

Provider Portal

User Guide

Version 1.0

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Version Control

Version	Date	Author	Action/Summary of Changes
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Introduction

The provider portal integrates with GuidingCare Care Management and is a tool for providers to electronically submit authorizations, step through criteria and receives automated responses and real-time updates. Providers can check on the status of authorizations, add supporting documentation for authorizations, update authorization with discharge information and submit appeals on authorizations in one easy-to-use interface.

Single Sign-On

The provider portal employs single sign-on functionality to eliminate the need to maintain separate login credentials.

Navigation

Depending on information passed in the single sign-on SAML, you will have different landing pages such as the Authorization List to review authorization status or the Member Search page to start a new authorization. The navigation bar on the left side of the portal consists of the following tabs:



When you hover over the navigation icon, the navigation icon label displays. The collapsed navigation bar only displays the icons.



Home

From the **Home** page, you can start a new authorization or navigate to view authorizations in progress. There is a count of the authorizations in progress by type.

 	Start a New Request New Inpatient Request
-	
	Authorizations in Progress 14 Inpatient Auth in Progress View All Inpatient Authorizations View All Inpatient Authorizations View All Outpatient Authorizations

Start a New Request

The first section on the **Home** page contains buttons that navigate you to the four-step wizard that you can use to enter a new authorization request.



For more information on starting a new authorization request, refer to New Authorization Request.



Viewing Authorizations in Progress

You can view your **Authorization List** from the **Home** page. From this list, you can check on the status of all in-progress authorizations. The **Authorizations in Progress** tiles show you the count of in-progress authorizations. You can click anywhere in these tiles to go to the **Authorization List**.

1. If you are on the **Home** page, click the tile of the in-progress authorizations that you would like to view.

Inpatient Auth in Progress	Outpatient Auth in Progress
Inpatient Auth in Progress	Outpatient Auth in Progress

2. The Authorization List appears.

Aut	horization List								
1	Inpatient 🗂 Outp	patient						Member Id Q	\Xi 🚯 Download Results
	Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Туре	Status	Facility	Service Provider
0	0325WC415	Mar 25, 2020	Kat B	Health Insurance	Mar 25, 2020	Inpatient-acute Rehab	Pending	Texas Star Neuro Rehab Institute	John RI W
٥	0320F4110	Mar 20, 2020	Henry G	Program Enrollment	Mar 20, 2020	Inpatient-acute Rehab	Pending	test	John RI W
0	0312T1E31	Mar 12, 2020	Kat B	Health Insurance	Mar 12, 2020	Inpatient-acute Rehab	Pending	RI Physical Medicine and Rehabilitation Center	John RI W
٥	0207FDBF1	Feb 07, 2020	Hilton G	Medicaid	Feb 07, 2020	Inpatient-all Fields Example	Pending	RI Serene Hospice and Palliative Care Center	John RI W
0	1107TD417	Nov 07, 2017	Henry G	Program Enrollment	Nov 07, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
٥	1024T7E35	Oct 24, 2017	Henry G	Program Enrollment	Oct 24, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
0	1024TD904	Oct 24, 2017	Henry G	Program Enrollment	Oct 24, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
٥	1023M5374	Oct 23, 2017	Henry G	Program Enrollment	Oct 23, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
(H)	< 1 2 ► H	10 🔹 items per page							 1 - 10 of 15 items

For more information, refer to <u>Authorization List</u>.



New Authorization Request

You can either start a new authorization request by SSO SAML navigating you to the **Member Search** page directly or clicking the relevant button on the **Home** page to start a new authorization request.

Step 1: Member Search

The **Member Search** page is the first step in a four-step wizard you can use to create an authorization electronically in the provider portal.

- If you are on the Home page, click Start a New Inpatient Request for inpatient authorizations or Start a New Outpatient Request from outpatient authorizations.
- 2. The Member Search page displays.

or

3. Depending on the information you entered in your portal, you may be navigated directly to the **Member Search** page.

Member Search		
1 Member Search	··· 2 Authorization Basics ····· 3	Additional Details
* First Name	* Last Name	* Date of Birth * Member ID
		MM/DD/YYYY
		Find Member Clear

Required fields are indicated by a red asterisk (*). Required fields on this page are configurable per client. You can search for a member by exact name and date of birth OR by their member ID.

- 4. If you search for a member by name and birthdate, you must enter all three search criteria together (First Name, Last Name and Date of Birth). Once you start typing in any of these three fields, the Member ID field becomes inactive. Once you enter all three criteria, the Find Member button becomes active.
- 5. If you search by **Member ID**, the **First Name**, **Last Name** and **Date of Birth** fields become inactive. Once you enter the Member ID, the **Find Member** button becomes active.



Member Search			
Member Search	\cdots 2 Authorization Basics \cdots \cdots \cdots 3 Ac	dditional Details	Results
* First Name	* Last Name	* Date of Birth MM/DD/YYYY	* Member ID 999999999999
		Find Mer	mber Clear

- 6. Click Find Member.
- 7. A tile or list of tiles displays with member demographic information. Select the appropriate member.

Member Search (2) Authorization Basics First Name Last Name Date of Birth Member ID 10/31/1988 Member ID N/A First Name Kat Last Name Date of Birth Member ID Member ID N/A First Name Kat Last Name Date of Birth Member ID Member ID N/A First Name First Name Last Name B Date of Birth 10/31/1988 Date of Birth Date of Birth Pinary Insurance Commercial Secondary Insurance N/A	Member Search			
First Name Last Name Date of Birth Member ID kat b 10/31/1988 Image: Clear Find Member Clear Member ID N/A First Name Kat Member ID N/A First Name Last Name B Date of Birth 10/31/1988 Date of Birth Clear	Member Search	Authorization Basics	•••• (3) Additional Details	(4) Results
Find Member Clear Member ID N/A First Name Kat Last Name B Date of Birth 10/31/1988 Phone Number 555-467-8941 Primary Insurance Commercial Secondary Insurance N/A Address 4321 Main Street, Ketchum, ID,	First Name	Last Name		Date of Birth Member ID
Member ID N/A First Name Kat Last Name B Date of Birth 10/31/1988 Phone Number 555-467-8941 Primary Insurance Commercial Secondary Insurance N/A Address 4321 Main Street, Ketchum, ID.				Find Member Clear
	Member ID N/A Phone Number 555-467-8941	First Name Kat Primary Insurance Commercial	Last Name B Secondary Insurance N/A	Date of Birth 10/31/1988 Address 4321 Main Street, Ketchum, ID ,

Step 2: Authorization Basics

The fields that display on this page depend on your selections, starting with the Authorization Type. The following steps are based on creating an inpatient authorization.

1. The **Authorization Basics** page appears with the member's name, gender, age, date of birth (DOB) and member ID number.



Au	horization Basics			
1	Member Search	2 Authorization Basics	Additional Details	4 Results
Kat	B • Female • 31 Years & 5 Mo	onths • DOB: 10/31/1988		
Eligil	sility			Show All 🗸
	LOB Name Health Insurance	Benefit Plan Name Health and Wellness	Start Date 03/12/2020	
0	Status Active	Benefit Plan Decsription Health and Wellness	End Date 12/20/2025	
0	LOB Name Health Insurance	Benefit Plan Name N/A	Start Date 03/12/2020	
0	Status Active	Benefit Plan Decsription N/A	End Date 12/20/2025	

2. Select the eligibility of the member. You can filter the eligibility to show only active eligibilities by clicking the drop-down lists and selecting **Show Active**.

Authorization Basics		
1 Member Search 2 Aut	thorization Basics	
Kat B • Female • 31 Years & 5 Months •	• DOB: 10/31/1988	
Eligibility		Show All Show Active
LOB Name Health Insurance	Benefit Plan Name Health and Wellness Start Date 03/12/2020	

3. Additional authorization fields appear.



Au	thorization Basics			
1) Member Search	2 Authorization Basics	Additional Details	
Ka	t B • Female • 31 Years & 5 M	onths • DOB: 10/31/1988		
Eligi	bility			Show All
۲	LOB Name Health Insurance Status Active	Benefit Plan Name Health and Wellr Benefit Plan Decsription Health and Wellness	start Date 03/12/2020 End Date 12/20/2025	
		Departit Diag Name N/A	54 + D-+ - 03/02/0000	
0	Status Active	Benefit Plan Name N/A	End Date 12/20/2025	
	Status Active	Benefic Plan Decsription N/A		
* Δι	thorization Type	* Auth Priority		
5	lert	Select		
	iect .	Select	*	
Req	uesting Provider			
Pr	ovider Name V Begin typin	g name or code to select	Q Requesting & Servicing Providers are same	e
Ser	vicing Provider			
Pr	ovider Name V Begin typin	g name or code to select	Q	
		5		
Fac	ility Provider			
Pr	ovider Name V Begin typin	g name or code to select	Q	
Exp	ected Admission Date	* Admission Date and Time	Expected Discharge Date and Time	
M	M/DD/YYYY 🗰	MM/DD/YYYY	MM/DD/YYYY 🗰	
* T	me of Service	* Place of Service	Admission Type	
· 1)	leet	Select .		
56	iect	Select	Select	
* Di	agnosis Description	Diagnosis Code		
Be	gin typing Code or Description		🕒 😑 📀 Primary Diagnosis	
* Pr	ocedure Description	Procedure Code Mod	lifier	
Be	gin typing Code or Description	Q	~	
* Se	ervice Start Date * Service End Date	Units Type Units		
M		Select	Primary Procedure	
			Next Reset	Cancel

4. Select the Authorization Type and Auth Priority.



InPatient-Acute Rehab Conce	irrent Standard

Auth Priority options depend on the Authorization Type selected.

5. Enter the **Requesting Provider**, **Servicing Provider** and **Facility Provider** information.

The fields that appear in this section depend on the authorization type you select.

If **Requesting Provider** field displays, it should be prepopulated with your provider details.

If the requesting provider and servicing provider are the same, select the **Requesting &** Servicing Providers are same check box to populate the Servicing Provider field.

Requesting Provider				
Provider Name	~	Begin typing name or code to select	Q	Requesting & Servicing Providers are same
Servicing Provider				
Provider Name	~	Begin typing name or code to select	Q	
Facility Provider				
Provider Name	~	Begin typing name or code to select	Q	

6. In the Servicing Provider and Facility Provider drop-down lists, select the criteria to search by: Provider Name, Provider Code, NPI or Tax ID.

Provider Name	Begin typing name or code to select	Q
Provider Code		
NPI		
Tax ID		

7. The search field next to the drop-down list is a smart search field, meaning you can start typing your search criteria (at least three characters) and press the down arrow on your keyboard to view a table of search results with the provider info. Select the provider from this table to populate the **Servicing Provider** and **Facility Provider** fields.



phys						×						
Provider Code	Par	Provider Name	Provider Type	Provider NPI	Eligibility Start Date	Eligibility End Date	LOB	Benefit Plan	Address Start Date	Address End Date	Address	Address Status
PROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Program E	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
PROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Health Ins	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
PROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Medicaid	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
PROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Medicare	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	MLTC	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Commercial	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	RI Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	ER Program	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	NC Physical Me	. Facility	AHNPI	01/01/2012	12/31/2999	Program E	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	NC Physical Me	. Facility	AHNPI	01/01/2012	12/31/2999	Health Ins	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
ROV00	PAR	NC Physical Me	Facility	AHNPI	01/01/2012	12/31/2999	Medicaid	N/A	01/01/2012	12/31/2999	1021 Front St,	Active
PROV00	PAR note t	NC Physical Me	. Facility t include top	AHNPI	01/01/2012 ders with a	12/31/2999	Medicaid sses. Please	N/A use advanced s	01/01/2012 earch for a	12/31/2999 ctive and in	1021 Front St, active providers	Act

8. Select the provider from the grid.

9. The provider details populate the text field.

Facility Provider				
Provider Code	~	Texas Star Neuro Rehab Institute	Q	i

Click **i** to view full details about the provider, including provider details, provider contract type and provider index details.



			CLUSE
ROVIDER DETAILS			
rovider ID	Provider Name	Provider Type	
ROV_8997	Texas Star Neuro Rehab Institute	Rehab Facility	
peciality	Ethnicity	Provider NPI	
omprehensive Outpatient Rehabilitation Facility,H	Not Available	Not Available	
rovider TIN	Language Spoken	Clinic ID	
Iot Available	Chinese,English,French,German,Korean,Portuguese,Sp.	.Not Available	
linic Name Iot Available	Address SMALLSYS INC 795 E DRAGRAM TUCSON AZ USA, Dallas, TX, 85705	City Dallas	
tate / Province	ZIP / Postal Code	Provider Phone	
X	85705	Not Available	
ell Phone	Fax	Email	
Iot Available	Not Available	Not Available	
iender	Provider Degree	DOB	
I/A	Not Available	Not Available	
iounty	Borough	Alternate Phone	
Iot Available	Not Available	Not Available	
remium Provider	Address Type	Accepting Patients	
Iot Available	Mailing	No	
rovider Rank Iot Available	Handicap Accessibility Not Available	Appointment Availability Morning- Not Available Afternoon- Not Available Evening- Not Available Apt Only- Not Available	

10. Select the **Expected Admission Date** from the calendar or type in the date in MM/DD/YYYY format.

You can use the keyboard shortcut **t-n** to populate the field with today's date.

11. Select the **Admission Date and Time** and **Expected Discharge Date and Time** using the calendar and time picker.

The fields that appear in this section depend on the authorization type you select. This example shows an inpatient authorization.

Expected Admission Date	* Admission Date and Time	Expected Discharge Date and Time		
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY		

12. Select the Type of Service, Place of Service and Admission Type.



* Type of Service		* Place of Service		Admission Type		
Rehab-Other 🔹		61 - Comprehensive Inpatient Rehabilitation Facility	·]	Observation	•	

13. Enter a **Diagnosis Description**. This is a smart search field, meaning you can start typing your search criteria (at least three characters) and press the down arrow on your keyboard to view a table of search results with the diagnosis description and code. Select the diagnosis from the search results grid to populate the **Diagnosis Description** and **Diagnosis Code** fields.

* Diagnosis Description	Diagnosis Code		
Begin typing Code or Description		0 0	O Primary Diagnosis

You can enter more than one diagnosis by clicking \bigcirc . If you enter more than one diagnosis, click **Primary Diagnosis** to select the primary diagnosis. If you only enter one

diagnosis, that diagnosis is automatically selected as the primary diagnosis. Click 🤜 to remove a diagnosis.

14. Enter the **Procedure Description**. This is a smart search field, meaning you can start typing your search criteria (at least three characters) and press the down arrow on your keyboard to view a table of search results with the procedure description, category, code and active status. Select the procedure from the search results grid to populate the **Procedure Description** and **Procedure Code** fields.

You can enter more than one procedure by clicking \bigcirc . If you enter more than one procedure, click **Primary Procedure** to select the primary procedure. If you only enter one procedure, that procedure is automatically selected as the primary procedure. Click

to remove a procedure.

- 15. Enter the **Modifier**, if applicable.
- 16. Select the Service Start Date and Service End Date from the calendars.
- 17. Select the Units Type.
- 18. Enter the number of **Units**.

If you select **Days** as the **Units Type**, the **Units** field populates with the number of units automatically.



* Procedure Description	Procedure Code Modifier
Begin typing Code or Description	Q ~
* Service Start Date * Service End Date Units Type Units	
MM/DD/YYYY MM/DD/YYYY Select	 Primary Procedure

19. Click Next.

Step 3: Additional Details

1. The **Add Note** field appears. You can either type in this field or copy and paste text and/or images.

*	F Add Note		
	Begin typing		
	Ø Add Attachments		
		Submit	<u>Cancel</u>

- 2. Click Add Attachments to add attachments.
- 3. Click Submit.
- 4. Rules run to determine if you should walk through criteria or if the authorization requires additional review.

Step 4: Results

A message appears with the system-generated authorization number and lets you know the status of the authorization. The full details of the authorization display below the message. The following screen shows an example of an authorization in pending status.



Your request #0325WC415 is pending rev	riew. <u>Click to print</u>		×						
Kat B • FEMALE • 31 Years & 5 Months. Primary Language English Address 4321 Main Street Primary Phone 555-4	Kat B • FEMALE • 31 Years & 5 Months. DOB 10/31/1988 Primary Language English Address 4321 Main Street Primary Phone 555-467-8941								
Auth ID #0325WC415									
Authorization Details									
Auth Class InPatient	Auth Type InPatient-Acute Rehab	Auth Status Open							
Authorization Basic Details									
Auth Created On 3/25/2020 3:53:02 PM Notification Date and Time 3/25/2020 3:53:02 PM	Admission Date and Time 3/25/2020 2:00:00 AM Discharge Date 3/26/2020 12:00:00 AM	Place of Comprehensive Inpatient Service Rehabilitation Facility Treatment Type Rehab-Other							
Provider Details									
Servicing Provider									
Provider Name John RI W Tax ID AHTIN05293	Provider Type Servicing	Provider NPI AHNPI05293							
Referred By Provider									
Provider Name John RI W Tax ID AHTIN05293	Provider Type Referred By	Provider NPI AHNPI05293							
Facility Provider Provider Name Texas Star Neuro Rehab Institute	Provider Type Facility								
Diagnosis and Service Codes									
Diagnosis Codes ICD Version ICD-10 Diagnosis Code M24.87 Primary Diagno Diagnosis Description OTHER SPECIFIC JOINT DERA	isis NGEMENTS OF ANKLE AND FOO								
Procedure Codes									
Procedure Code 0944 Primary Proced Procedure Description Other Therapeutic Serv: Drr Unit Type Days Requested	ure 1g rehab 2 From Date 03/25/2020	To Date 03/26/2020							
Authorization Guidelines									
Decision 1									
Code 0944 Decision Status Pending	Description Other Therapeutic Serv: Drug rehab Notification Date Time 3/25/2020 3:53:02 PM	Unit Days							
Discharge Codes ICD Version ICD-10									



The **Click to print** link produces a printer-friendly/downloadable version of the authorization.

Messages

The **Messages** page displays any messages sent from reviewers to providers related to authorizations. Reviewers usually send messages to request additional information from the provider. These messages are currently created in GuidingCare within the authorization and are read-only in the provider portal.

If you have any unread messages in the provider portal, a red indicator of the unread message count displays on the **Messages** tab in the menu.

Click a message on the left to open the full text in a reading pane on the right, along with some details about the authorization. The Auth ID link opens Additional Information about the authorization. Refer to Add Additional Information.

A closed envelope icon indicates an unread message and an open envelope icon indicates a read message.



Authorization List

The **Authorization List** contains grids with information about the authorizations submitted by your organization. Depending on the information you enter in the portal, you may be taken directly to the **Authorization List** or you can use the menu to navigate to the **Authorization List**.

The **Authorization List** is split into tabs for each authorization template. Depending on the tab you select, the grid may display different columns. The following example is for inpatient authorizations.



Auth	orization List								
L	Inpatient 🖁 🖁 Outp	atient						Member Id Q	😆 📘 Download Results
	Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Туре	Status	Facility	Service Provider
٥	0325WC415	Mar 25, 2020	Kat B	Health Insurance	Mar 25, 2020	Inpatient-acute Rehab	Pending	Texas Star Neuro Rehab Institute	John RI W
٥	0320F4110	Mar 20, 2020	Henry G	Program Enrollment	Mar 20, 2020	Inpatient-acute Rehab	Pending	test	John RI W
٥	0312T1E31	Mar 12, 2020	Kat B	Health Insurance	Mar 12, 2020	Inpatient-acute Rehab	Pending	RI Physical Medicine and Rehabilitation Center	John RI W
٥	0207FDBF1	Feb 07, 2020	Hilton G	Medicaid	Feb 07, 2020	Inpatient-all Fields Example	Pending	RI Serene Hospice and Palliative Care Center	John RI W
٥	0206T824F	Feb 06, 2020	Henry G	Medicaid	Feb 06, 2020	Inpatient-acute Rehab	Denied	John RI W	John RI W
⊘	1107TD417	Nov 07, 2017	Henry G	Program Enrollment	Nov 07, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
٥	1024T7E35	Oct 24, 2017	Henry G	Program Enrollment	Oct 24, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
٥	1024TD904	Oct 24, 2017	Henry G	Program Enrollment	Oct 24, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A
8	1023M5374	Oct 23, 2017 0 • items per page	Henry G	Program Enrollment	Oct 23, 2017	Inpatient-acute	Pending	John RI W	N/A v 1 - 10 of 17 items 0

The **Authorization List** grids consist of the following columns:

Column	Description				
Auth ID	The unique, system-generated ID number assigned to the authorization.				
Created Date	The date on which the authorization was created.				
Member Name	The first and last name of the member.				
Plan Type	The member's plan type associated with the authorization.				
Admission Date (Inpatient)	The date of admission.				
Procedure Date (Outpatient)	The date of the procedure.				
Туре	The type of authorization.				
Status	 The overall authorization status: Pending – The authorization has been submitted and is pending a decision. Denied – The authorization has been denied. You can start an appeal. Approved – The authorization has been approved for payment. Partially Approved – The authorization is only partially approved. 				
Facility	The name of the facility provider.				
Service Provider	The name of the service provider.				



Authorization List Grid Navigation

There are a number of ways you can navigate the grid **Authorization List**:

- You can sort any of the columns in ascending or descending order by clicking on the column headers. An up arrow () next to the column header indicates ascending order while a down arrow () indicates descending order.
- You can use the **Member Id** field to filter the list by member.
- You can click [➡] for more filter options:

Me	mber Id Q	≢	Download Results
		<u>Clear</u>	e Provider
	Status	۲	1W
	Туре	0	
	Auth Created Date		:I W
	Admission/ Service Date		:I W
	Member Name	Q	
	Facility	Q	W I:
	Service Provider	Q	
	John RI W	John I	RIW

• The bar at the bottom of the grid provides additional navigational tools:

Tool	Description
	Go to the first page
	Go to the previous page
1 2	Jump to a page number
	Go to the next page



Tool	Description
	Go to the last page
10 🔹 items per page	Change the number of rows displaying per page to 5, 10 or 20
1 - 10 of 17 items	The number of authorizations displaying out of the total number of authorizations
Ċ	Refresh

Download Results

Click **Download Results** to export the grid to an Excel spreadsheet.

Authorization List											
inpatient	S Outpatient					Member Id	Q,	📫 Download Results			
Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Туре	Status	Facility	Service Provider			

Expand an Authorization

You can click to expand an authorization in the grid to view additional information and options. The options that display depend on the status of the authorization.

Auth	orization List	2								
	npatient	S Outpatient						۹ Ξ	🗧 📘 Download R	esults
	Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Туре	Status	Facility	Service Provide	ər
⊘	1107TD417	Nov 07, 2017	Henry G	Program Enrollment	Nov 07, 2017	Inpatient-acute Hospitalization	Pending	John RI W	N/A	^
	Auth Details	sis N/A								
	Notification Date	e 11/07/2017								
	Decision Date	N/A								
	Medicaid No : Al	-IMEDICAID028 , Medic	are No :							
	 View & Prive + Discharg 	nt Auth 🔋 View	Notes View (+ Additional In	Docs 🖹 View	Letter					
		(H) 10 v iter	ms per page						1 - 10 of 17 items	ć

The following options are available on each authorization regardless of status:



Option	Description				
🖶 View & Print Auth	View a summary of the authorization in a printer-friendly/downloadable format.				
i View Notes	View any notes associated with the authorization.				
View Docs	View any documents associated with the authorization.				
View Letter	View any letters associated with the authorization.				

Add Discharge Information

This option is available when an inpatient authorization is in any status except N/A.

To add discharge information for an authorization:

1. Click +Discharge Information.

Auth Details				
Primary Diagnosis N/A				
Notification Date 11/07/2017				
Decision Date N/A				
Medicaid No : AHMEDICAID028 , Medicare No :				
🖨 View & Print Auth 🔋 View Notes 📑	View Docs 📄 View L	etter		

- 2. The **Discharge Information** page appears.
- 3. Select the **Discharge Date** from the calendar.
- 4. Select the location to **Discharge To** from the drop-down list.
- 5. Enter note text in the **Add Note** text box.
- 6. To add attachments, click Add Attachments.
- 7. Click **Submit** to save the discharge information to the authorization.



Discharge Information		
Henry G Authorization ID : 1107TD417		
* Discharge Date * Discharge To MM/DD/YYYY Select * *Add Note (Please select at least one file / enter notes)		
Ø Add Attachments		
	Submit	<u>Cancel</u>

To cancel adding discharge information, click **Cancel**.

Add Additional Information

You can add additional information to authorizations with statuses of **Approved**, **Pending** and **Appeal Overturned** from the **Authorization List** or **Messages**.

To add additional information to an authorization:

1. Click +Additional Information.

Auth Details	
Primary Diagnosis N/A	
Notification Date 11/07/201	7
Decision Date N/A	
Medicaid No : AHMEDICAID02	28 , Medicare No :
💼 View & Print Auth 🛛	🕄 View Notes 📲 View Docs 📲 View Letter
+ Discharge Informat	ion + Additional Information

- 2. The Additional Information page appears.
- 3. Enter additional information text in the **Enter Note** box.
- 4. Click Add Attachments to add attachments.



5. Click **Submit** to save the additional information.

Additional Information		
Hilton G Authorization ID #0207FDBF1		
* Enter Note		
Begin typing		
Add Attachments		
	Submit	<u>Cancel</u>

To cancel adding additional information, click **Cancel**.

Request an Extension

You can request an extension to authorizations with statuses **Approved** or **Appeal Overturned**.

To request an extension to an authorization:

1. Click **+Extension**.

•	06076E53D	Jun 07, 2017	Cherie B	Program Enrollment	Jun 09, 2017	Inpatient-acute Hospitalization	Approved	WI General Hospital	John RI W
	Auth Details Primary Diagnosi Notification Date Decision Date 0 Medicaid No : AH View & Prir + Discharge	s N/A 06/07/2017 II6/07/2017 MEDICAID381 Int Auth 😰 View	v Notes 📑 Vie	w Docs 📔 Viev	v Letter				

- 2. The **Request Extension** window displays.
- 3. Select the requested end date from the **Extend Start Date** calendar.



- 4. Select the requested end date from the **Extend End Date** calendar.
- 5. When the **Unit Type** is **Days**, once you select the **Extend End Date**, the **Total Extended Units** field auto-populates.

If the **Unit Type** is anything other than **Days**, you will need to calculate and manually enter the **Total Extended Units** value.

- 6. Enter note text in the **Enter Note** text box.
- 7. Click Add Attachments to add attachments.
- 8. Click **Submit** to save the extension request.

Request Extension								
Cherie B	Authorization	ID #06076E53D						
Service Code	Service Description	Unit Type	Start Date	End Date	Previous Units	Extend Start Date	Extend End Date	Total Extended Units
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	Days	06/13/2017	06/15/2017	3			
27135	Revision Hip Arthroplasty	Days	06/13/2017	06/15/2017	3			
* Enter Note								
🖉 Add Attachmen	nts							
						(Submit	Cancel

To cancel requesting an extension, click **Cancel**.



Appeals

The **Appeals** tab opens the **Appeal List**, which contains information about the appeals your organization has submitted.

Арр	eal List							
						Member Id Q 😅 🖡 🕻		lts
1	Appeal Created Da	Member Name	Primary Auth ID	Status	Resolution Category	Facility	Service Provider	
0	Feb 12, 2020	Henry G	0206T824F	Open	N/A	John RI Williams	John RI W	^
۲	Feb 06, 2020	Henry G	0206T824F	Closed	Upheld	John RI Williams	John RI W	
0	Feb 04, 2020	Henry G	0206T824F	Open	N/A	John RI Williams	John RI W	

The **Appeal List** grid contains the following columns:

Column	Description			
Appeal Created Date	The date the appeal was created.			
Member Name	The name of the member for which the appeal was requested.			
Primary Auth ID	The system-generated ID number assigned to the authorization for which the appeal was requested.			
Status	The status of the appeal:			
	 Open – The appeal has been submitted and is under review. 			
	 Closed – The appeal has been reviewed and is complete. 			
Resolution Category	 Blank – No decision made yet 			
	 Upheld – The original decision of the authorization stands. 			
	 Overturned – The original decision of the authorization has been reversed. 			
Facility	The name of the facility provider associated with the authorization for which			
	the appeal was requested.			
Service Provider	The name of the service provider associated with the authorization for which			
	the appeal was requested.			

Appeal List Grid Navigation

The **Appeal List** grid is sortable and searchable, similar to the **Authorization List** grid. For more information, refer to <u>Authorization List Grid Navigation</u>.



Download Results

Click **Download Results** to export the grid to an Excel spreadsheet.

Appeal List						
				Member Id	Q 🛱 🖥 Downle	oad Results
Appeal Created Da.	Member Name	Primary Auth ID	Status	Resolution Category Facility	Service Provid	der

Expand an Appeal

You can click to expand an appeal in the grid to view additional information and options. When you expand an appeal, you can view the Appeal Details (Appeal Level and Appeal ID#), information about why the authorization was denied (if applicable) as well as additional options.

	Appeal Created Da	Member Name	Primary Auth ID	Status	Resolution Category	Facility	Service Provider
•	Feb 12, 2020	Henry G	0206T824F	Open	N/A	John RI W	John RI W
	Appeal Details Appeal Level Level 2 Appeal ID# 57	🕄 View Notes 📑	View Docs 📘 View	w Letter			

The following options are available on each appeal:

Option	Description
🖶 View & Print	View a summary of the appeal in a printer-friendly/downloadable format.
View Notes	View any notes associated with the appeal.
View Docs	View any documents associated with the appeal.
View Letter	View any letters associated with the appeal.