be found:

The following message will appear on screen:



If the patient is not found, adjust the fields and search again.

Tips for correcting the search:

- Verify spelling.
- Remove extra spaces.
- Be sure to use full, legal names. Nicknames or maiden names may not be recognized.

If a patient still cannot be located, please contact the Ventegra Customer Care team to verify member information.

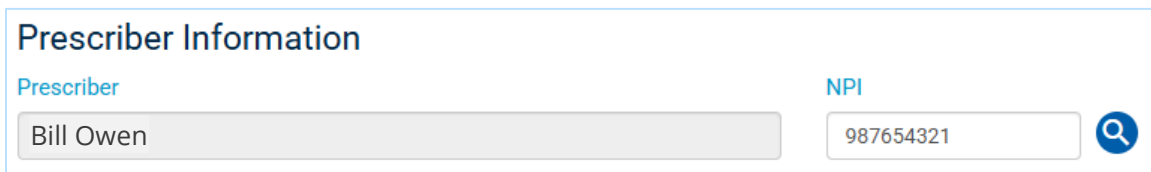
**Once the member is found** the remaining form fields will populate with the member-specific information that is available. This information is displayed for your convenience to verify that you are submitting a request for the correct patient.

## Step 3: Enter or Update Prescriber Information (Required)

By default, your name (as the registered user) appears in the Prescriber field.

If you are submitting on behalf of a prescriber:

- Enter the prescriber's full NPI.
- Click the magnifying glass icon to update to the correct prescriber name.



## Contact for this PA Request

If the contact person for the PA Request differs from the registered user, enter the alternative contact person's name, phone, and fax number.

Contact for this PA Request	Phone	Fax Number
<input type="text"/>	<input type="text" value="1234567890"/>	<input type="text" value="1234567890"/>

## Step 4: Enter Medication Details (Required)

Next, provide details about the medication being requested for review. This information ensures accurate processing and determination.

### Medication Information

**Selected HCPCS Code**

**Selected Drug**  **Enter Drug Qty**  **Enter Days Supply**

**Currently taking drug?**  **Enter Start Date**  **Enter End Date**

**HCPCS Code:** For Medical Benefit Management (MBM) clients, Healthcare Common Procedure Coding System (HCPCS) Codes may be used to request drugs. Please enter the appropriate code(s).

**Drug Name:** Begin typing a drug name; a drop-down menu will display available medications, formulations, and strengths for you to select.

**Quantity & Days Supply:** Enter the requested quantity and days supply (decimals may be used).


**Currently Taking Drug?:** Enter information for continuation of care.

- Select **YES** if the patient has been prescribed this medication in the past and has been adherent for the previous 90 days. Then enter the start date.
- Select **NO** if this is a new prescription (start and end dates not required).

## Step 5: Enter Diagnosis (ICD-10 Code) (Required)

At least **one diagnosis code is required** to submit a prior authorization request.

### Diagnosis (ICD10 Code)

Please enter ICD 10 Code or Description. 

Created On	ICD 10 Code	ICD 10 Description	
10/09/2025 04:35	E11	Type 2 diabetes mellitus	<a href="#">Remove</a>

- Begin typing the diagnosis or code; a drop-down menu will appear with available diagnosis codes for you to select.
- Click the “+” button to add the diagnosis to the list.
- Repeat to enter multiple diagnosis codes as needed.

## Step 6: Enter Clinical Information (Optional)


Provide any relevant clinical history to support the request. This information helps the review team understand previous treatments and avoid delays. Please be as specific as possible to minimize delays in processing your case.

### Clinical Information

[Medications Previously Tried and Failed](#)  
[Selected HCPCS Code](#)

Please enter HCPCS Code.

Drug Name, Strength, and Form

**Duration of Therapy** mm/dd/yyyy mm/dd/yyyy **Reason for Failure** 

Created On	Drug Name, Strength, and Form	NDC	GPI	Duration Start	Duration End	Reason for Failure	
10/10/2025 03:46	glipiZIDE TABS 2.5 MG	52817038510	27200030000...	08/01/2025	10/01/2025	hypoglycemia	<a href="#">Remove</a>

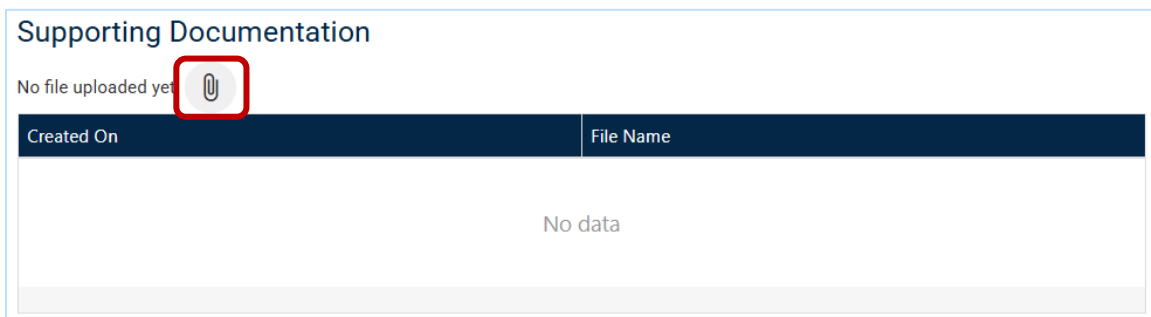
- Enter previous medications tried for the member’s condition as applicable.
- Use the drug search function to enter the medication name.

- Include Duration of Therapy, Start Date, and End Date (leave blank if the patient is currently taking the medication).
- Add the reason for treatment failure (e.g., intolerance due to nausea and vomiting).
- Click the “+” button to add each medication. Repeat for multiple entries.

## Step 7: Upload Supporting Documentation (Required)

At least **one document is required** to submit a prior authorization request. Refer to Ventegra’s Medication Policies at [go.ventegra.org/Medication-Policies](https://go.ventegra.org/Medication-Policies)

Please, attach all necessary information required to complete the medical necessity review, including updated objective clinical documentation (e.g., physician chart notes) showing assessment of the patient’s condition and treatment plan with the medication.



Created On	File Name
No data	

- Click on the paper clip icon to upload files.  
**Acceptable file types:** PDF (.pdf), Word documents (.docx and .doc), image formats (.bmp, .jpeg, and .png), and text files (.txt).

## Step 8: Enter Additional Information (Optional)

Provide any extra details that may help expedite or clarify the review. Use this section for urgent requests or special notes.

For urgent requests, check “*Request an Urgent Review*”. By checking this box, you confirm that standard review time frame may seriously jeopardize the patient’s life or health or ability to regain maximum function.

### Additional Information

Request an URGENT Review  
By checking this box and submitting this request, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. Please note, scheduling issues do not meet the definition of Urgent. Please include an explanation of exigency in the comments section below.

Comments & Additional Information

I have reviewed and confirm that all information provided is accurate.

- Click the “+” button to add additional notes. Repeat for multiple entries.
- NOTE: Special characters are allowed and there is no character limit.

## Step 9: Review and Submit

Before submitting the request, confirm that all required fields are complete and the information is accurate. This step finalizes your request.

I have reviewed and confirm that all information provided is accurate.

- Review all entries for accuracy. Use Remove (*located to the right of an entry*) to delete and replace any incorrect entries.
- Check the box: “I have reviewed and confirm that all information provided is accurate.”
- Click “Submit Request for Prior Authorization” to submit your request.
  - NOTE: the button will activate once all required fields are completed.
  - If fields are missing, a pop-up will alert you. The required fields must be completed before you can submit.
- After clicking the submit button, you will return to the Home Screen, where your new case will appear.

## Tracking & Editing Active Cases

Your Home Screen displays all active and completed cases. Active cases may be edited to include additional documentation or comments until a determination is made.

Existing Prior Authorizations									
FILTERS: Start Date 10/10/2024 End Date 10/10/2025 PA ID # Enter PA ID # Search									
PA ID#	Submitted	Patient Name	Patient DOB	Drug Name	Status	Determination	Approval Date	Appr... End Date	
124114	10/10/2025	TestDMHDEMOPLAN, TestJames	01/01/2000	Mounjaro SOAJ 10 MG/0.5ML	PA Initialization				
124112	10/10/2025	TestDMHDEMOPLAN, TestJames	01/01/2000	metFORMIN HCl ER (MOD) TB24 1000 MG	PA Initialization				

### To edit an active case:

- Click on the corresponding **PA ID#** to open the case details screen.
- Submit additional information or upload documents as needed.

## Cancelling a PA Request After Submission

Once a PA request has been submitted, an active case is created. You cannot cancel the request directly in the portal without assistance from Ventegra.

### To cancel a PA request:

- Contact Ventegra e-PA Support at [ePAsupport@ventegra.org](mailto:ePAsupport@ventegra.org) or call **(877) 895-7158**.
- Alternatively, log into your Portal Home Screen and click on the corresponding **PA ID#** and enter a comment requesting cancellation.

## Notifications

In an upcoming enhancement, the Ventegra e-PA system will send email notifications from [cerveysupport@mg.cervey.com](mailto:cerveysupport@mg.cervey.com) regarding changes to active PA cases. Notifications will include:

- Requests for additional information
- Final determinations

**Email Subject Line:** *Electronic Prior Authorization Updates Available*

The email will include the case number and instructions to log in for more details.

**Carvey support**

**Electronic Prior Authorization Updates Available**

There are updates available for your prior authorization cases. Please login into the electronic prior authorization portal to review

## Technical Assistance

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For technical issues during electronic prior authorization submission:

- Call e-PA Services at **(877) 895-7158**
- Email [ePAsupport@ventegra.org](mailto:ePAsupport@ventegra.org)