

eQSuite® Provider Portal:

User Guide

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SECTION 1: OVERVIEW

INTRODUCTION

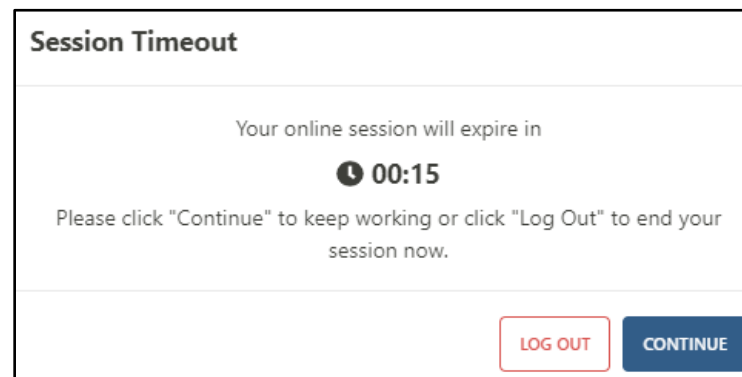
The eQSuite® system is an integrated, web-based program used by Care Coordinators, Case Managers, Utilization Review, and Providers. This manual is intended to provide users with an overview of functions within the Provider Portal. It is meant to be utilized as a resource in addition to training. There are separate manuals for Care Coordination, Utilization Review, and Administrative Functions. In addition, assistance is also available telephonically or through the IT Support Department via an IT Help Ticket.

USING THIS MANUAL

This manual was designed to be easy-to-use for users familiar with a basic PC and internet environment. It is meant to be utilized as a resource in addition to trainings/webinars.

SECURITY

The eQSuite® Care Coordination system is designed to support specific roles. User roles and permissions are established and individualized for each client. Access, functionality, and system activities will be based on the assigned user role. Prior to accessing the system, each user will be assigned a specific user role with pre-defined system permissions. User IDs and passwords are not to be shared between users. The system will automatically terminate an active session after 30 minutes of consecutive inactivity. Once the system “times out” the user must re-login to the system. Any unsaved data will be lost if the system “times out.”



USER PASSWORDS

Password complexity must meet the following minimum requirements:

- Not contain the user's account name or parts of the user's full name that exceed two consecutive characters
- Be at least eight characters in length
- Contain at least one non-alphabetic character (ie: !@#\$%^&*)

Complexity requirements are enforced when passwords are changed or created. Passwords are good for a period of 60 days and then the user will be prompted to change their password.

GETTING STARTED

New users will register for the Provider Portal using the eQSuite Provider Portal Registration website (link varies per Client). Once registration is complete, the new user will receive a system-generated email containing a link for account activation.

- **REGISTRATION**

Register for a user account using the eQSuite Provider Portal Registration website (may vary per Client). Create a unique username and password, fill in all required fields (indicated by *), and click **Submit** in the bottom right corner.

Registration

Create a new provider System Administrator account

Login Information

Username*	Password*	Confirm Password*
<input type="text" value="test"/>	<input type="password" value="*****"/>	<input type="password" value="*****"/>

This username is already taken
Must contain at least 1 special character (!, @, #, \$, %, ^, &, *)
Passwords must match

System Administrator Account Information

First Name*	Last Name*
<input type="text" value="Practice"/>	<input type="text" value="Provider"/>
Email*	Credentials
<input type="text" value="test@email.com"/>	<input type="text" value="MD"/>

ERROR MESSAGES APPEAR BENEATH FIELD(S) CONTAINING ERROR

Please enter your unit or department name within your organization

Name*

REQUIRED FIELDS INDICATED BY *

Provider Information

Provider Name*	Specialty	
<input type="text" value="Test Doctor"/>	<input type="text" value="Pediatrics"/>	
Phone Number*	Fax Number	
<input type="text" value="5555555555"/>	<input type="text" value="5555555550"/>	
NPI*	ID*	
<input type="text" value="999999999"/>	<input type="text" value="8888888"/>	
Address Line 1*	Address Line 2	
<input type="text" value="123 TEST STREET"/>	<input type="text"/>	
City*	State*	Postal Code*
<input type="text" value="BATON ROUGE"/>	<input style="border: none; background-color: #eee; padding: 2px; font-size: small; font-family: sans-serif; font-weight: normal; color: #333; text-decoration: none; width: 100%;" type="text" value="AK - Alaska"/>	<input type="text" value="12345"/>

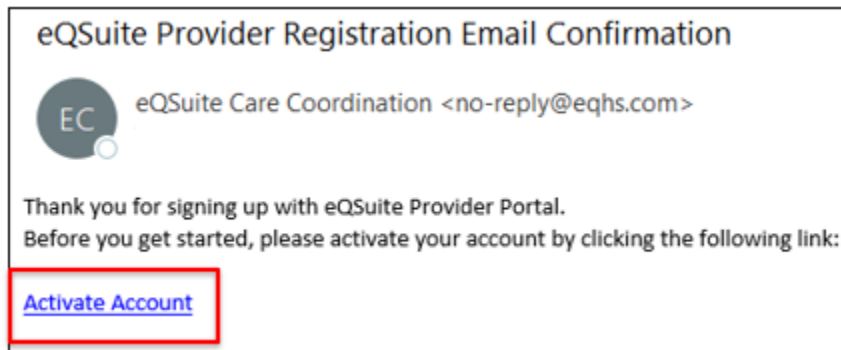
Submit

The first person in a practice to register for the Provider Portal will be, by default, consider System Administrator for that practice.

System Administrators will be in charge of creating & managing all user accounts for a practice.

- **ACCOUNT ACTIVATION / LOGGING IN**

After registration is complete, the user will receive an email containing a link for account activation; follow the steps in that email to activate the user account.



Once the account has been activated, the user will be directed to the homepage for login. Passwords are changed at pre-determined intervals, and the system will generate reminder emails starting 14 days in advance.

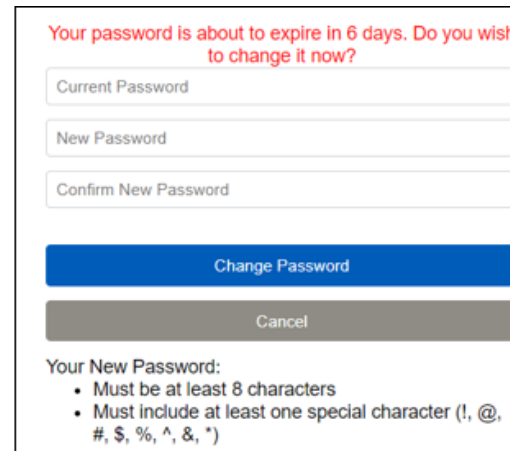


 Health
SOLUTIONS

Username

Password

[Forgot your password?](#)



Your password is about to expire in 6 days. Do you wish to change it now?

Current Password

New Password

Confirm New Password

Your New Password:

- Must be at least 8 characters
- Must include at least one special character (!, @, #, \$, %, ^, &, *)

Upon initial login, new users will need to acknowledge Privacy Policy and Terms of Use Agreement.

Terms and Conditions

eQHealth Solutions Privacy Policy and Terms of Use Agreement

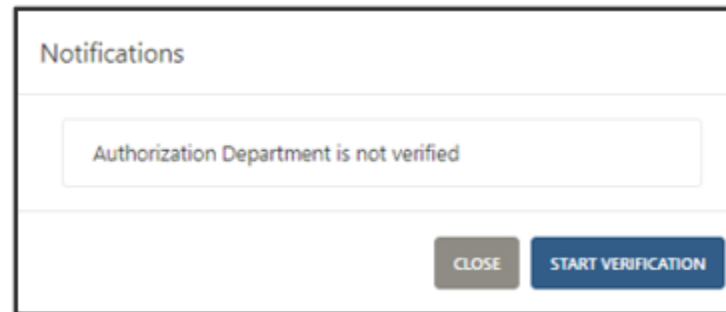
Your access or use of this portal constitutes your acknowledgement and agreement that the portal, and any necessary software used in connection contains individually identifiable health care information that is subject to the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and other laws and regulations. Any information that is downloaded or otherwise obtained through the use of this portal is done at your own discretion and you will be solely responsible for damages, claims or causes of actions that may result from the information you obtain from this portal.

EQHEALTH SOLUTIONS, INC. WILL NOT BE LIABLE TO ANY PERSON FOR ANY DAMAGES, CLAIMS, DEMANDS, OR CAUSES OF ACTION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE, AS A RESULT OF ANY INFORMATION YOU OR YOUR DESIGNEE MAY OBTAIN FROM THE PORTAL.

I HAVE READ THIS AGREEMENT AND AGREE TO ALL THE PROVISIONS CONTAINED ABOVE

PRACTICE VERIFICATION

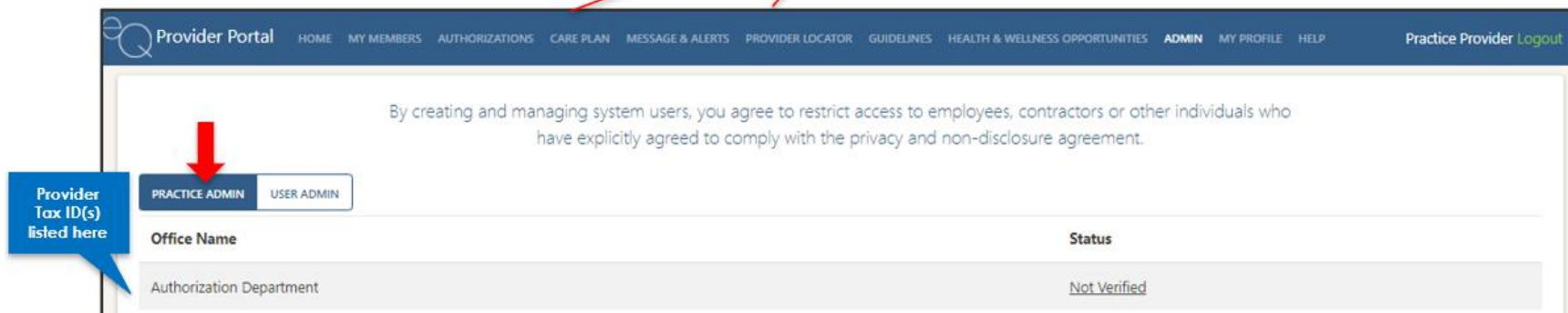
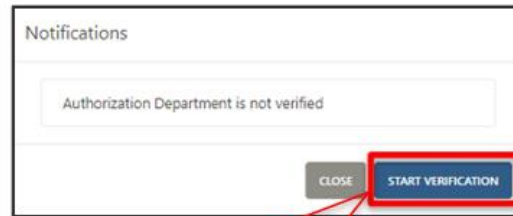
If a user account is configured to require practice verification, a “Practice Not Verified” message will display upon each login until the verification process is complete.



Practice verification allows a user to quickly check the status of all authorization requests associated with a Practice Tax ID, including those entered by the clinical team through a fax or phone request. Authorization requests can be entered using a practice that has not been verified, however a user will only see the requests that they entered.

- **REQUEST VERIFICATION PIN**

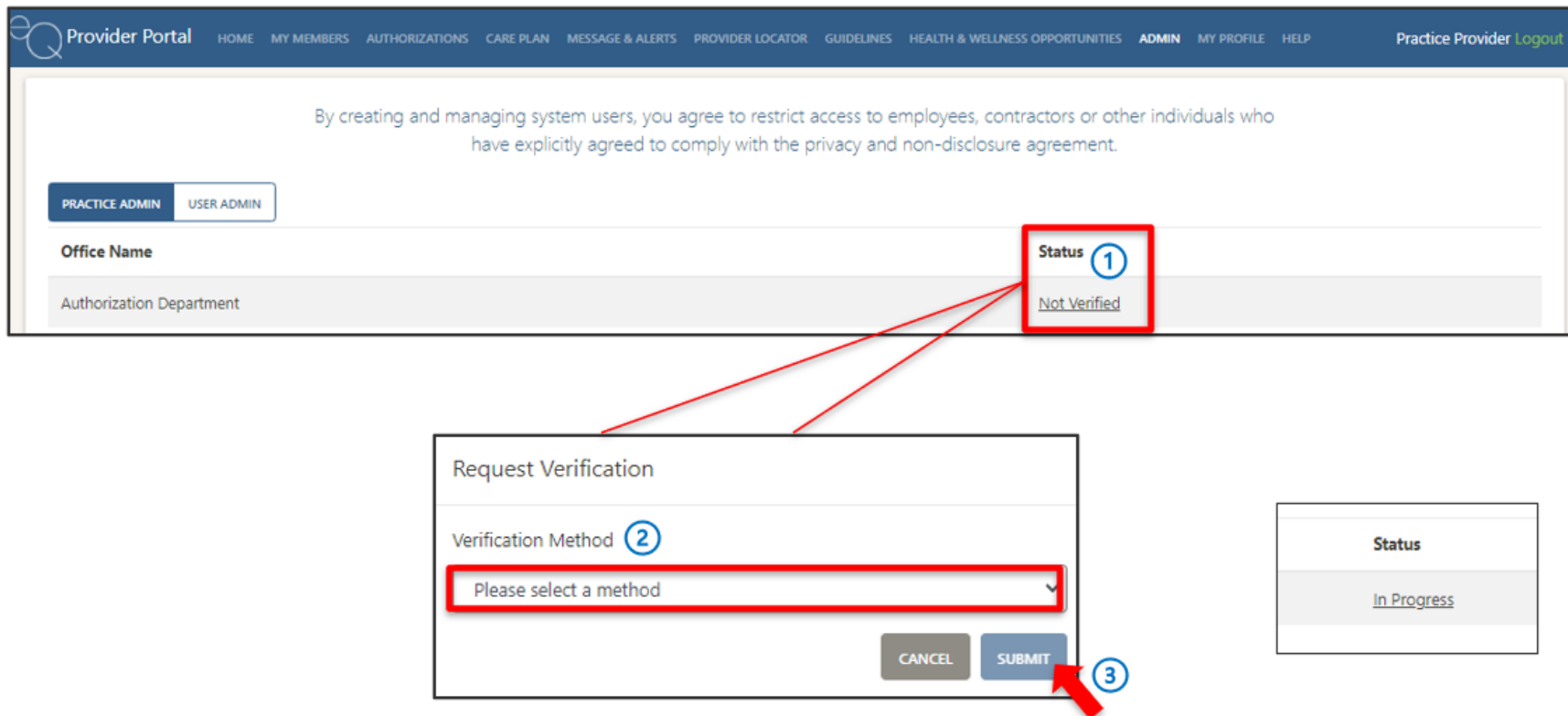
System administrators can request a Verification PIN by clicking **Start Verification** in the practice verification pop-up window, and the system will redirect the user to the Practice Admin screen. Practice Admin lists all of the Tax ID's affiliated with a user's account.



Under the Status column, click **Not Verified**. In the pop-up window, select the preferred verification method and click **Submit**. Status will change from “Not Verified” to “In Progress.”

Available Verification Methods**

- Address: A system-generated PIN will be mailed to the address on file
- Fax: A system-generated PIN will be faxed to the fax number on file



The screenshot displays the Provider Portal interface. At the top, there is a navigation bar with links like HOME, MY MEMBERS, AUTHORIZATIONS, CARE PLAN, MESSAGE & ALERTS, PROVIDER LOCATOR, GUIDELINES, HEALTH & WELLNESS OPPORTUNITIES, ADMIN, MY PROFILE, and HELP. A 'Practice Provider Logout' link is also present. Below the navigation bar, a message states: "By creating and managing system users, you agree to restrict access to employees, contractors or other individuals who have explicitly agreed to comply with the privacy and non-disclosure agreement." There are two tabs: 'PRACTICE ADMIN' and 'USER ADMIN'. The main content area shows a table with the following data:

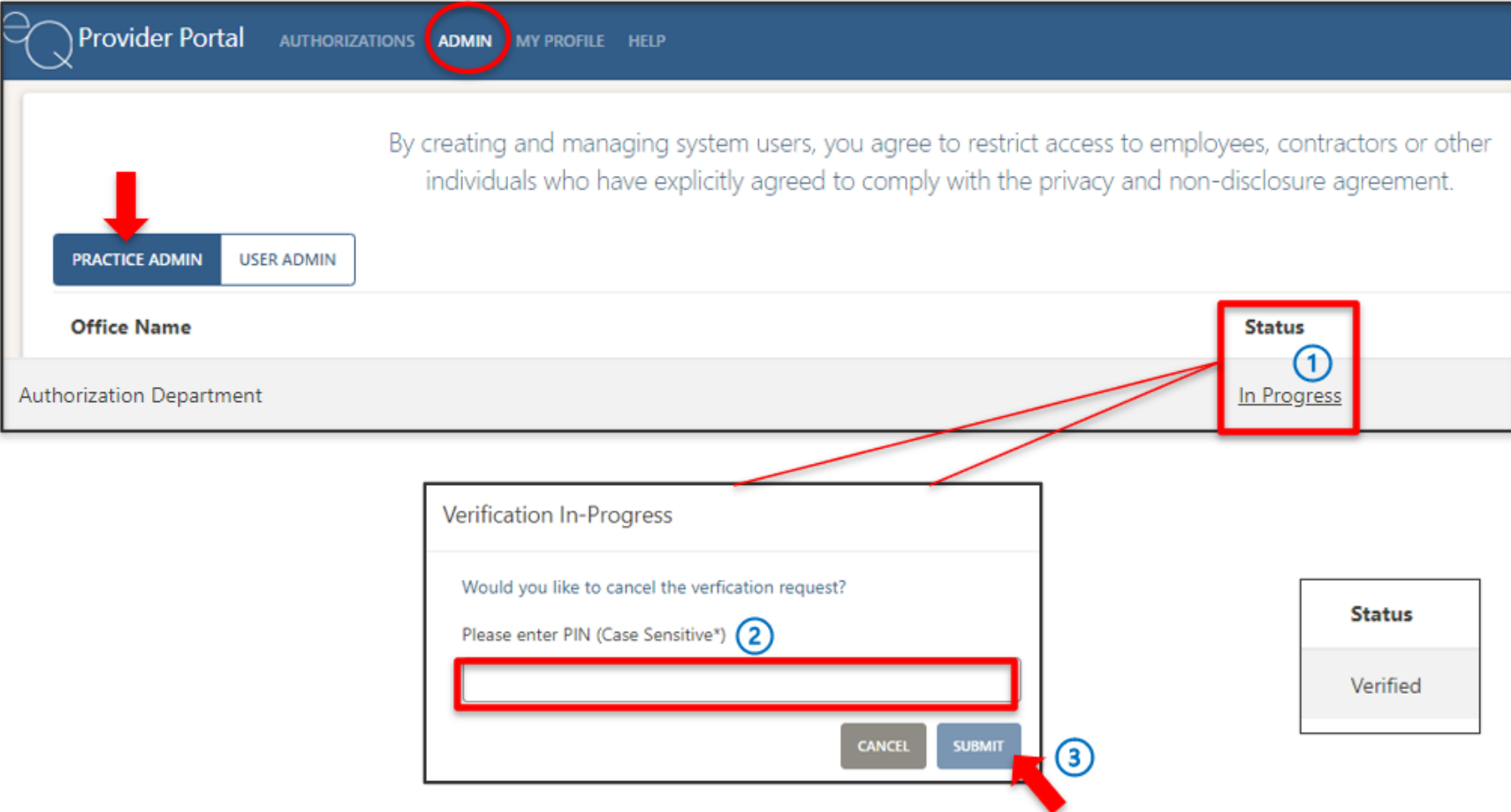
Office Name	Status
Authorization Department	Not Verified

The 'Status' column is circled in red with a '1'. A 'Request Verification' pop-up window is shown below the table. It contains a 'Verification Method' dropdown menu circled in red with a '2', which currently displays 'Please select a method'. Below the dropdown are 'CANCEL' and 'SUBMIT' buttons. The 'SUBMIT' button is circled in red with a '3'. To the right of the pop-up window, a smaller status window shows the status has changed to 'In Progress'.

** Available verification methods are based on Provider Files submitted to eQHealth Solutions.

- **VALIDATE PRACTICE USING VERIFICATION PIN**

Once the verification PIN has been received, navigate to Practice Admin by selecting **Admin** from the top menu. Under the status column, click **In Progress** and enter the verification PIN in the pop-up window, then click **Submit**. Status will change from "In Progress" to "Verified." Users are now able to view all requests associated with the practice.



Provider Portal AUTHORIZATIONS **ADMIN** MY PROFILE HELP

By creating and managing system users, you agree to restrict access to employees, contractors or other individuals who have explicitly agreed to comply with the privacy and non-disclosure agreement.

PRACTICE ADMIN USER ADMIN

Office Name

Authorization Department

Status 1
In Progress

Verification In-Progress

Would you like to cancel the verification request?

Please enter PIN (Case Sensitive*) 2

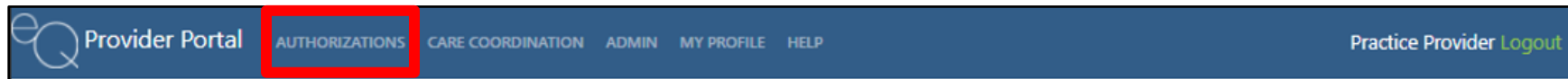
CANCEL SUBMIT 3

Status
Verified

SECTION 2: TOP MENU

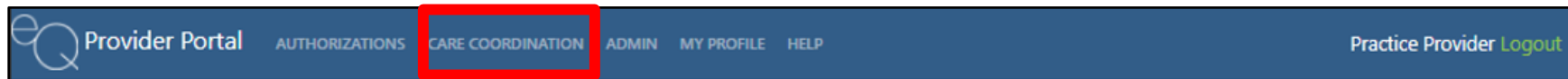
AUTHORIZATIONS

Default, or home page, upon login. Clicking “Authorizations” from anywhere in the system will return a user to the main dashboard.



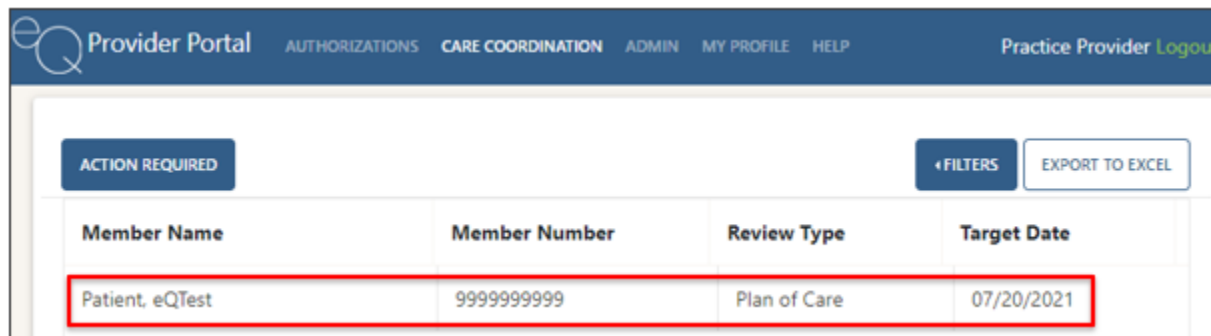
CARE COORDINATION

If configured for a Client, allows a provider to review Plan of Care (POC) Approval Requests for participants in a Case Management program. To have access to this feature, a provider’s NPI number must be attached to a user’s account (refer to page 26).



- **REVIEWING PLAN OF CARE APPROVAL REQUESTS**

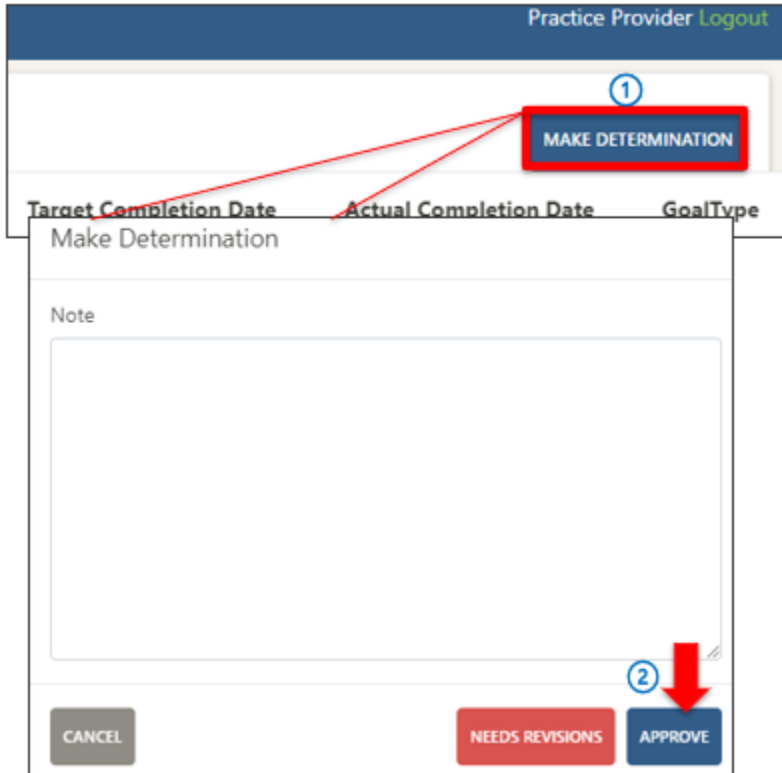
Under the Care Coordination tab, open the POC Approval Request by clicking the participant’s name.



Member Name	Member Number	Review Type	Target Date
Patient, eQTest	9999999999	Plan of Care	07/20/2021

- **APPROVING PLAN OF CARE**

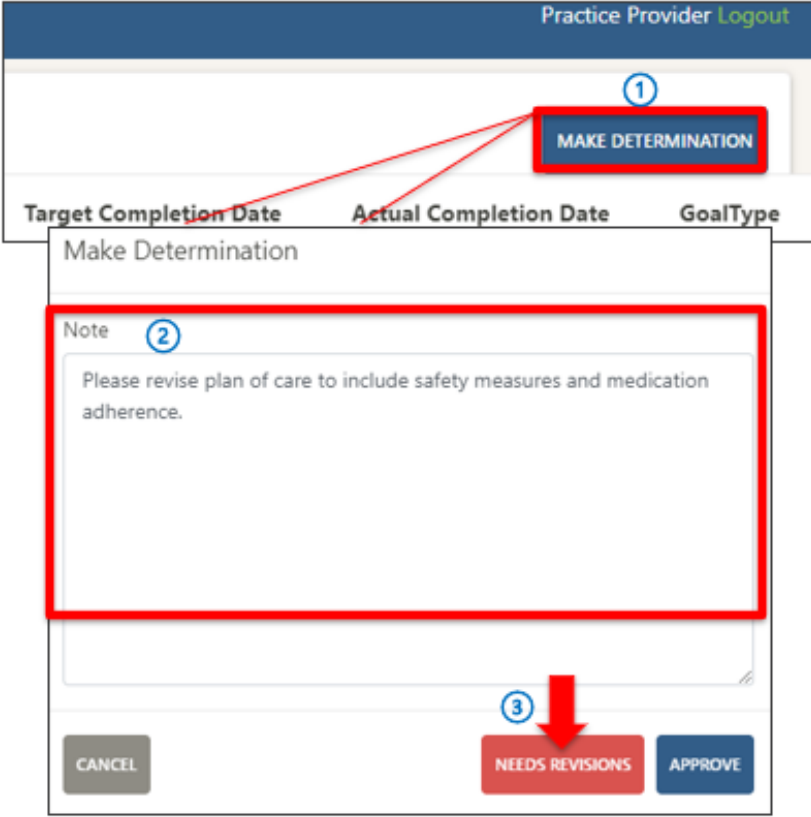
Approve the POC by clicking “Make Determination” in the top right corner, then click “Approve” in the pop-up. Once complete, the request is no longer visible under the Care Coordination tab and the Case Manager will be notified via system-generated alert that an approval determination has been made.



The screenshot displays a web interface for a Practice Provider. At the top right, there is a 'Logout' link. Below this, a table with columns 'Target Completion Date', 'Actual Completion Date', and 'GoalType' is partially visible. A red box labeled '1' highlights a 'MAKE DETERMINATION' button in the top right corner of the table. A red arrow points from this button to a pop-up window. The pop-up window has a title 'Make Determination' and a 'Note' field. At the bottom of the pop-up, there are three buttons: 'CANCEL', 'NEEDS REVISIONS', and 'APPROVE'. A red arrow labeled '2' points to the 'APPROVE' button.

- **PLAN OF CARE NEEDING REVISION**

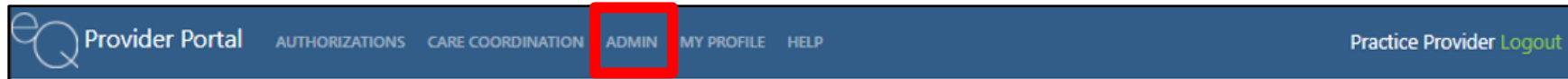
If the POC needs revision/changes, send a message to the Case Manager by clicking “Make Determination in the top right corner. Enter a note in the free text area of what needs to be changed or added, then click “Needs Revisions.” Once complete, the request is no longer visible under the Care Coordination tab. The Case Manager will be notified via system-generated alert and can see the provider’s notation.



The screenshot shows a web interface for a Practice Provider. At the top right, there is a 'Logout' link. Below it, a 'MAKE DETERMINATION' button is highlighted with a red box and a circled '1'. Below this button is a table with columns for 'Target Completion Date', 'Actual Completion Date', and 'GoalType'. A 'Make Determination' modal window is open, containing a 'Note' field with a red border and a circled '2'. The note text reads: 'Please revise plan of care to include safety measures and medication adherence.' At the bottom of the modal, there are three buttons: 'CANCEL', 'NEEDS REVISIONS' (highlighted with a red box and a circled '3' with a downward arrow), and 'APPROVE'.

ADMIN

Users with system administrator permissions can create new system users, reset a user's password, manage practices affiliated with a user's account, and update a user's demographic information. Additional system administrators can be added as well.

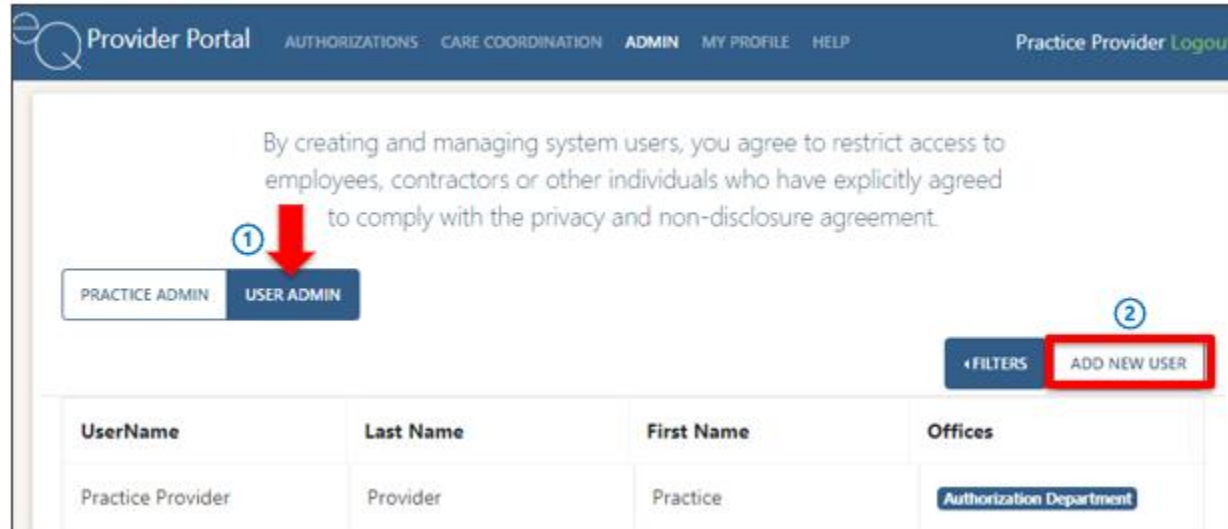


- **VERIFY A PRACTICE**

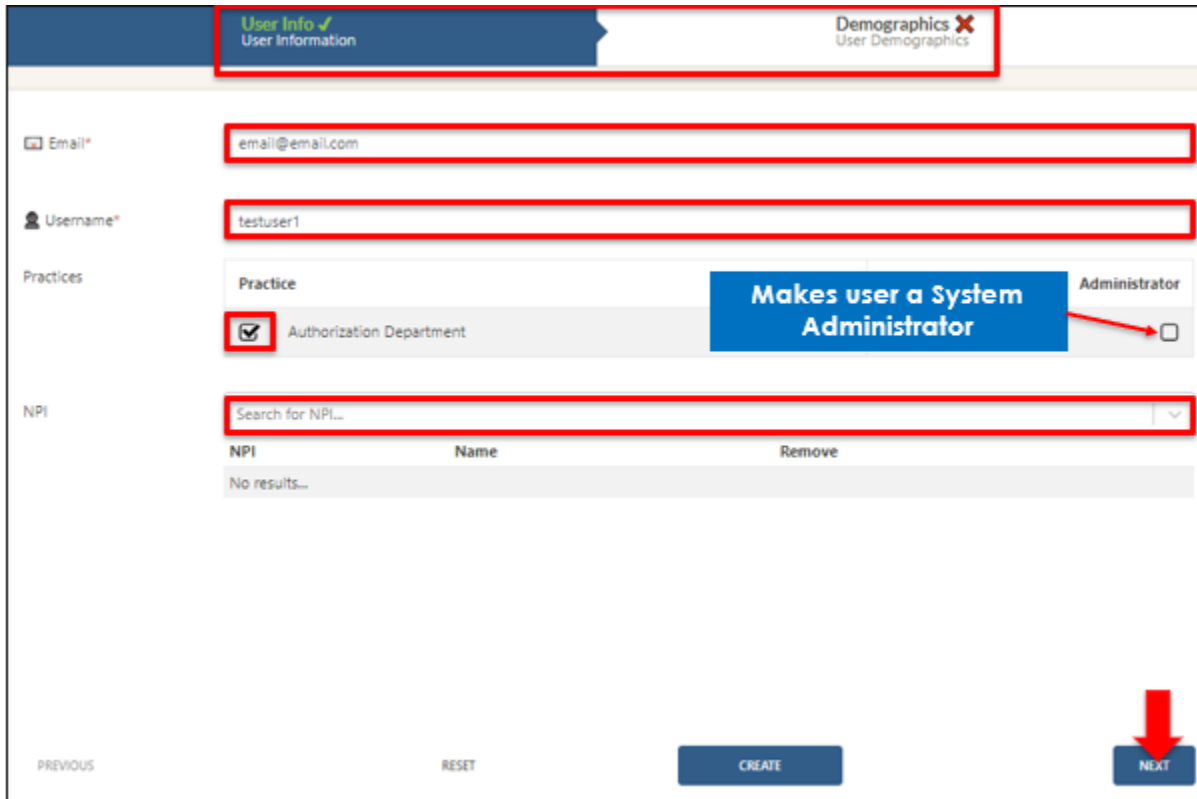
Refer to pages 12 – 15 for detailed instructions on how to verify/validate a practice.

- **CREATE A NEW USER**

Add a new system user by selecting **User Admin**, then click **Add New User** in the top right corner.



User section is divided into two tabs, User Info and Demographics, and the red **x** indicates required fields (indicated by *****) have not been completed; this will be replaced by a green **check** once the information is completed. Enter the user's **email** address and create a unique **username**. Select the **Practice(s)** the user will have access to by placing a check in the box to the left of the Practice Tax ID number, and enter the **NPI** number in the bottom field. Click **Next** to move to the Demographics section.



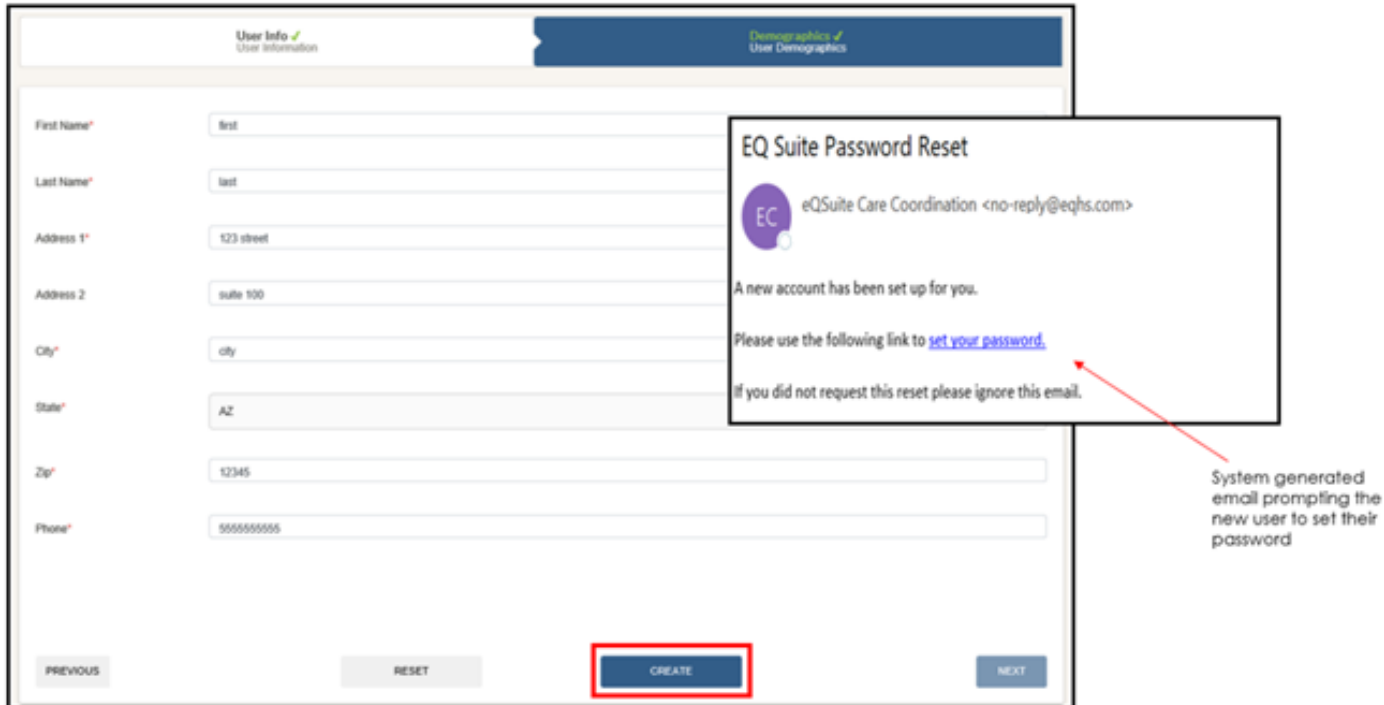
The screenshot shows a user creation form with two tabs: "User Info ✓ User Information" and "Demographics ✗ User Demographics". The "User Info" tab is active. The form contains the following fields and elements:

- Email***: A text input field containing "email@email.com".
- Username***: A text input field containing "testuser1".
- Practices**: A table with columns "Practice" and "Administrator".

Practice	Administrator
<input checked="" type="checkbox"/> Authorization Department	<input type="checkbox"/>
- NPI**: A text input field with a placeholder "Search for NPI...". Below it is a table with columns "NPI", "Name", and "Remove", containing the text "No results...".
- Buttons**: "PREVIOUS", "RESET", "CREATE", and "NEXT". A red arrow points to the "NEXT" button.

To indicate the new user as a system administrator, place a check in the "Administrator" box.

Enter the user's name and contact information in the *Demographics* section (required fields indicated by *), then click **Create**. The new user will receive a system generated email containing a link to set their password; user can begin using the Provider Portal once a password has been set.

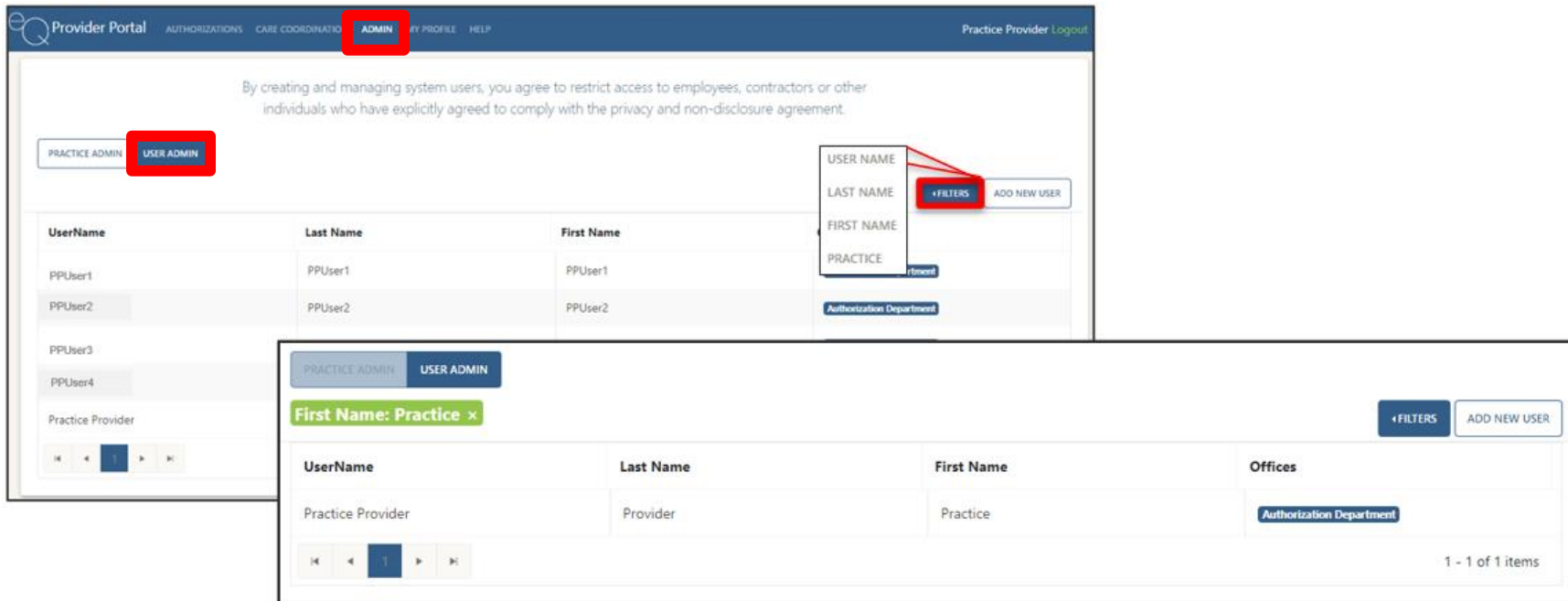


The screenshot displays a web form for user registration. The form is titled "User Info" and "Demographics of User Information". It contains several input fields, each marked with an asterisk to indicate it is required: First Name, Last Name, Address 1, Address 2, City, State, Zip, and Phone. The fields are populated with placeholder text: "first", "last", "123 street", "suite 100", "city", "AZ", "12345", and "555555555". At the bottom of the form, there are four buttons: "PREVIOUS", "RESET", "CREATE", and "NEXT". The "CREATE" button is highlighted with a red rectangular box. To the right of the form, a system-generated email titled "EQ Suite Password Reset" is shown. The email is from "eQSuite Care Coordination <no-reply@eqhs.com>" and contains the following text: "A new account has been set up for you. Please use the following link to [set your password](#). If you did not request this reset please ignore this email." A red arrow points from the "set your password" link in the email to the "CREATE" button on the form. A text label "System generated email prompting the new user to set their password" is positioned to the right of the email, with a red arrow pointing to the email content.

- **MANAGE EXISTING USER ACCOUNTS**

Locate an existing user account by User Name, Last Name, First Name, or Practice by using the **filters** in the top right corner. Multiple filters can be used.

Select the user to edit practice affiliation, administrator status, add/edit NPI number(s), edit the user's contact information, and/or reset a user's password.



The screenshot shows the 'ADMIN' section of the Provider Portal. The 'USER ADMIN' tab is selected. A dropdown menu is open, showing filter options: USER NAME, LAST NAME, FIRST NAME, and PRACTICE. The 'PRACTICE' filter is currently selected. Below the filters, a table lists existing users:

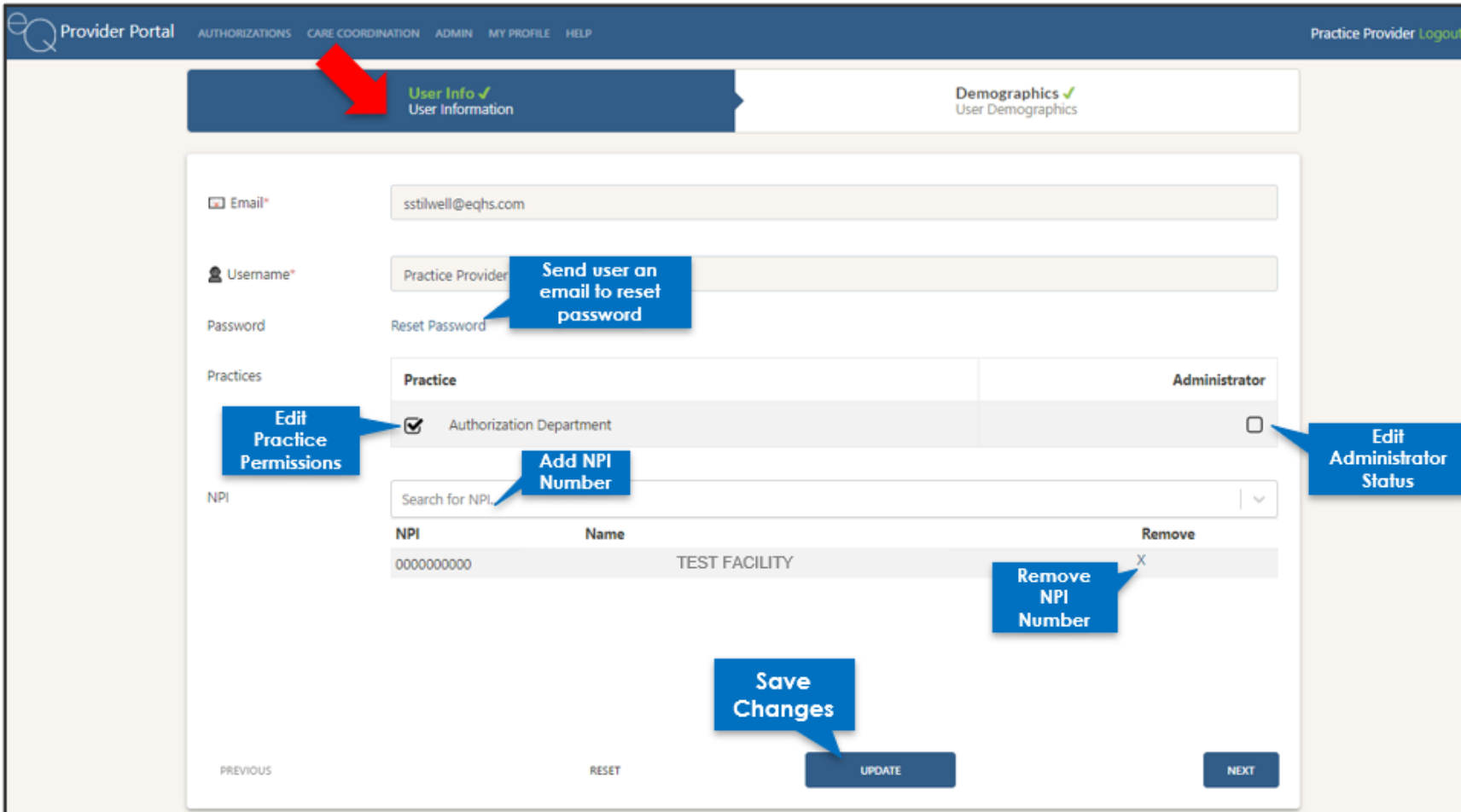
UserName	Last Name	First Name
PPUser1	PPUser1	PPUser1
PPUser2	PPUser2	PPUser2
PPUser3		
PPUser4		

A second screenshot shows the 'PRACTICE' filter applied, resulting in a single user entry:

UserName	Last Name	First Name	Offices
Practice Provider	Provider	Practice	Authorization Department

The page indicates '1 - 1 of 1 items' for the filtered results.

Under the “User Info” section: edit a user’s system permissions to specific practices by selecting or deselecting the box to the left of the Practice, edit a user’s administrator status by selecting or deselecting the box under the “Administrator” column, click **Reset Password** to send the user a system-generated email containing a link for the user to reset their password, or add/remove NPI numbers at the bottom of the page. Click **Update** to save changes.



The screenshot shows the 'User Info' section of the Provider Portal. A red arrow points to the 'User Info' tab. The page contains several fields and sections:

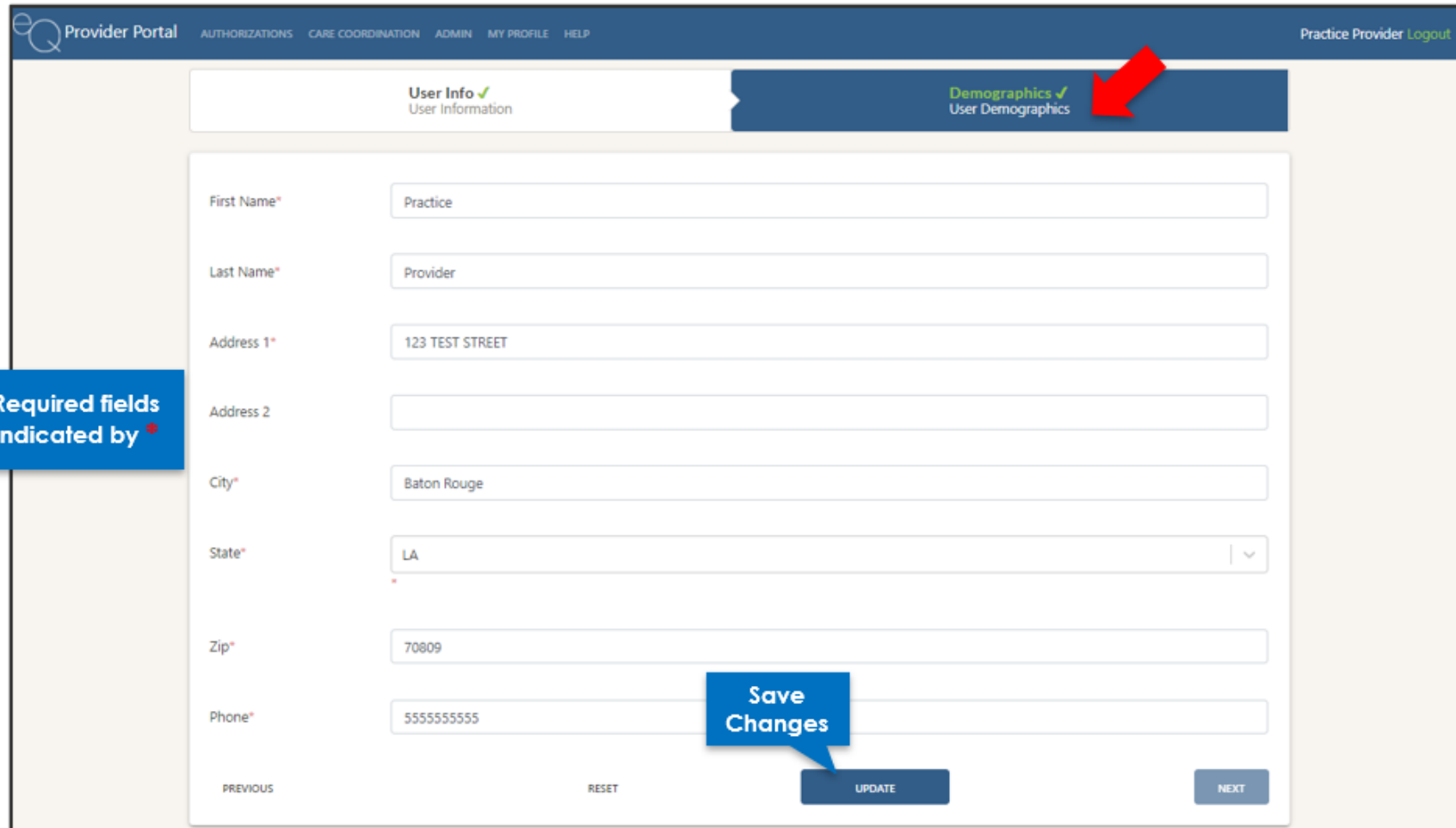
- Email***: sstilwell@eqhs.com
- Username***: Practice Provider
- Password**: Reset Password
- Practices**: A table with columns 'Practice' and 'Administrator'. The 'Authorization Department' row has a checked box under 'Practice' and an unchecked box under 'Administrator'.
- NPI**: A search field and a table with columns 'NPI', 'Name', and 'Remove'. The table contains one row: NPI: 0000000000, Name: TEST FACILITY, Remove: X.

Callouts indicate the following actions:

- Edit Practice Permissions**: Points to the checkbox in the 'Practices' table.
- Send user an email to reset password**: Points to the 'Reset Password' field.
- Add NPI Number**: Points to the 'Search for NPI' field.
- Remove NPI Number**: Points to the 'Remove' column in the NPI table.
- Edit Administrator Status**: Points to the checkbox in the 'Administrator' column of the 'Practices' table.
- Save Changes**: Points to the 'UPDATE' button.

Navigation buttons at the bottom include PREVIOUS, RESET, UPDATE, and NEXT.

Under the “Demographics” section: edit a user’s First/Last name, address, and/or phone number. Click **Update** to save changes.



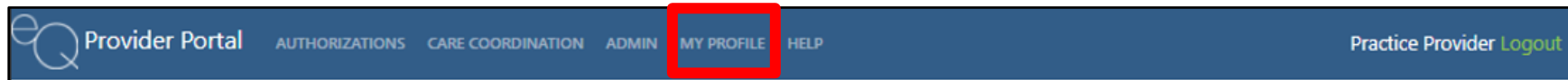
The screenshot shows the 'Demographics' section of the Provider Portal. The page has a blue header with navigation links: AUTHORIZATIONS, CARE COORDINATION, ADMIN, MY PROFILE, HELP, and a 'Practice Provider Logout' link. Below the header, there are two tabs: 'User Info ✓ User Information' and 'Demographics ✓ User Demographics'. A red arrow points to the 'Demographics' tab. The main content area contains a form with the following fields:

First Name*	Practice
Last Name*	Provider
Address 1*	123 TEST STREET
Address 2	
City*	Baton Rouge
State*	LA
Zip*	70809
Phone*	5555555555

At the bottom of the form, there are four buttons: PREVIOUS, RESET, UPDATE, and NEXT. A blue callout box with the text 'Save Changes' points to the UPDATE button. On the left side of the form, a blue callout box with the text 'Required fields indicated by *' points to the asterisks on the labels for First Name, Last Name, Address 1, City, State, Zip, and Phone. The 'Demographics' tab label also has a green checkmark and a small asterisk.

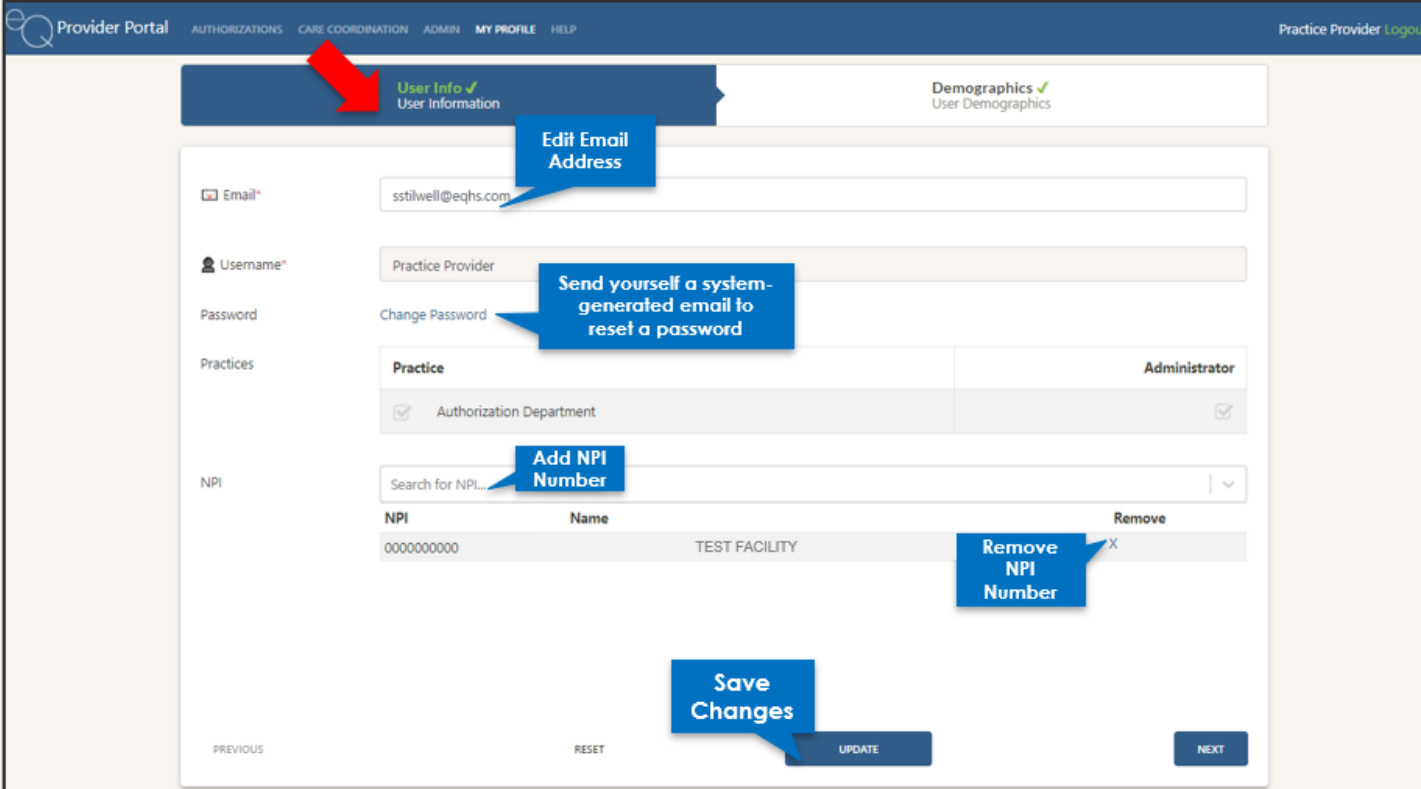
MY PROFILE

All users have *My Profile* and can update their contact information (ie. email, telephone number, address), add/remove NPI numbers, and reset their password.



- **USER INFO**

Edit an email address, change a password, or add/remove NPI numbers. Click **Update** to save changes.



Provider Portal AUTHORIZATIONS CARE COORDINATION ADMIN MY PROFILE HELP Practice Provider Logout

User Info ✓
User Information

Demographics ✓
User Demographics

Email* sstilwell@eqhs.com **Edit Email Address**

Username* Practice Provider

Password Change Password **Send yourself a system-generated email to reset a password**

Practices

Practice	Administrator
<input checked="" type="checkbox"/> Authorization Department	<input checked="" type="checkbox"/>

NPI

Search for NPI **Add NPI Number**

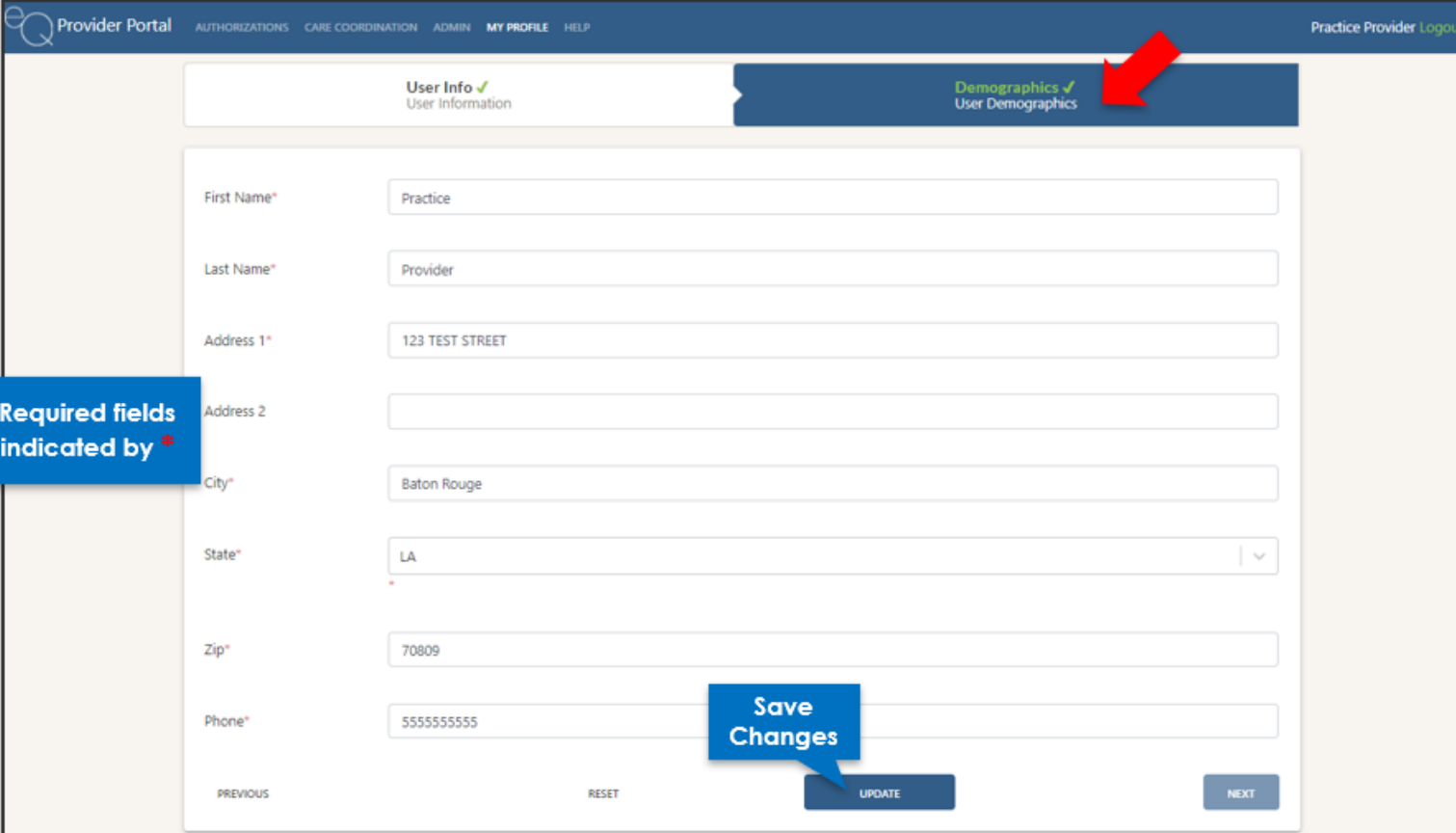
NPI	Name	Remove
000000000	TEST FACILITY	<input checked="" type="checkbox"/> Remove NPI Number

Save Changes

PREVIOUS RESET **UPDATE** NEXT

- **DEMOGRAPHICS**

Under the “Demographics” section: edit name, address, and/or phone number. Click **Update** to save changes.



The screenshot shows the 'Demographics' section of the Provider Portal. The form contains the following fields:

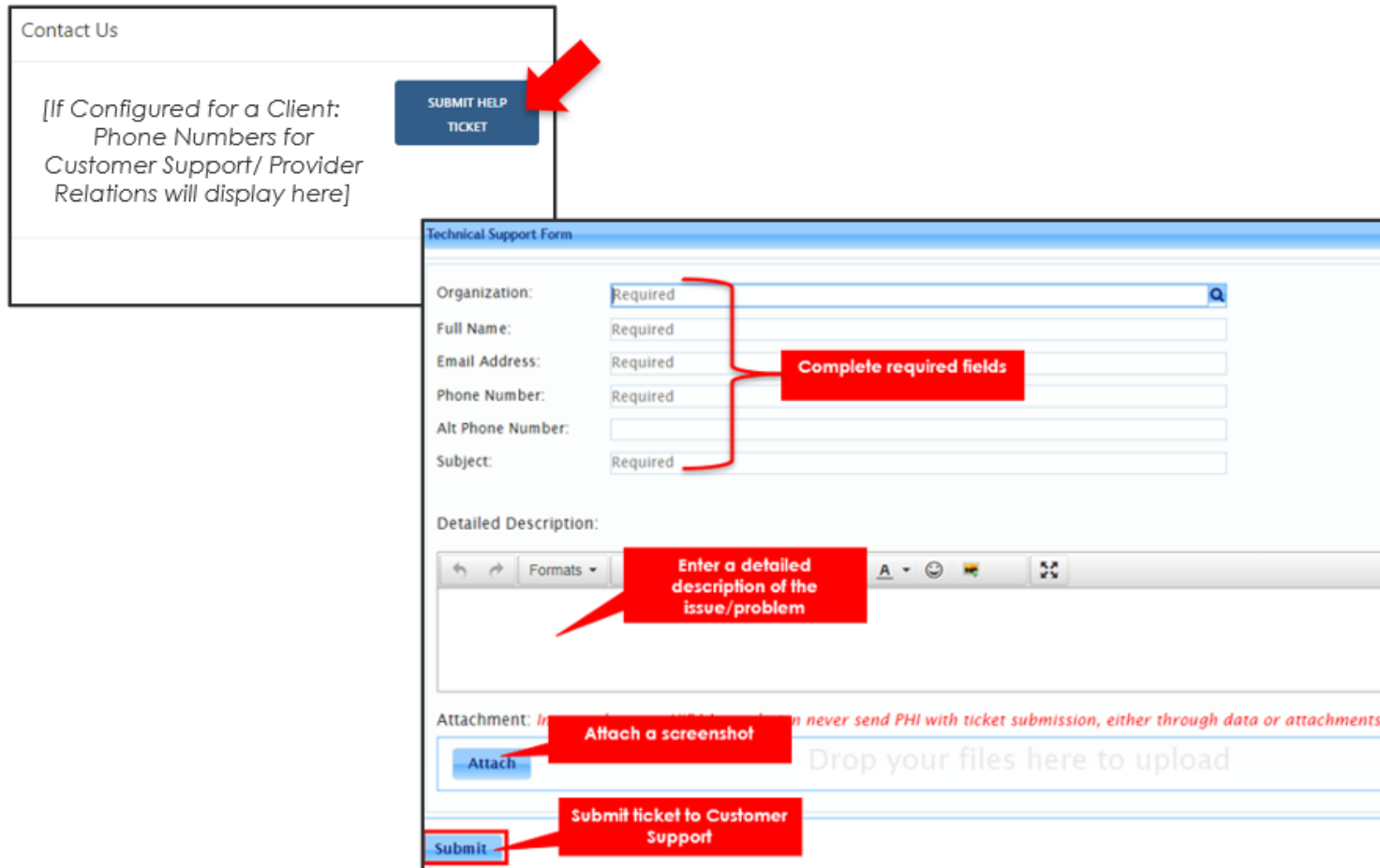
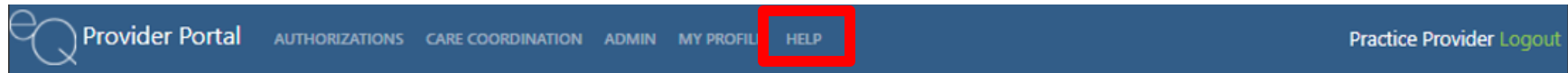
Field	Value
First Name*	Practice
Last Name*	Provider
Address 1*	123 TEST STREET
Address 2	
City*	Baton Rouge
State*	LA
Zip*	70809
Phone*	555555555

Annotations:

- A red arrow points to the 'Demographics' tab in the top navigation bar.
- A blue callout box on the left says 'Required fields indicated by *'.
- A blue callout box over the 'UPDATE' button says 'Save Changes'.

HELP / SUBMIT IT TICKET

Users can submit IT Help Tickets and, if configured, view contact information for Customer Support or Provider Relations Team.



The screenshot displays the 'Technical Support Form' with several red callout boxes providing instructions:

- SUBMIT HELP TICKET**: A red arrow points to this button in the 'Contact Us' section.
- Complete required fields**: A red bracket groups the 'Organization', 'Full Name', 'Email Address', 'Phone Number', and 'Subject' fields, which are all marked as 'Required'.
- Enter a detailed description of the issue/problem**: A red callout points to the 'Detailed Description' text area.
- Attach a screenshot**: A red callout points to the 'Attach' button in the attachment section.
- Submit ticket to Customer Support**: A red callout points to the 'Submit' button at the bottom of the form.

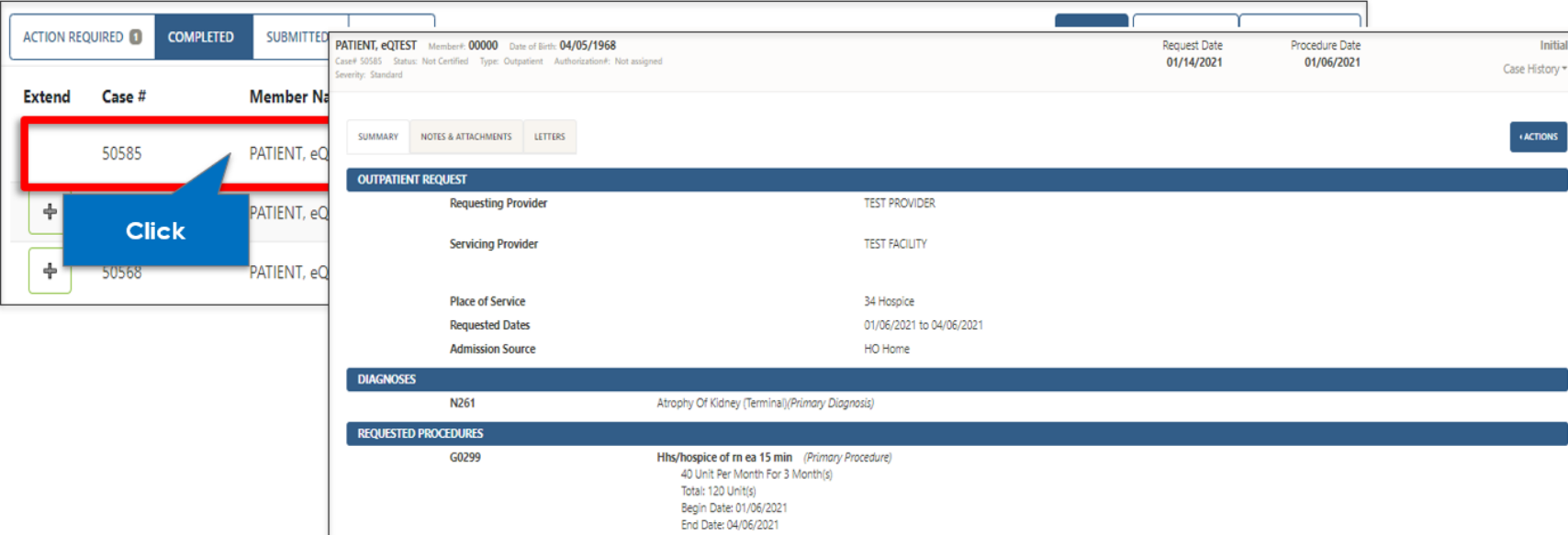
The form includes fields for Organization, Full Name, Email Address, Phone Number, Alt Phone Number, and Subject. It also features a 'Detailed Description' text area with a rich text editor toolbar and an 'Attachment' section with an 'Attach' button and a 'Drop your files here to upload' area. A warning message states: 'In no case should you ever send PHI with ticket submission, either through data or attachments.'

SECTION 3: AUTHORIZATIONS HOMEPAGE

The Authorizations home page is divided into several tabs. Users can review existing cases that have, at a minimum, been saved to a draft form, export lists of authorization requests, enter new authorization requests, check the status of pending authorizations, enter requests for extensions, respond to requests to additional information, and enter discharge dates.

VIEWING AN EXISTING CASE

Cases can be viewed from either of the 4 home page tabs (Action Required, Completed, Submitted, Drafts). Click anywhere on the line containing participant information to access the case.



The screenshot displays the eQHS system interface. At the top, there are tabs for 'ACTION REQUIRED', 'COMPLETED', and 'SUBMITTED'. Below the tabs, a list of cases is shown with columns for 'Extend', 'Case #', and 'Member Name'. The case with Case # 50585 is highlighted with a red box, and a blue callout bubble with the text 'Click' points to it. To the right, the detailed view for Case # 50585 is shown. The patient information includes: PATIENT, eQTEST, Member#: 00000, Date of Birth: 04/05/1968, Request Date: 01/14/2021, Procedure Date: 01/06/2021, and Initial Case History. The detailed view includes sections for 'OUTPATIENT REQUEST', 'DIAGNOSES', and 'REQUESTED PROCEDURES'.

Extend	Case #	Member Name
	50585	PATIENT, eQTEST
		PATIENT, eQTEST
	50568	PATIENT, eQTEST

PATIENT, eQTEST Member#: 00000 Date of Birth: 04/05/1968
 Case# 50585 Status: Not Certified Type: Outpatient Authorization#: Not assigned
 Severity: Standard Request Date: 01/14/2021 Procedure Date: 01/06/2021 Initial Case History *

OUTPATIENT REQUEST

Requesting Provider	TEST PROVIDER
Servicing Provider	TEST FACILITY
Place of Service	34 Hospice
Requested Dates	01/06/2021 to 04/06/2021
Admission Source	HO Home

DIAGNOSES

N261	Atrophy Of Kidney (Terminal)(Primary Diagnosis)
------	---

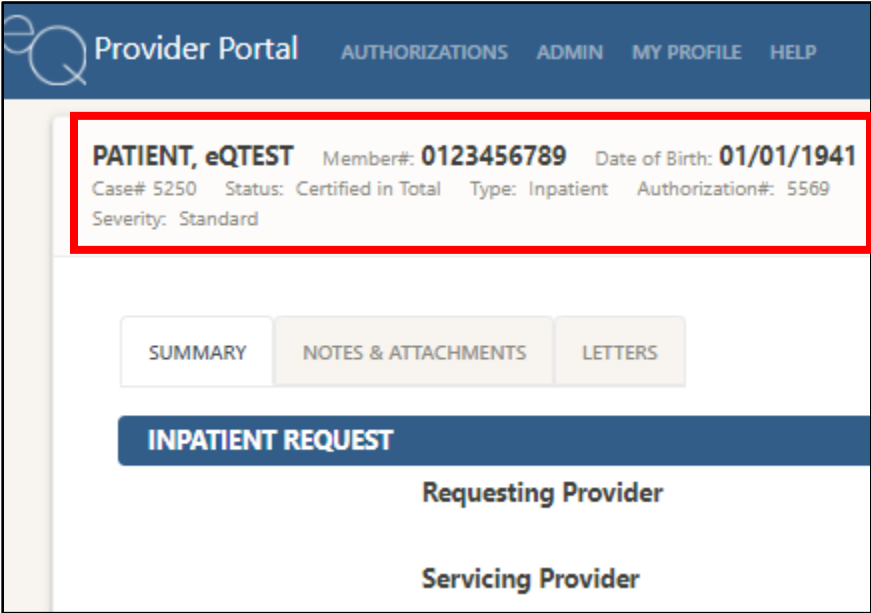
REQUESTED PROCEDURES

G0299	Hhs/hospice of m ea 15 min (Primary Procedure) 40 Unit Per Month For 3 Month(s) Total: 120 Unit(s) Begin Date: 01/06/2021 End Date: 04/06/2021
-------	--

- **PARTICIPANT BANNER**

The banner in the top left corner displays the participant's name, Member ID number, Date of Birth, Case Number, Status (ie: In Progress, Certified/Not Certified), Service Type (inpatient or outpatient), Severity, and Authorization Number.

Note: Authorization numbers are only assigned once a request has been Certified in Total or Partially Certified.



The screenshot shows the 'Provider Portal' interface. At the top, there is a navigation bar with the following links: AUTHORIZATIONS, ADMIN, MY PROFILE, and HELP. Below the navigation bar, a red-bordered box highlights the participant banner information:

PATIENT, eQTEST Member#: **0123456789** Date of Birth: **01/01/1941**
Case# 5250 Status: Certified in Total Type: Inpatient Authorization#: 5569
Severity: Standard

Below the banner, there are three buttons: SUMMARY, NOTES & ATTACHMENTS, and LETTERS. Below these buttons, there is a dark blue bar with the text 'INPATIENT REQUEST'. Underneath this bar, there are two labels: 'Requesting Provider' and 'Servicing Provider'.

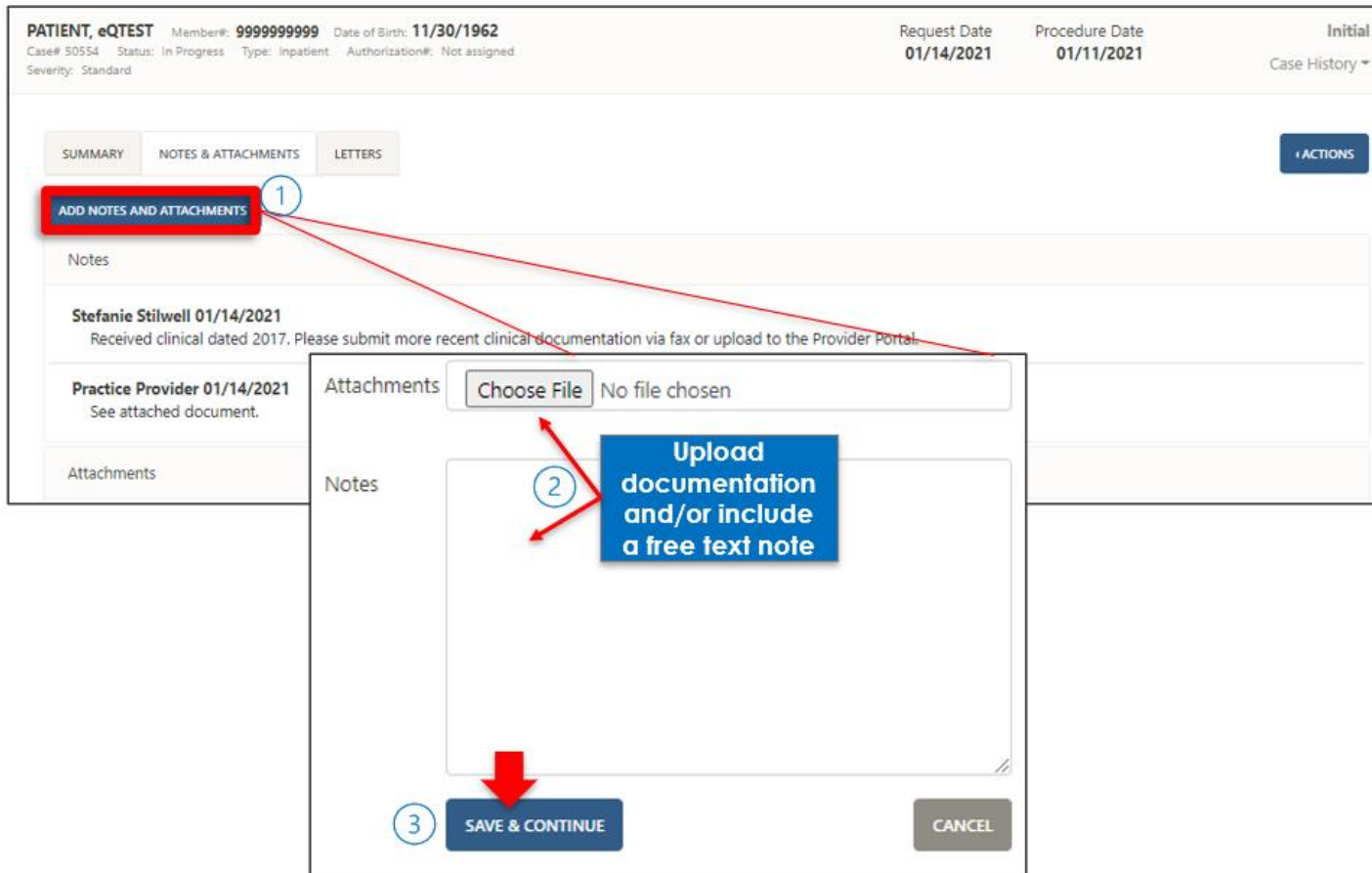
- SUMMARY TAB**

Displays a summarization of all information entered for an authorization request. This page can be printed if desired (refer to pages 89-90 for detailed instructions on printing the summary page).

PATIENT, eQTEST Member#: 0123456789 Date of Birth: 01/01/1941		Request Date 05/03/2021	Procedure Date 05/03/2021	Initial Case History ▾
Case#: 5250 Status: Certified in Total Type: Inpatient Authorization#: 5569 Severity: Standard				
SUMMARY	NOTES & ATTACHMENTS	LETTERS	ACTIONS	
INPATIENT REQUEST				
Requesting Provider	TEST PROVIDER Single or Multispecialty Clinic or Group Practice			
Servicing Provider	TEST FACILITY 123 Test Street Any City, Louisiana 12345			
Place of Service	21 Inpatient Hospital			
Requested Dates	05/03/2021 to 05/24/2021			
Level of Care	ICU			
Show Requested Details				
DIAGNOSES				
V9733XD	Sucked Into Jet Engine, Subsequent Encounter(Primary Diagnosis)			
S3600X	INJURY NOS SPLEEN			
REQUESTED PROCEDURES				
07QP0ZZ	Repair Spleen, Open Approach (Primary Procedure) Begin Date: 05/03/2021			
Show Requested Procedures				
DETERMINATIONS				
Initial				Certified in Total
Inpatient Stay	Begin Date: 05/03/2021 End Date: 05/24/2021			
07QP0ZZ	Repair Spleen, Open Approach (Primary Procedure) Begin Date: 05/03/2021			Certified in Total

- **NOTES & ATTACHMENTS TAB**

The most recent note will always be at the top of the list. Documentation previously uploaded via the Provider Portal displays at the bottom of the page. Users can upload new documentation (ie: progress notes) and enter free text clinical notes, then click **Save & Continue** to submit the information to the clinical staff reviewing the request.



PATIENT, eQTEST Member#: 999999999 Date of Birth: 11/30/1962 Request Date: 01/14/2021 Procedure Date: 01/11/2021 Initial
Case# 50554 Status: In Progress Type: Inpatient Authorization#: Not assigned Severity: Standard Case History ▾

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

ADD NOTES AND ATTACHMENTS 1

Notes

Stefanie Stilwell 01/14/2021
Received clinical dated 2017. Please submit more recent clinical documentation via fax or upload to the Provider Portal.

Practice Provider 01/14/2021
See attached document.

Attachments Choose File No file chosen

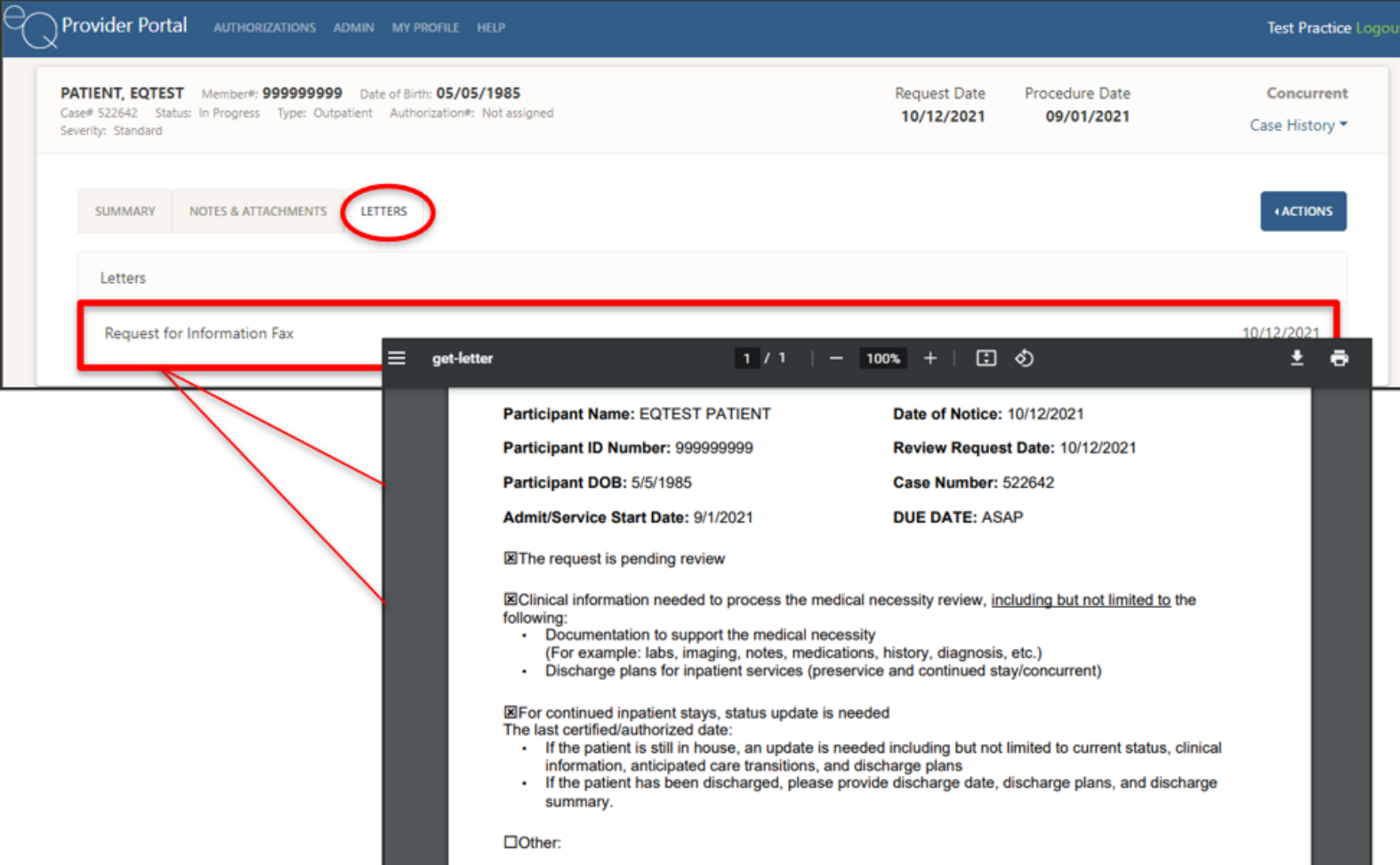
Notes 2

Upload documentation and/or include a free text note

3 SAVE & CONTINUE CANCEL

- **LETTERS TAB**

Letters (i.e. Requests for Additional Information, Approval Letters, Denial Letters, etc) can be seen under the Letters tab. View a letter in a PDF window by clicking the name of the letter to open it. Letters can also be printed if desired.



The screenshot displays the 'Provider Portal' interface. At the top, there are navigation links: AUTHORIZATIONS, ADMIN, MY PROFILE, HELP, and a 'Test Practice Logout' button. The main header area shows patient information: **PATIENT, EQTEST**, Member#: 999999999, Date of Birth: 05/05/1985, Request Date: 10/12/2021, Procedure Date: 09/01/2021, and Concurrent status. Below this, there are tabs for SUMMARY, NOTES & ATTACHMENTS, and LETTERS (which is circled in red). A 'Request for Information Fax' letter is highlighted with a red box. A red line connects this box to a larger, detailed view of the letter in a PDF window titled 'get-letter'. The detailed view includes the following information:

- Participant Name:** EQTEST PATIENT
- Participant ID Number:** 999999999
- Participant DOB:** 5/5/1985
- Admit/Service Start Date:** 9/1/2021
- Date of Notice:** 10/12/2021
- Review Request Date:** 10/12/2021
- Case Number:** 522642
- DUE DATE:** ASAP

The letter content includes several checked items:

- The request is pending review
- Clinical information needed to process the medical necessity review, including but not limited to the following:
 - Documentation to support the medical necessity (For example: labs, imaging, notes, medications, history, diagnosis, etc.)
 - Discharge plans for inpatient services (preservice and continued stay/concurrent)
- For continued inpatient stays, status update is needed

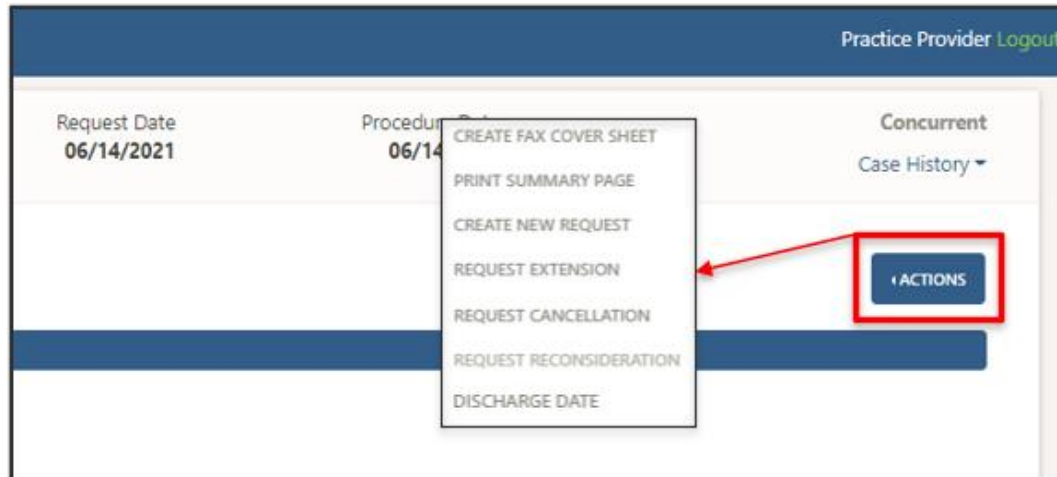
The last certified/authorized date:

- If the patient is still in house, an update is needed including but not limited to current status, clinical information, anticipated care transitions, and discharge plans
- If the patient has been discharged, please provide discharge date, discharge plans, and discharge summary.

There is also an unchecked 'Other:' option at the bottom.

- **ACTIONS TAB**

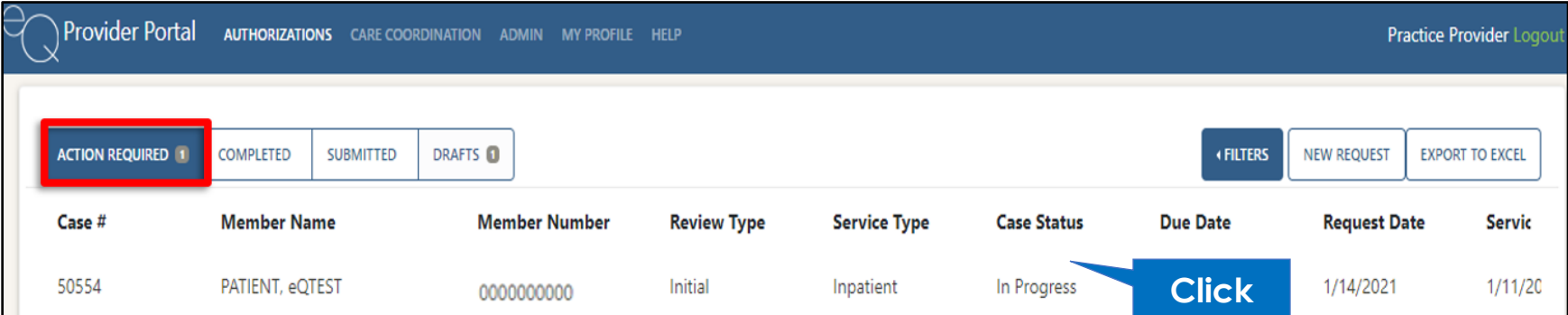
Users can create a custom fax cover sheet, print the summary page, create a new request on a patient, request an extension, request cancellation, request reconsideration/appeal, and enter a discharge date. Options available are based upon the status of a request (i.e. completed, pending, denied, etc).



See *Appendix* for detailed instructions on each function.

ACTION REQUIRED

Default tab upon login. Lists cases where clinical reviewers are requesting additional information (ie: clinical documentation) before a determination can be rendered. The number next to the “Action Required” label indicates the number of cases requiring provider attention.



Provider Portal AUTHORIZATIONS CARE COORDINATION ADMIN MY PROFILE HELP Practice Provider Logout

ACTION REQUIRED 1 COMPLETED SUBMITTED DRAFTS 1

← FILTERS NEW REQUEST EXPORT TO EXCEL

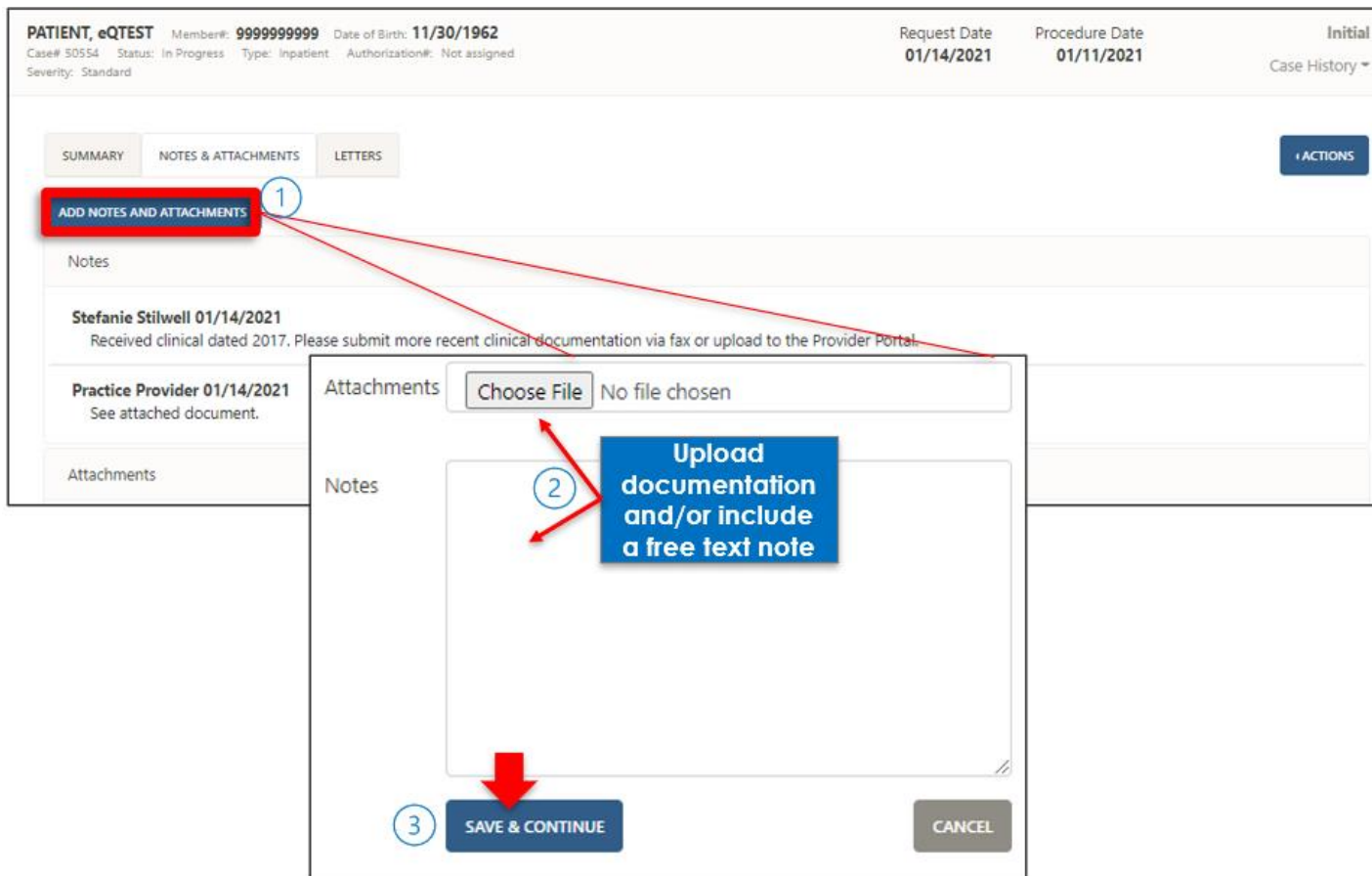
Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date	Request Date	Service
50554	PATIENT, eQTEST	0000000000	Initial	Inpatient	In Progress		1/14/2021	1/11/20

Click

- **RESPOND TO REQUEST FOR ADDITIONAL INFORMATION**

Access *Notes & Attachments* by clicking anywhere on the line containing participant information. A user can see what information is needed to complete the review under the section; the most recent note is always at the top of the list.

To submit the request back to a reviewer, click **Add Notes And Attachments**. Users can upload documents (ie: progress notes) and/or enter free text clinical notes, then click **Save & Continue**.



The screenshot displays a patient record for 'PATIENT, eQUEST' with Member#: 9999999999 and Date of Birth: 11/30/1962. The interface includes tabs for SUMMARY, NOTES & ATTACHMENTS, and LETTERS. A red box highlights the 'ADD NOTES AND ATTACHMENTS' button, labeled with a circled '1'. Below this, a list of notes is shown, including one from 'Stefanie Stilwell' dated 01/14/2021. An 'Attachments' section shows a 'Choose File' button and 'No file chosen'. A modal window is open, showing a 'Notes' text area and a 'SAVE & CONTINUE' button, labeled with a circled '3'. A blue box with the text 'Upload documentation and/or include a free text note' is overlaid on the text area, with a circled '2' and red arrows pointing to the text area and the 'SAVE & CONTINUE' button. A red arrow also points from the 'ADD NOTES AND ATTACHMENTS' button to the modal window.

Either an attachment or a free text note is required

COMPLETED

Lists cases where a final determination has been made, and determination is visible from the list. If status is Certified in Total or Partially Certified, the Authorization# is also visible from the list. Users can also enter requests for Extension here (*refer to page 92 for detailed information on entering extension requests*). Access the case by clicking anywhere on the line containing participant information.

ACTION REQUIRED		COMPLETED	SUBMITTED	DRAFTS					FILTERS	NEW REQUEST	EXPORT TO EXCEL
Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Case Status			
	50585	PATIENT, eQTEST	00000	Initial	Outpatient		1/14/2021	Not Certified			
	50608	PATIENT, eQTEST	0000000000	Initial	Inpatient	50608	1/14/2021	Certified in Total			
	50568	PATIENT, eQTEST	0000000000	Initial	Inpatient		1/14/2021	Not Certified			

Click

SUBMITTED

Lists cases that have been submitted by the provider and a medical necessity determination has not yet been made. Status for all is "In Progress." Access the case by clicking anywhere on the line containing participant information.

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Request Date...	Service Date	Order
50599	PATIENT, eQTEST	11111	Initial	Inpatient	In Progress	1/14/2021	1/7/2021	TEST PR
50571	PATIENT, eQTEST	9999999999	Extension	Outpatient	In Progress	1/14/2021	1/4/2021	TEST PR

Click

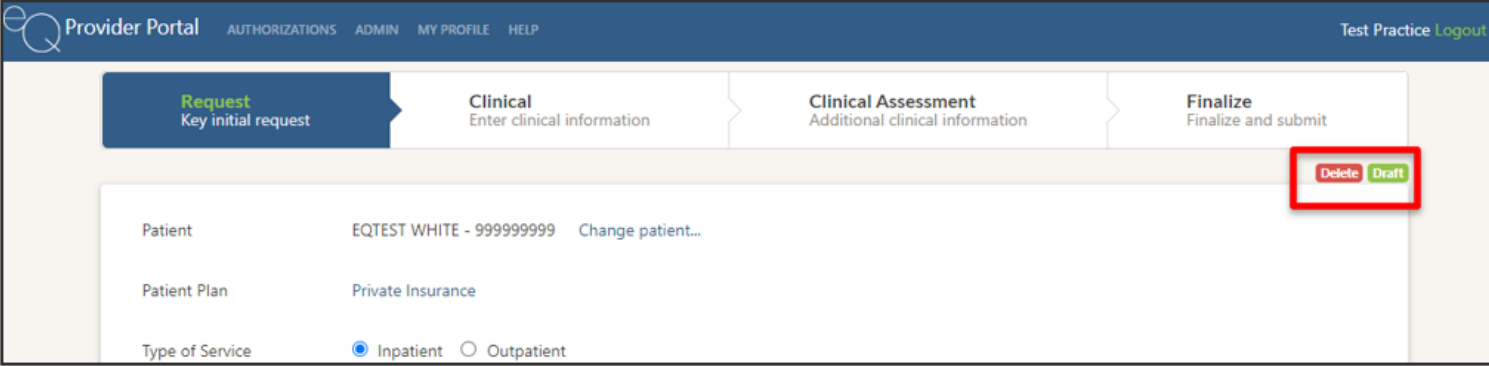
DRAFTS

Lists cases that have been started by the provider, but have not yet been submitted for review. May delete a draft from this page by clicking the **red x**. Drafts can only be seen by the user who created the request.

ACTION REQUIRED 1		COMPLETED	SUBMITTED	DRAFTS 8	← FILTERS			NEW REQUEST	EXPORT TO EXCEL
Delete	Member Name	Member Number	Review Type	Service Type	Request Date...	Service Date	Ordering Provider		
X	PATIENT, eQTEST	0000000000	Extension	Inpatient	1/14/2021	1/4/2021	TEST PROVIDER		
X	PATIENT, eQTEST	0000000000	Initial	Inpatient	1/14/2021	1/11/2021	TEST PROVIDER		
X	PATIENT, eQTEST	9999999999	Initial	Outpatient	1/14/2021	1/4/2021	TEST PROVIDER		
X	PATIENT, eQTEST	11111	Initial	Inpatient	1/14/2021	1/7/2021	TEST PROVIDER		
X	PATIENT, eQTEST	9999999999	Appeal	Outpatient	1/14/2021	1/4/2021	TEST PROVIDER		

- **DELETING A DRAFT**

Drafts can be deleted from the Drafts dashboard (see previous image), or by clicking **Delete** in the top right corner of a request. Only drafts may be deleted; once a case has been submitted and the status is in-progress, users must request cancellation from the Actions Tab (refer to page 94 for detailed instructions on submitting cancellation requests).



Provider Portal AUTHORIZATIONS ADMIN MY PROFILE HELP Test Practice Logout

Request Key initial request

Clinical Enter clinical information

Clinical Assessment Additional clinical information

Finalize Finalize and submit

Patient EQTEST WHITE - 9999999999 [Change patient...](#)

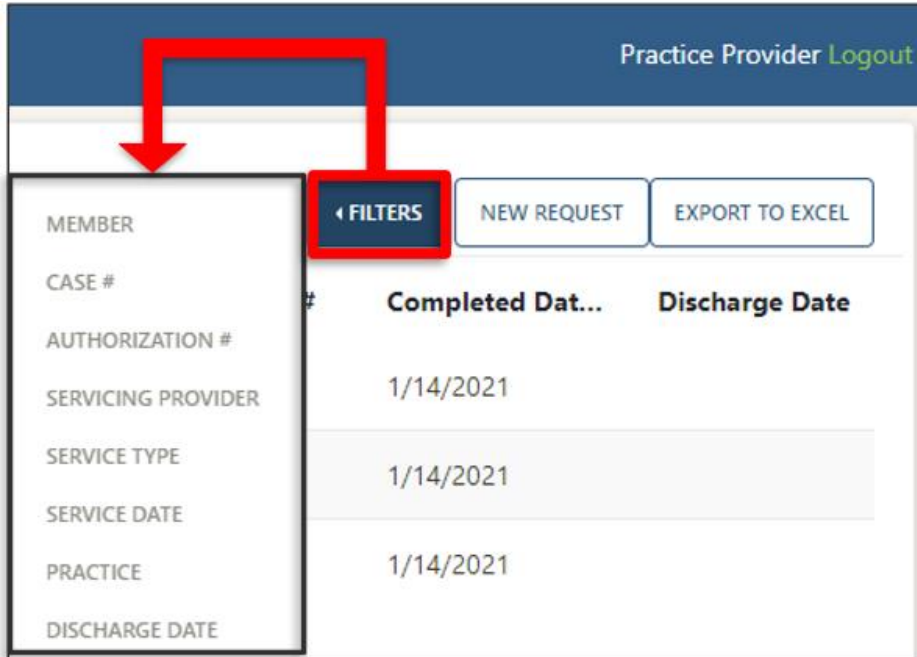
Patient Plan Private Insurance

Type of Service Inpatient Outpatient

DASHBOARD FILTERS

Allows users to search for a case based on several different search parameters. Filters include:

- Member
- Case Number
- Authorization Number
- Servicing Provider
- Service Type (Inpatient vs Outpatient)
- Service Date
- Practice (If account is associated with multiple practices)
- Discharge Date (Completed Tab only)



Practice Provider Logout

MEMBER

CASE #

AUTHORIZATION #

SERVICING PROVIDER

SERVICE TYPE

SERVICE DATE

PRACTICE

DISCHARGE DATE

← FILTERS

NEW REQUEST

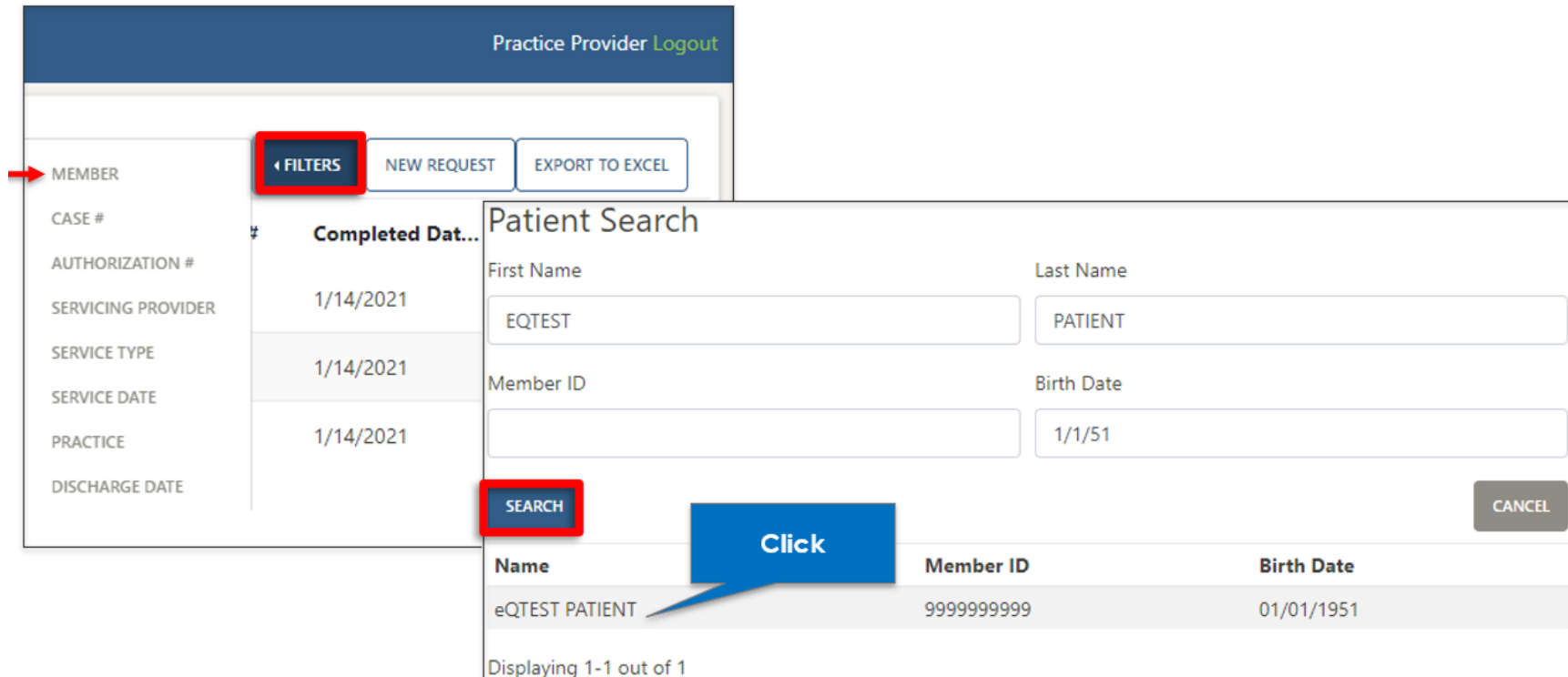
EXPORT TO EXCEL

#	Completed Dat...	Discharge Date
	1/14/2021	
	1/14/2021	
	1/14/2021	

May use multiple filters

- FILTER BY MEMBER**

Filters list to display authorization requests for a specific participant. Search requirements include a Date of Birth in combination with either a First and Last Name OR a Member ID number. Click "Search." A list of participants meeting the search criteria display below; select the one showing correct information.



Practice Provider [Logout](#)

MEMBER **FILTERS** NEW REQUEST EXPORT TO EXCEL

Completed Dat...

1/14/2021

1/14/2021

1/14/2021

Patient Search

First Name Last Name

EQTEST PATIENT

Member ID Birth Date

1/1/51

SEARCH CANCEL

Click

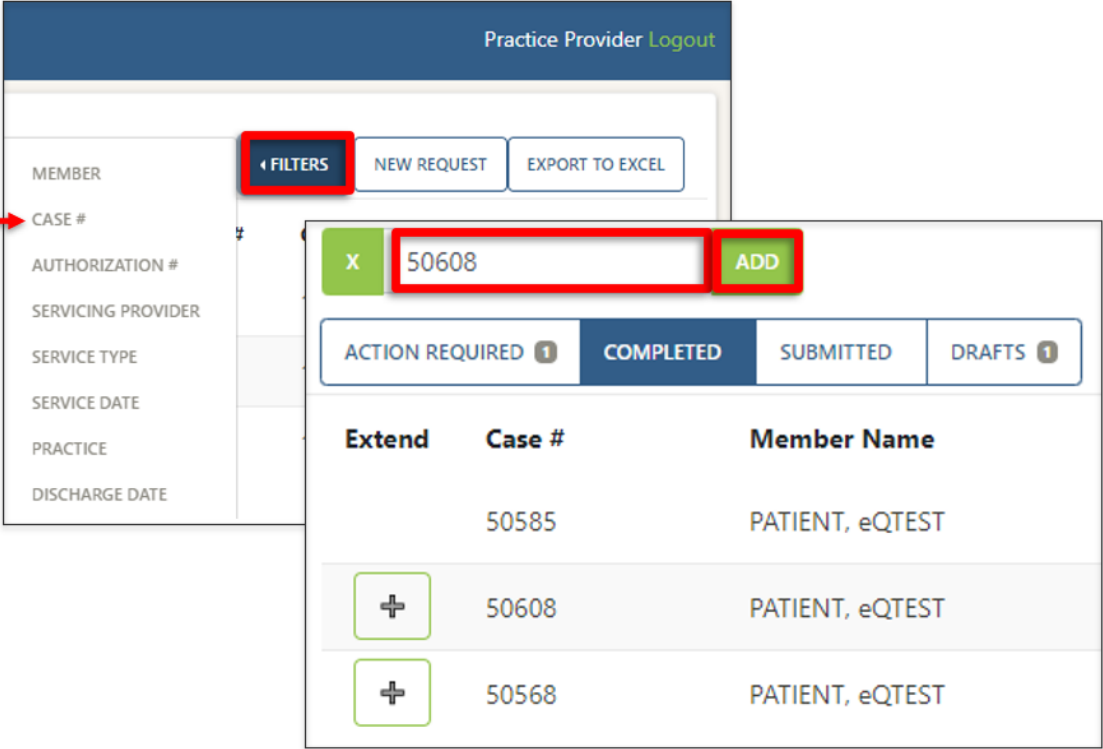
Name	Member ID	Birth Date
eQTEST PATIENT	9999999999	01/01/1951

Displaying 1-1 out of 1

Birth Date and either Member ID or First Name and Last Name are required

- **FILTER BY CASE NUMBER**

Filters list to display authorization requests for a specific case number. Enter the case number and click “Add.”

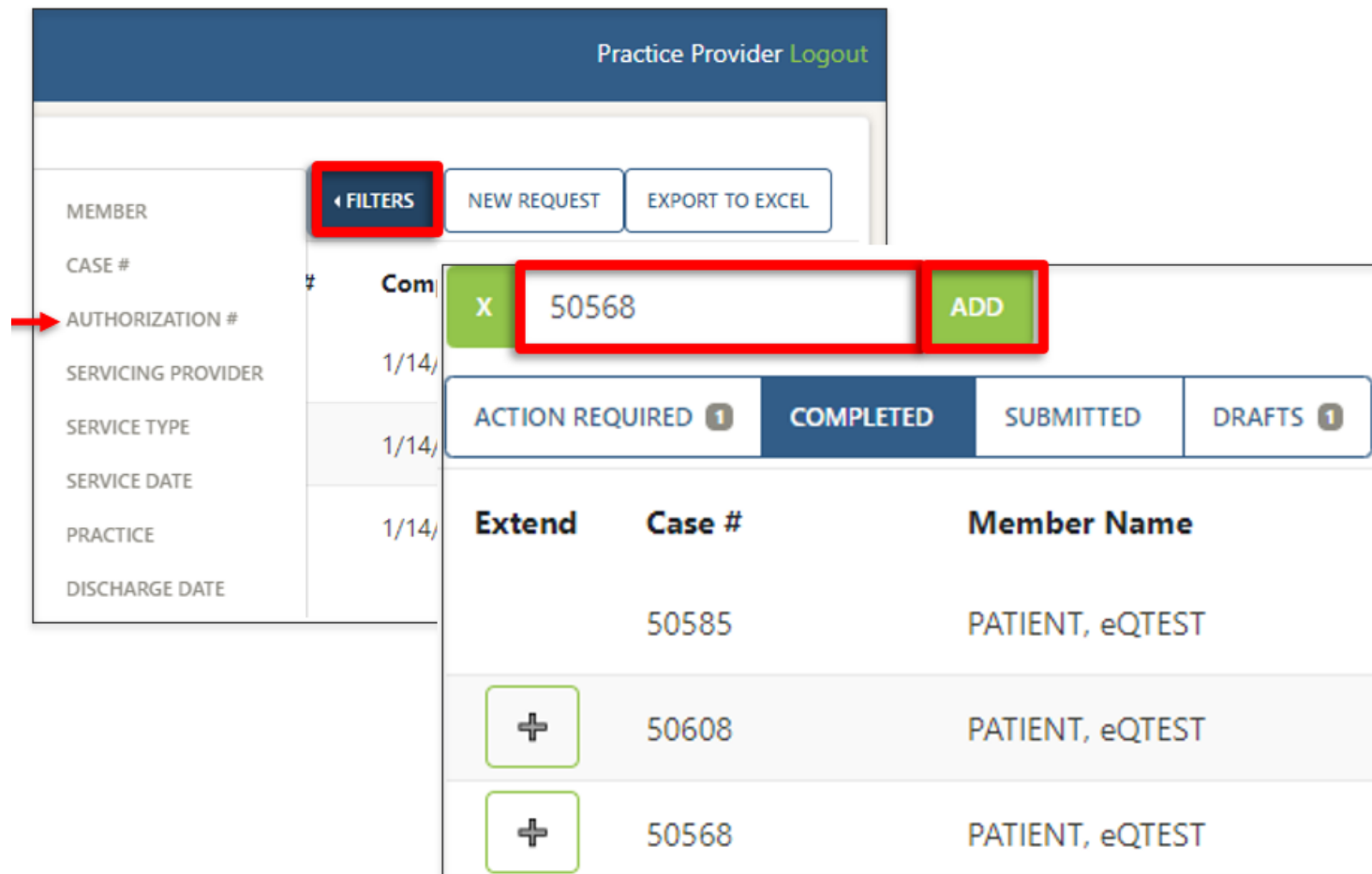


The screenshot shows the Practice Provider interface with a sidebar menu on the left and a main content area. The sidebar menu includes options like MEMBER, CASE #, AUTHORIZATION #, etc. The 'CASE #' option is highlighted with a red arrow. In the main content area, the 'FILTERS' button is highlighted with a red box. Below it, a search input field contains the number '50608' and is also highlighted with a red box. To the right of the input field is a green 'ADD' button, also highlighted with a red box. Below the search field, there are tabs for 'ACTION REQUIRED', 'COMPLETED', 'SUBMITTED', and 'DRAFTS'. A table below the tabs displays a list of authorization requests with columns for 'Extend', 'Case #', and 'Member Name'.

Extend	Case #	Member Name
	50585	PATIENT, eQTEST
<input type="checkbox"/>	50608	PATIENT, eQTEST
<input type="checkbox"/>	50568	PATIENT, eQTEST

- **FILTER BY AUTHORIZATION NUMBER**

Filters list to display authorization requests for a specific authorization number. Enter the authorization number and click “Add.”



Practice Provider [Logout](#)

MEMBER
CASE #
AUTHORIZATION #
SERVICING PROVIDER
SERVICE TYPE
SERVICE DATE
PRACTICE
DISCHARGE DATE

← FILTERS NEW REQUEST EXPORT TO EXCEL

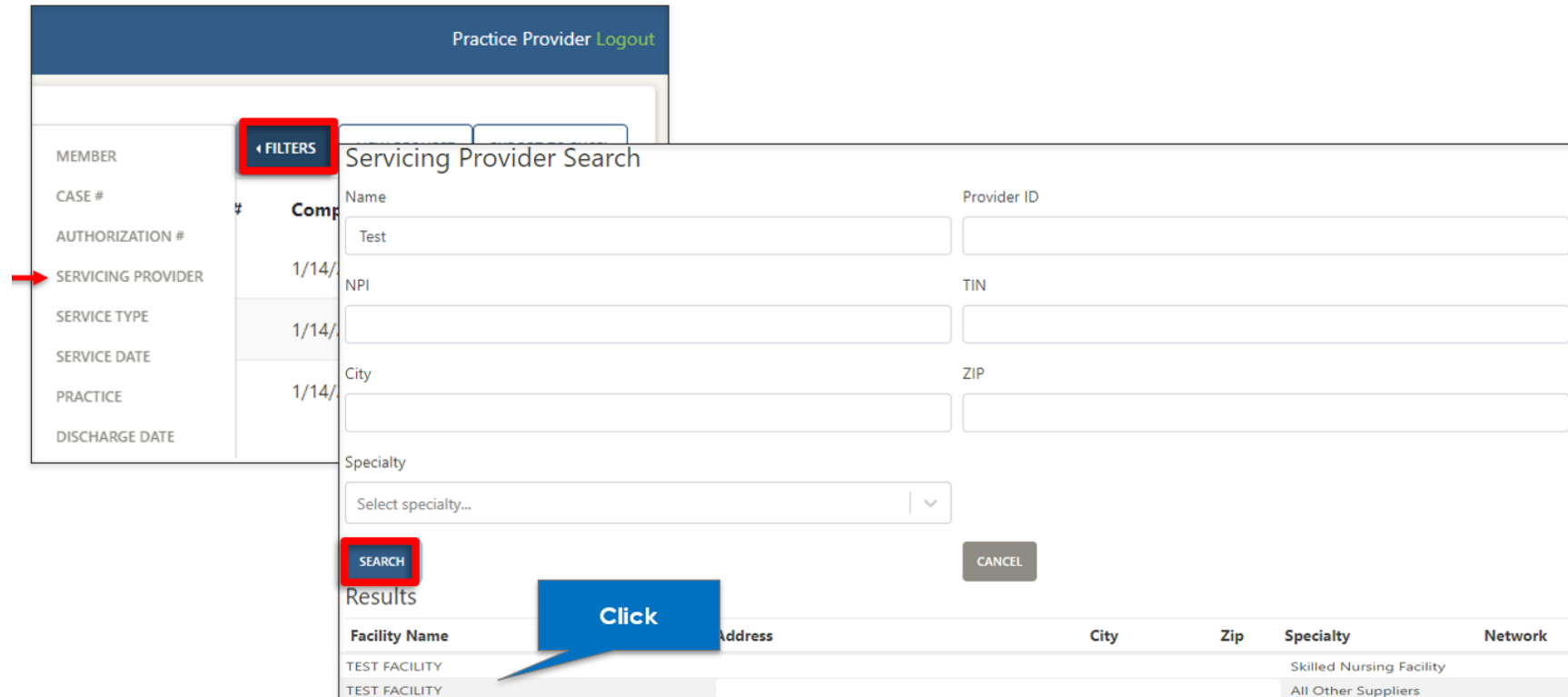
X 50568 ADD

ACTION REQUIRED 1 COMPLETED SUBMITTED DRAFTS 1

Extend	Case #	Member Name
	50585	PATIENT, eQTEST
+	50608	PATIENT, eQTEST
+	50568	PATIENT, eQTEST

- FILTER BY SERVICING PROVIDER**

Filters list to display authorization requests for a specific servicing provider. Search by Name, Provider ID, NPI, TIN, City, Zip, and/or Speciality, then click "Search." A list of providers meeting the search criteria displays below; select the correct one.



Practice Provider [Logout](#)

FILTERS

- MEMBER
- CASE #
- AUTHORIZATION #
- SERVICING PROVIDER**
- SERVICE TYPE
- SERVICE DATE
- PRACTICE
- DISCHARGE DATE

Servicing Provider Search

Name: Provider ID:

NPI: TIN:

City: ZIP:

Specialty:

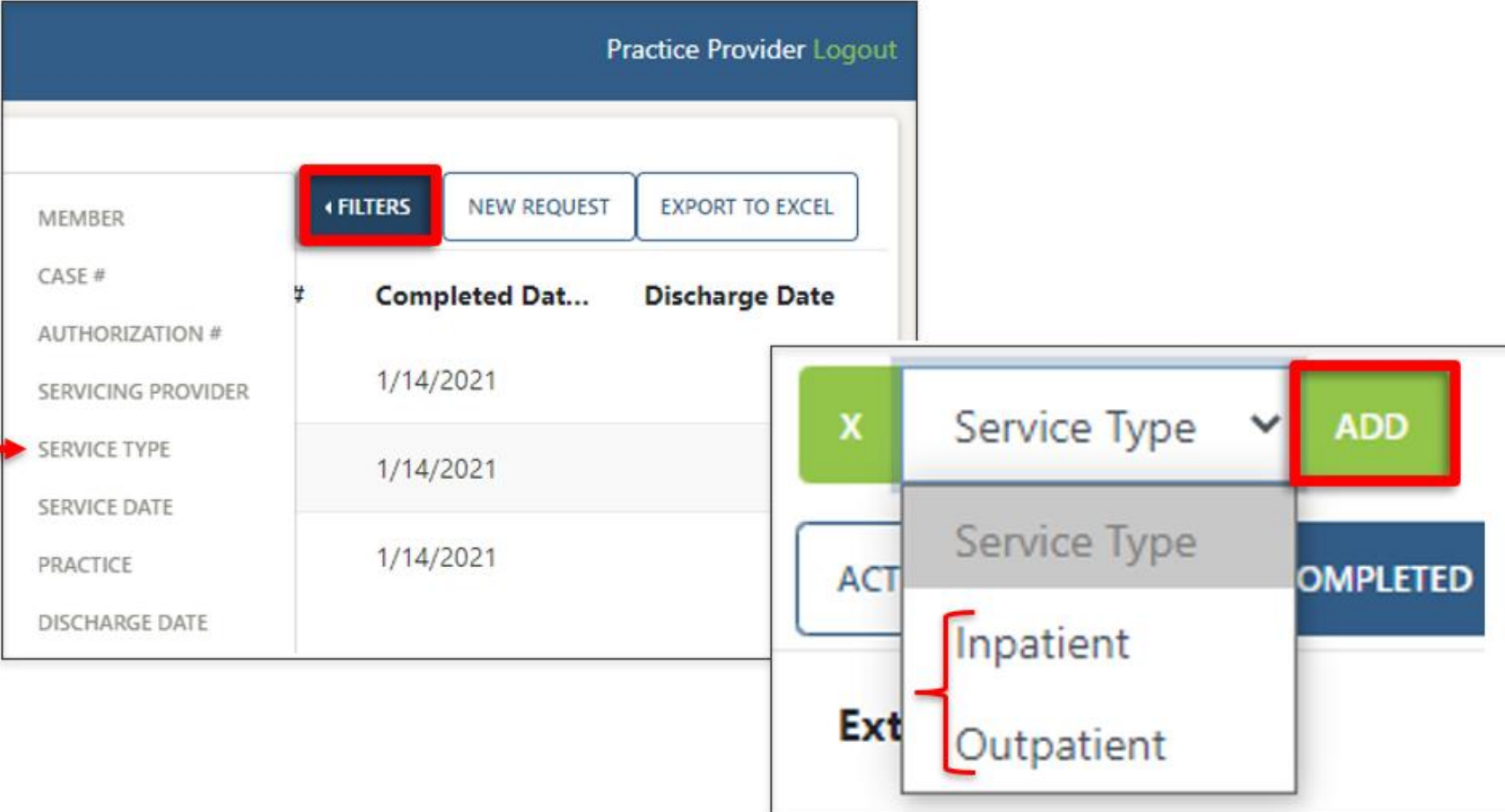
SEARCH

Results

Facility Name	Address	City	Zip	Specialty	Network
TEST FACILITY				Skilled Nursing Facility	
TEST FACILITY				All Other Suppliers	

- **FILTER BY SERVICE TYPE**

Filters list to display either Inpatient or Outpatient authorization requests. Select the service type and click "Add."

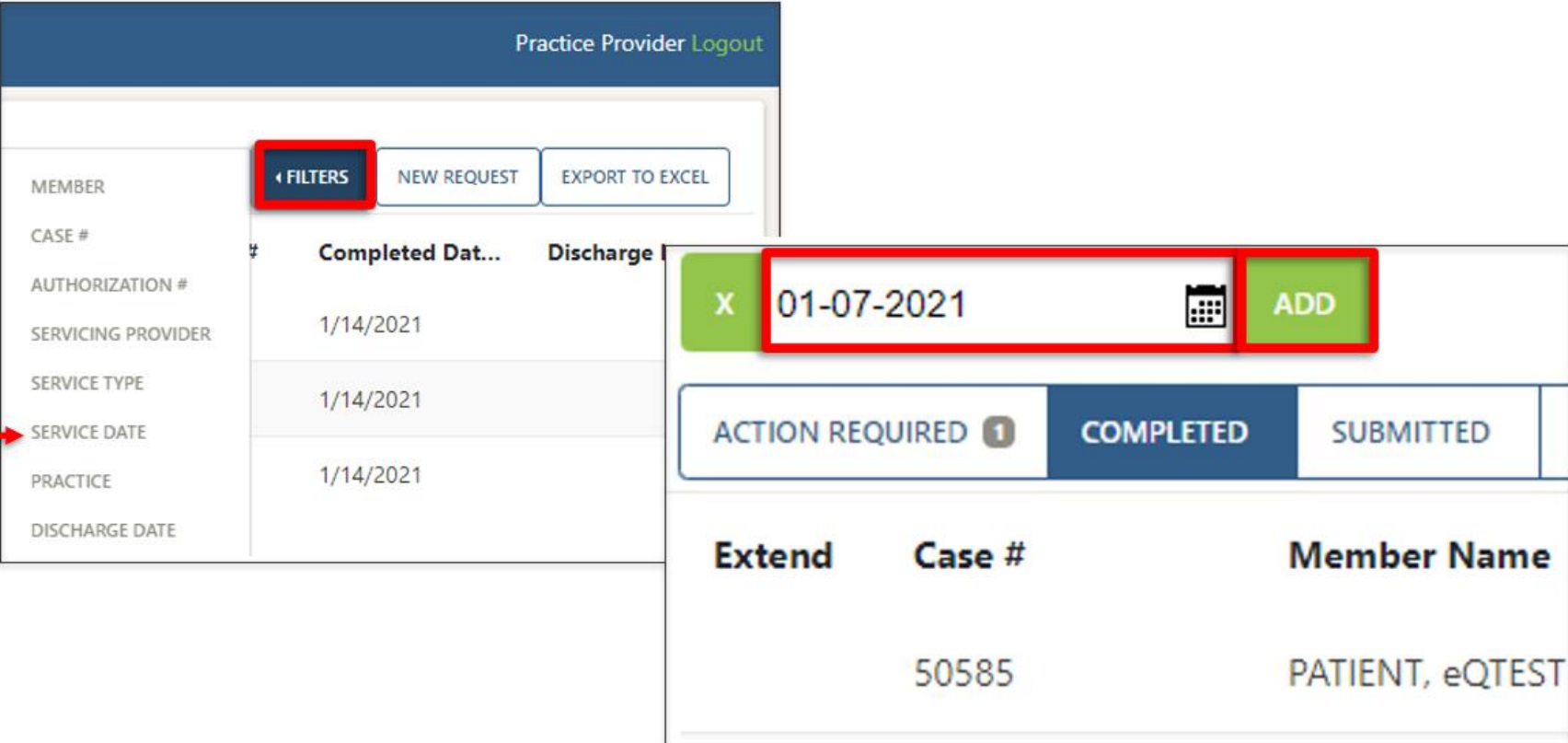


The screenshot shows the 'Practice Provider' interface with a 'Logout' link in the top right. A 'FILTERS' button is highlighted with a red box. Below it, a table lists various filters. The 'SERVICE TYPE' filter is highlighted with a red arrow. A dropdown menu for 'Service Type' is open, showing 'Inpatient' and 'Outpatient' options, with an 'ADD' button highlighted in red.

	Completed Dat...	Discharge Date
MEMBER		
CASE #		
AUTHORIZATION #		
SERVICING PROVIDER	1/14/2021	
SERVICE TYPE	1/14/2021	
SERVICE DATE		
PRACTICE	1/14/2021	
DISCHARGE DATE		

- FILTER BY SERVICE DATE**

Filters list to display authorization requests with a specific service date (inpatient = date of admit, outpatient = first day of service). Enter the date manually or use the calendar icon to select a date, then click "Add."

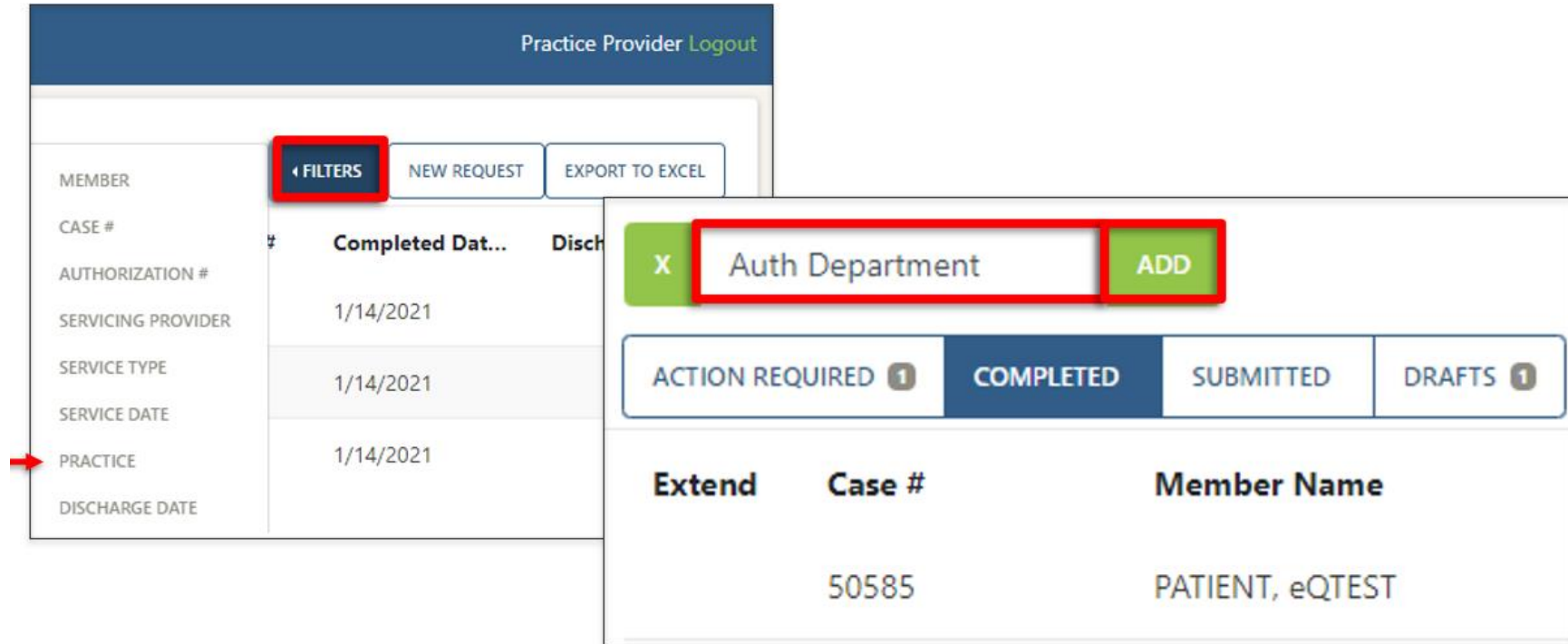


The screenshot shows the 'Practice Provider' interface with a 'Logout' link. A filter menu is open, listing various fields: MEMBER, CASE #, AUTHORIZATION #, SERVICING PROVIDER, SERVICE TYPE, SERVICE DATE (highlighted with a red arrow), PRACTICE, and DISCHARGE DATE. The 'FILTERS' button is highlighted with a red box. A date selection popup is visible, showing the date '01-07-2021' entered in a field, with a calendar icon and an 'ADD' button. Below the popup, there are tabs for 'ACTION REQUIRED' (with a notification icon), 'COMPLETED', and 'SUBMITTED'. A table below the tabs shows a list of items with columns for 'Extend', 'Case #', and 'Member Name'. The table contains one entry with 'Case #' 50585 and 'Member Name' PATIENT, eQTEST.

Extend	Case #	Member Name
	50585	PATIENT, eQTEST

- **FILTER BY PRACTICE**

Filters list to display authorization requests for a specific practice. Enter the practice name and click “Add.”



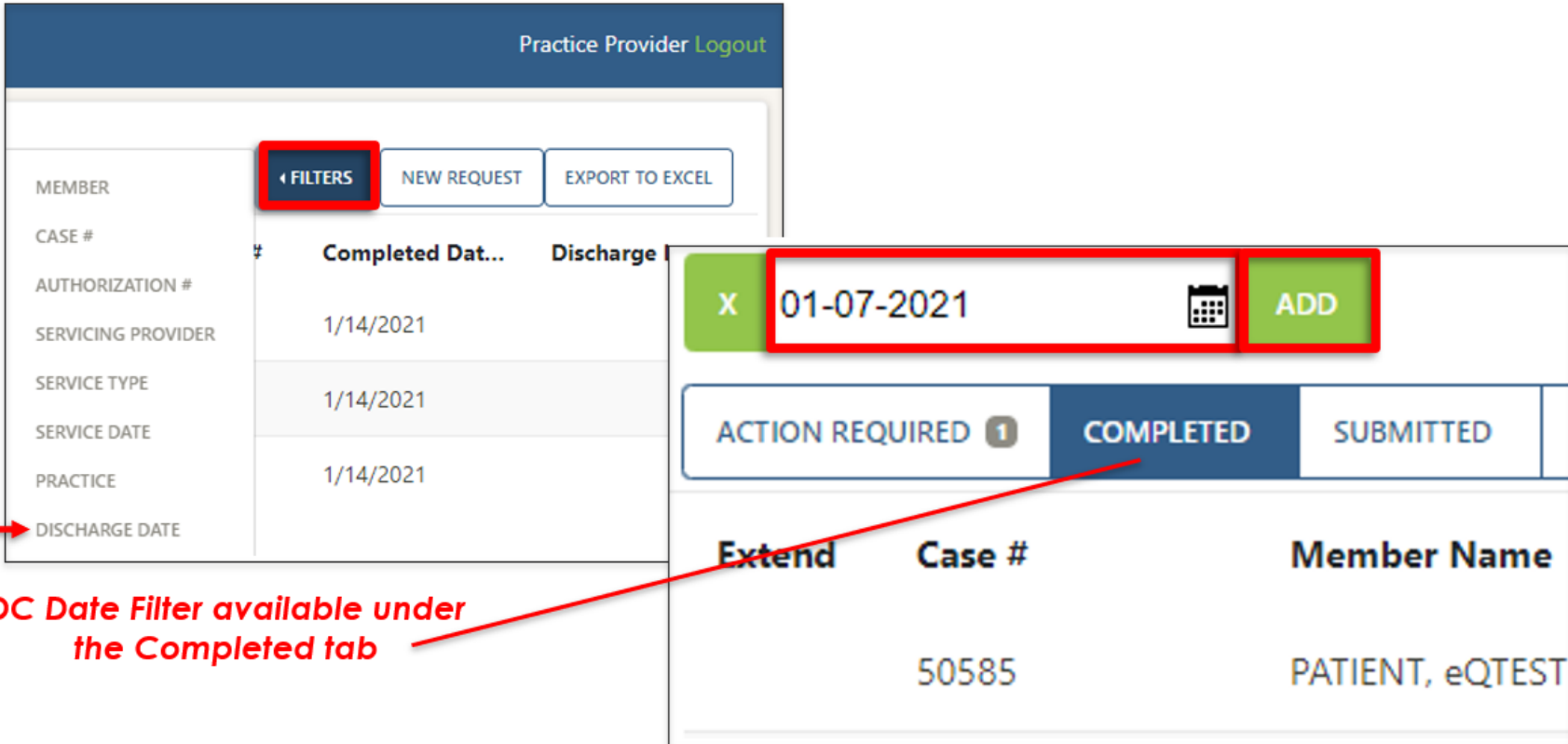
The screenshot shows the 'Practice Provider' interface with a 'Logout' link. A 'FILTERS' menu is open, listing various filter categories: MEMBER, CASE #, AUTHORIZATION #, SERVICING PROVIDER, SERVICE TYPE, SERVICE DATE, PRACTICE, and DISCHARGE DATE. The 'PRACTICE' filter is highlighted with a red arrow. A modal window is displayed over the table, containing a search input field with 'Auth Department' and an 'ADD' button, both highlighted with red boxes. Below the search field are tabs for 'ACTION REQUIRED 1', 'COMPLETED', 'SUBMITTED', and 'DRAFTS 1'. The table below the tabs has columns for 'Extend', 'Case #', and 'Member Name', with a row containing the values '50585' and 'PATIENT, eQTEST'.

Extend	Case #	Member Name
	50585	PATIENT, eQTEST

Note: this filter is only available if a user has system permissions for multiple practices.

- FILTER BY DISCHARGE DATE**

Filters list to display authorization requests by a specific date of discharge. Enter the discharge date manually or use the calendar icon to select a date, then click "Add."



The screenshot shows the 'Practice Provider' interface with a 'Logout' link. A 'FILTERS' menu is open, listing various filter categories. The 'DISCHARGE DATE' filter is highlighted with a red arrow. A modal window is open for the 'Completed' tab, showing a date input field with '01-07-2021' and an 'ADD' button. Below the modal, a table displays authorization requests.

Extend	Case #	Member Name
	50585	PATIENT, eQTEST

DC Date Filter available under the Completed tab

• CLEARING FILTERS

Remove a filter by clicking the “x” to the right of the filter.



Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Date	Case Status	Request Date	Service Date	Ordering Provi
	50608	PATIENT, eQTEST	0000000000	Initial	Inpatient	50608	1/14/2021	1/14/2021	Certified in Total	1/14/2021	1/11/2021	TEST PROVIDER

EXPORT TO EXCEL

Users can export either of the four tabs (Action Required, Completed, Submitted, or Drafts) by clicking “Export to Excel” in the top right corner. The exported document will reflect any filters selected.

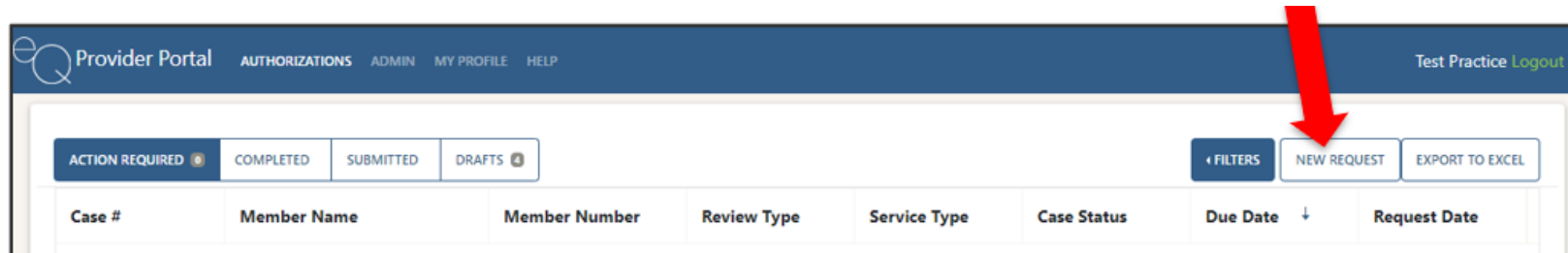
NEW REQUEST

New inpatient and outpatient authorization requests are entered here. There are different data points for inpatient vs outpatient requests (see next section).

SECTION 4: ENTERING NEW REQUESTS

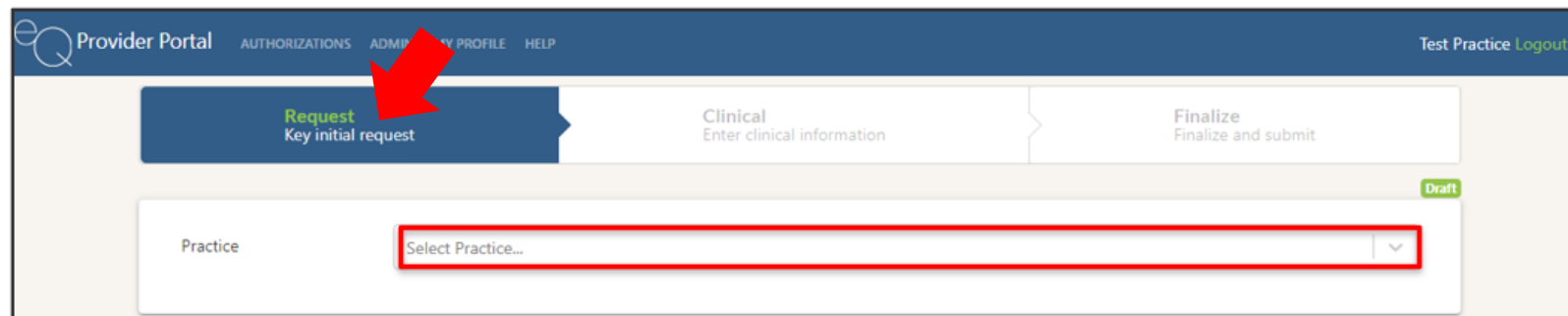
START A NEW REQUEST - INPATIENT

New requests are entered by clicking **New Request** in the top right corner of the Authorizations Dashboard.



There are three (3) tabs at the top: Request, Clinical, and Finalize. The Request tab opens by default; once required information for this section is complete, the Clinical tab will open.

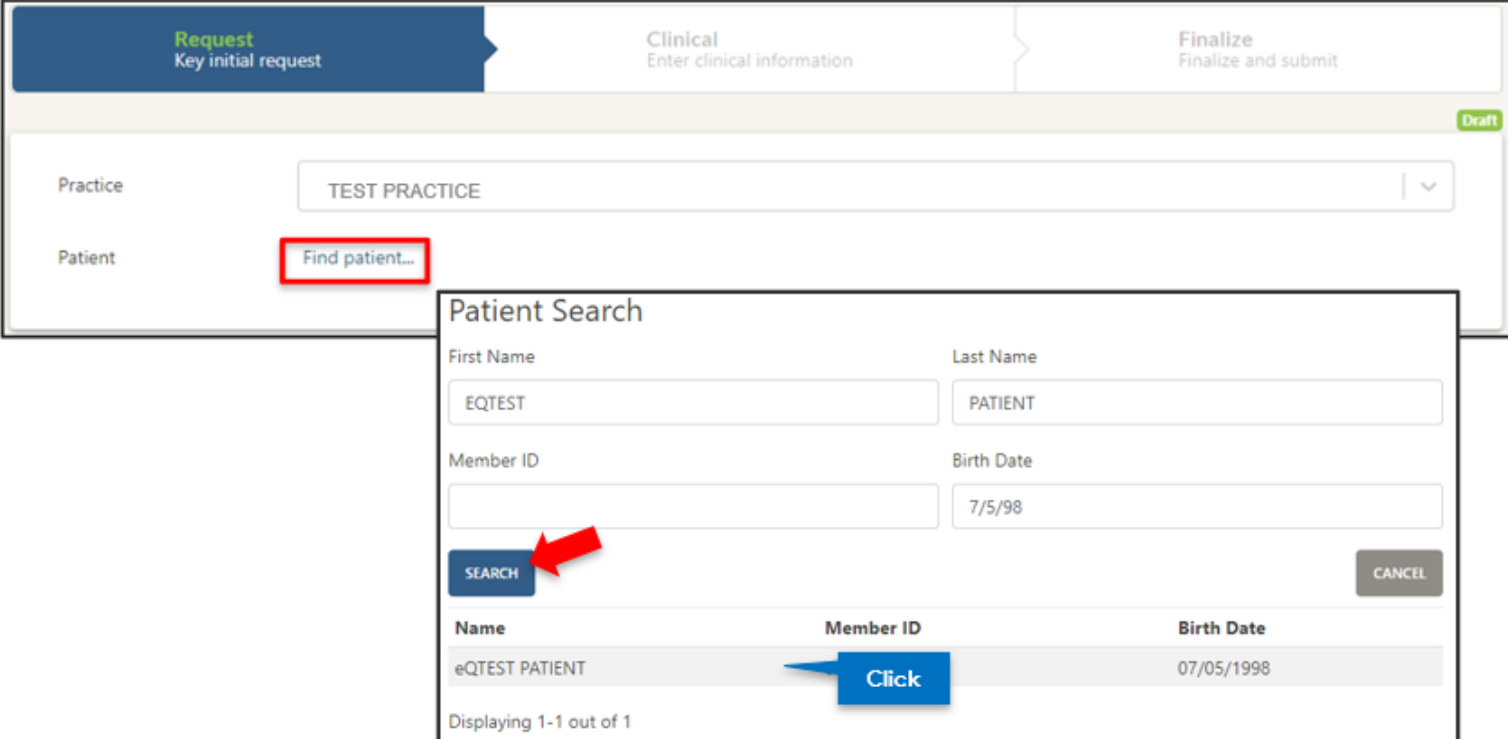
Before searching for patients, users associated with multiple practices will need to select the correct practice from the dropdown list.



Attach a patient account to this authorization request by clicking **Find Patient**, then use the available search fields to locate the correct patient. Click **Search** to view a list of patients meeting the search criteria.

Patient search requirements are either:

- Birth Date + First Name + Last Name
- Birth Date + Member ID

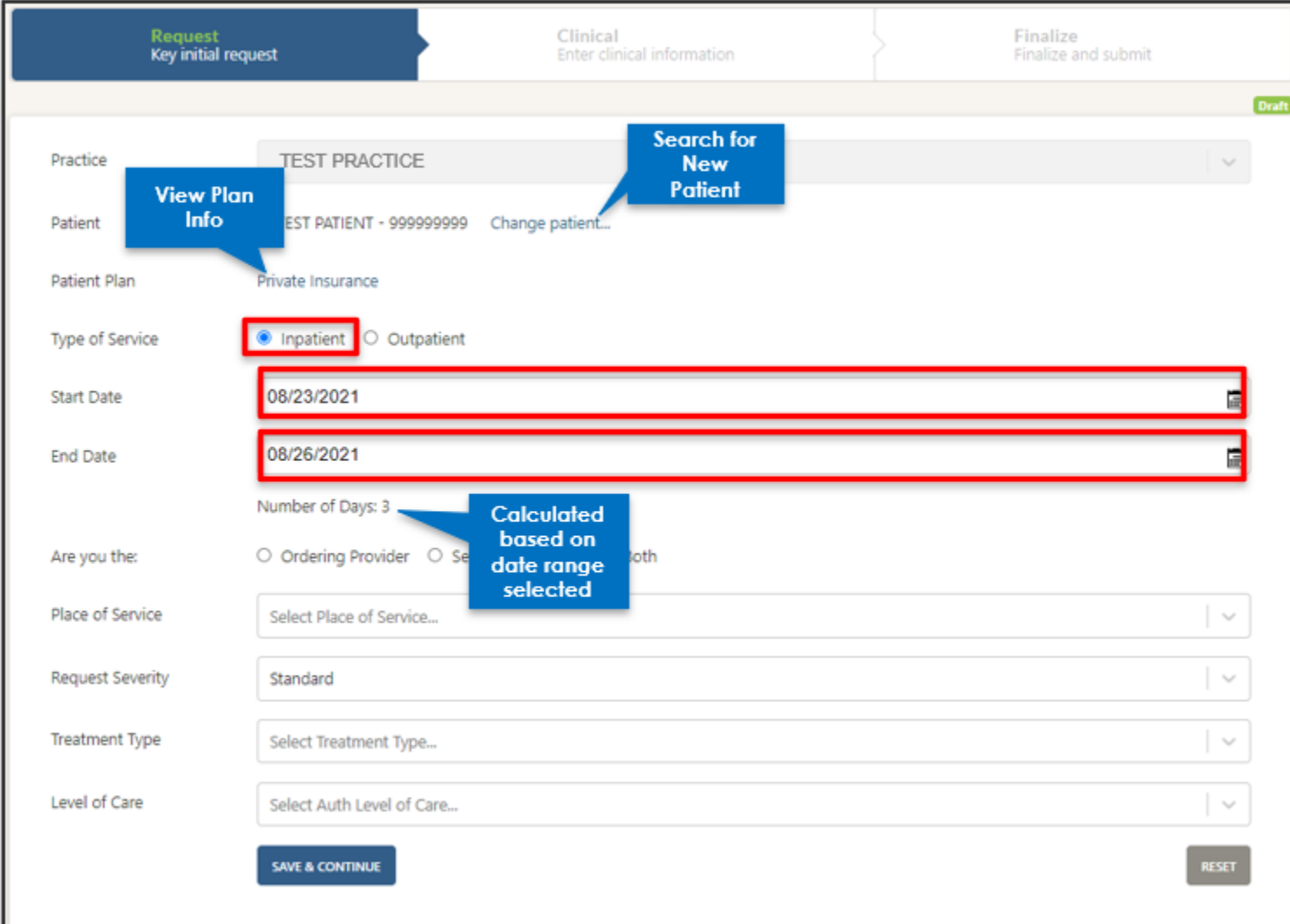


The screenshot shows a software interface for creating an authorization request. It is divided into three stages: **Request** (Key initial request), **Clinical** (Enter clinical information), and **Finalize** (Finalize and submit). The **Request** stage is active, showing a **Practice** dropdown menu set to **TEST PRACTICE** and a **Patient** field with a **Find patient...** button highlighted in red. A **Patient Search** modal window is open, containing search fields for **First Name** (EQTEST), **Last Name** (PATIENT), **Member ID**, and **Birth Date** (7/5/98). A **SEARCH** button is highlighted with a red arrow, and a **CANCEL** button is also visible. Below the search fields is a table with the following data:

Name	Member ID	Birth Date
eQTEST PATIENT		07/05/1998

A blue **Click** button points to the **Member ID** column of the search result. The text **Displaying 1-1 out of 1** is shown at the bottom of the modal.

Select the service type as **Inpatient** and enter the requested **dates of service**. The total number of days requested is automatically calculated based on the selected date range.



Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

Practice: TEST PRACTICE

Patient: TEST PATIENT - 999999999 [Change patient...](#)

Patient Plan: Private Insurance

Type of Service: Inpatient Outpatient

Start Date: 08/23/2021

End Date: 08/26/2021

Number of Days: 3

Are you the: Ordering Provider See both

Place of Service: Select Place of Service...

Request Severity: Standard

Treatment Type: Select Treatment Type...

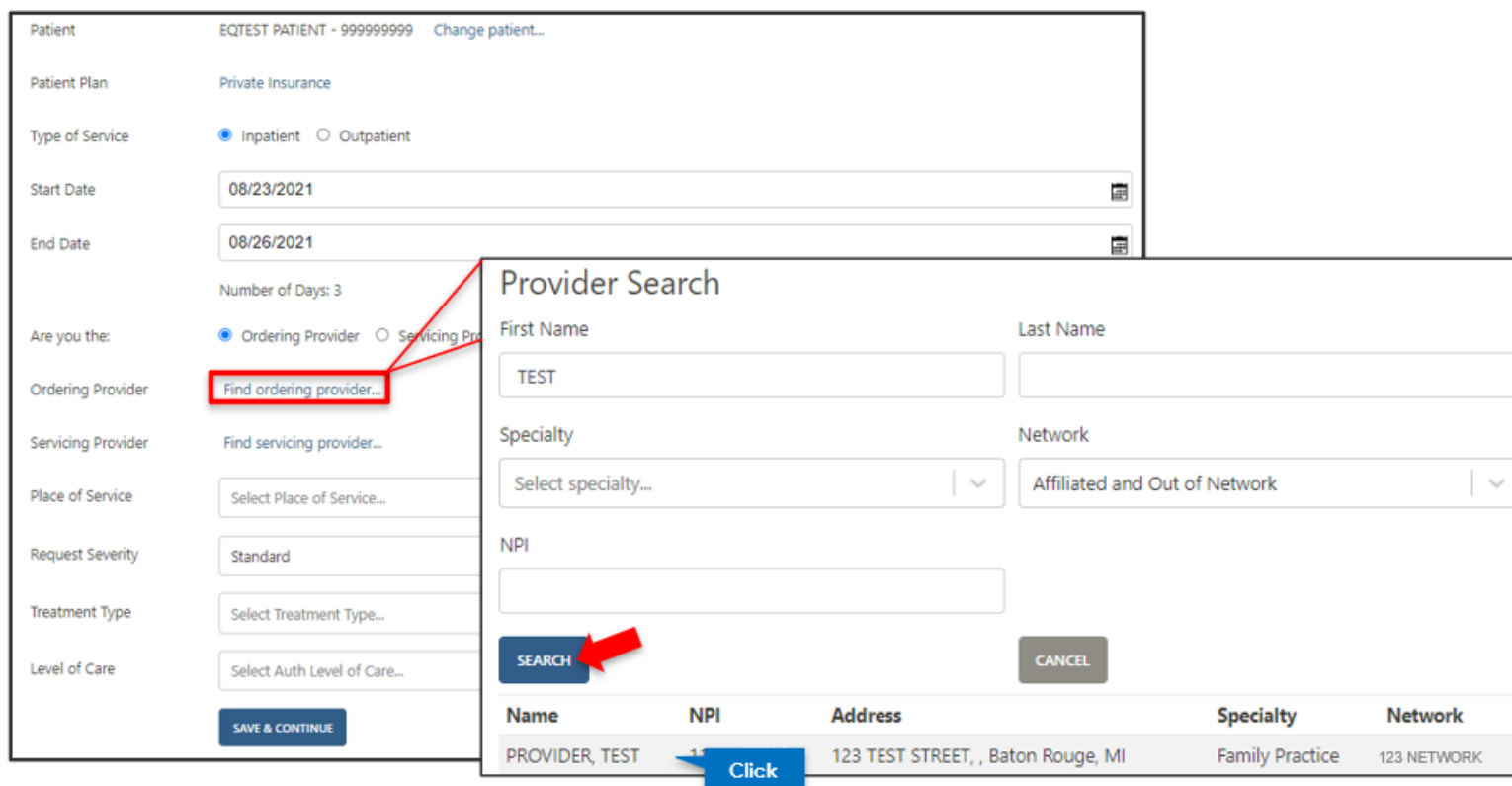
Level of Care: Select Auth Level of Care...

SAVE & CONTINUE **RESET**

Select the **Provider Type**; this helps to narrow down the search results. Users can begin searching for providers after provider type is selected.

- Ordering Ordering the requested service
- Servicing Providing the requested service
- Both Ordering and providing the requested service

Add the Ordering Provider to this request by clicking **Find Ordering Provider**. Use any combination of search parameters and click **Search**. ****If you are the ordering provider, only the providers associated with your Tax ID number will display.****



Provider Search

First Name: TEST Last Name:

Specialty: Select specialty... Network: Affiliated and Out of Network

NPI:

SEARCH CANCEL

Name	NPI	Address	Specialty	Network
PROVIDER, TEST	15	123 TEST STREET, , Baton Rouge, MI	Family Practice	123 NETWORK

Click

Add the Servicing Provider to this request by clicking **Find Servicing Provider**. Use any combination of search parameters and click **Search**. ****If you are the servicing provider, only the providers associated with your Tax ID number will display.****

Patient: EQTEST PATIENT - 999999999 [Change patient...](#)

Patient Plan: Private Insurance

Type of Service: Inpatient Outpatient

Start Date: 08/23/2021

End Date: 08/26/2021

Number of Days: 3

Are you the: Ordering Provider Servicing Provider Both

Ordering Provider: TEST PROVIDER 999999999 123 TEST STREET Baton Rouge MI 70809 [Change ordering provider...](#)

Servicing Provider: Find servicing provider...

Place of Service:

Request Severity:

Treatment Type:

Level of Care:

Servicing Provider Search

Name: Provider ID:

NPI: TIN:

City: ZIP:

Specialty: Network:

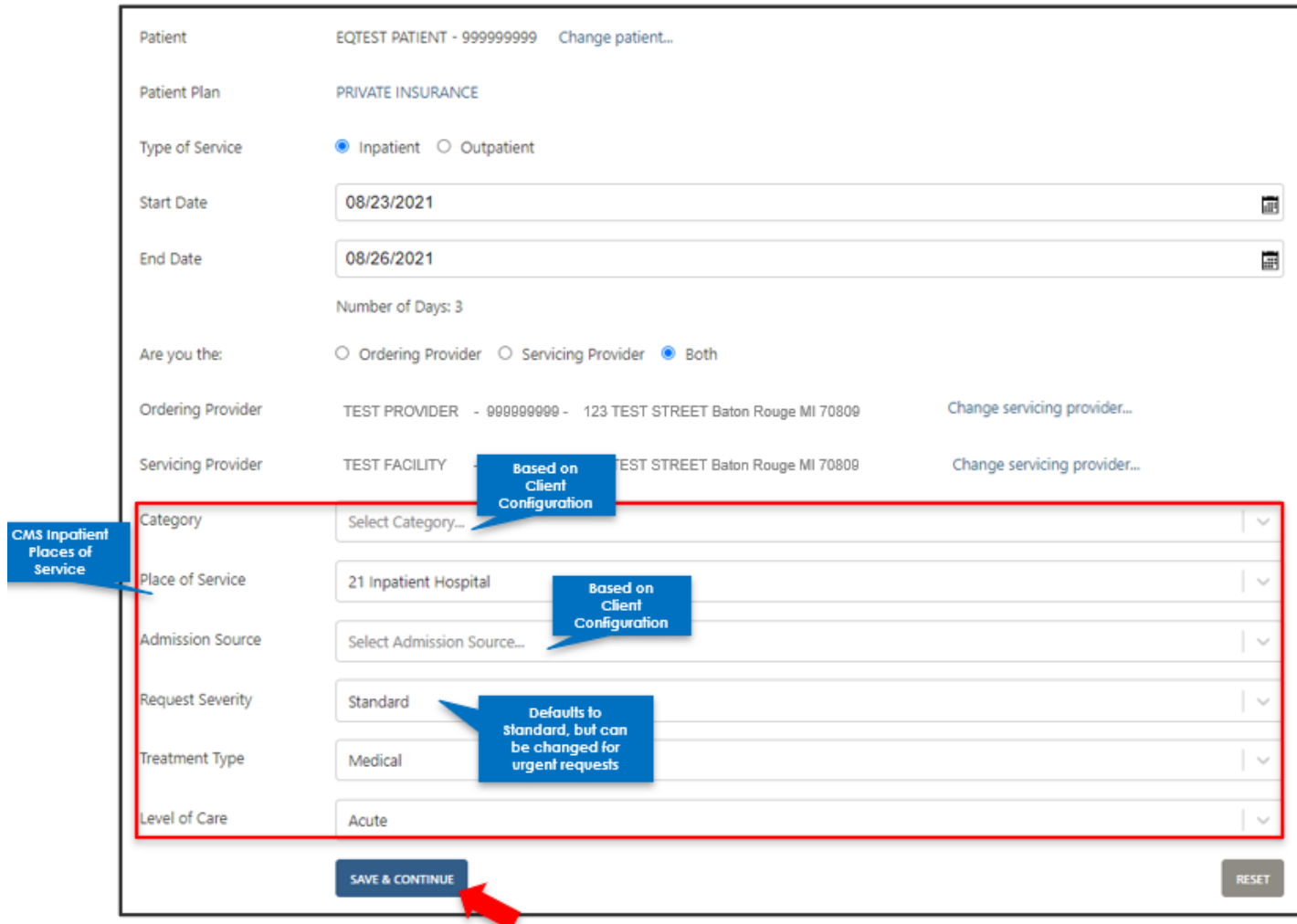
Results











Facility Name	Address	City	Zip	Specialty	Network
Test Facility	123 TEST STREET Baton Rouge, LA 70844	Baton Rouge	70844	Hospital-General	123 NETWORK

Search for different Provider

Click

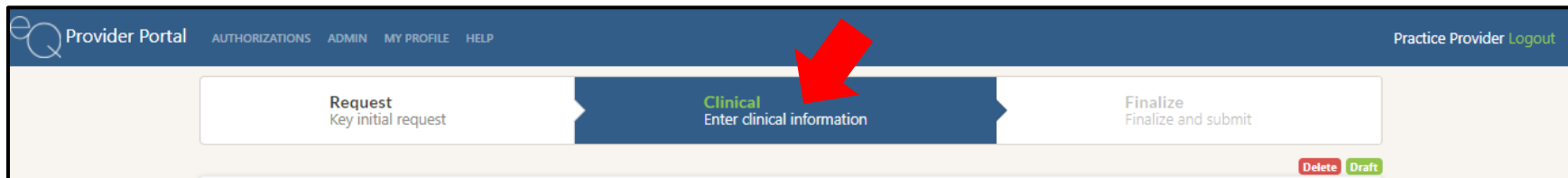
Select a Category, Place of Service, Admission Source, Request Severity, Treatment Type, and Level of Care.*
Once all information on this page has been completed, click **Save & Continue** in the bottom left corner.



Patient: EQTEST PATIENT - 999999999 [Change patient...](#)
 Patient Plan: PRIVATE INSURANCE
 Type of Service: Inpatient Outpatient
 Start Date: 08/23/2021 
 End Date: 08/26/2021 
 Number of Days: 3
 Are you the: Ordering Provider Servicing Provider Both
 Ordering Provider: TEST PROVIDER - 999999999 - 123 TEST STREET Baton Rouge MI 70809 [Change servicing provider...](#)
 Servicing Provider: TEST FACILITY - 999999999 - 123 TEST STREET Baton Rouge MI 70809 [Change servicing provider...](#)
 Category: Select Category...  *Based on Client Configuration*
 Place of Service: 21 Inpatient Hospital  *Based on Client Configuration*
 Admission Source: Select Admission Source...  *Based on Client Configuration*
 Request Severity: Standard  *Defaults to Standard, but can be changed for urgent requests*
 Treatment Type: Medical 
 Level of Care: Acute 
SAVE & CONTINUE  

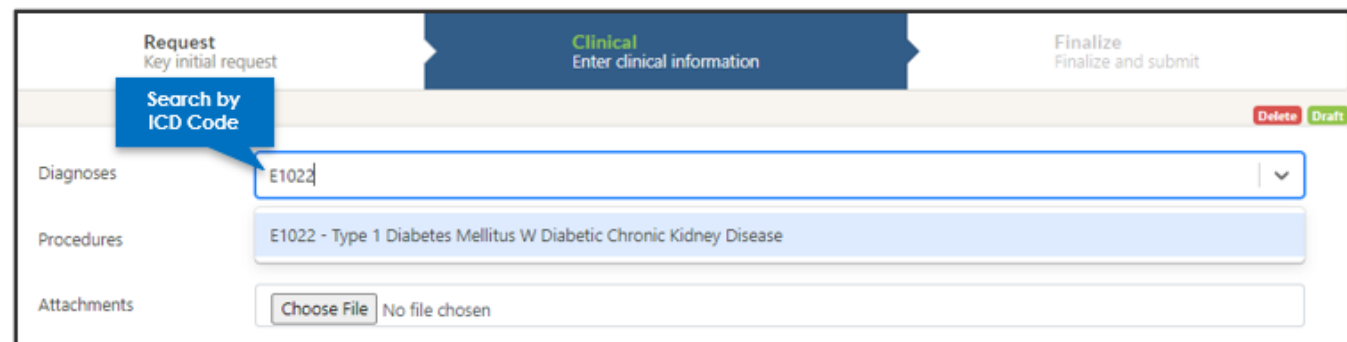
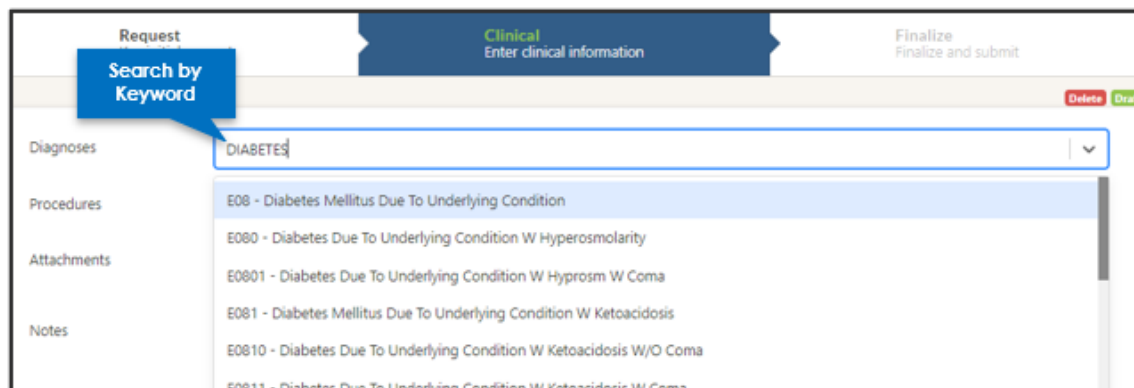
**Options can vary based on Client Configuration*

Diagnoses, Procedures, Revenue Codes, notes, and attachments can be entered in the Clinical section, which is now open and highlighted at the top of the page.

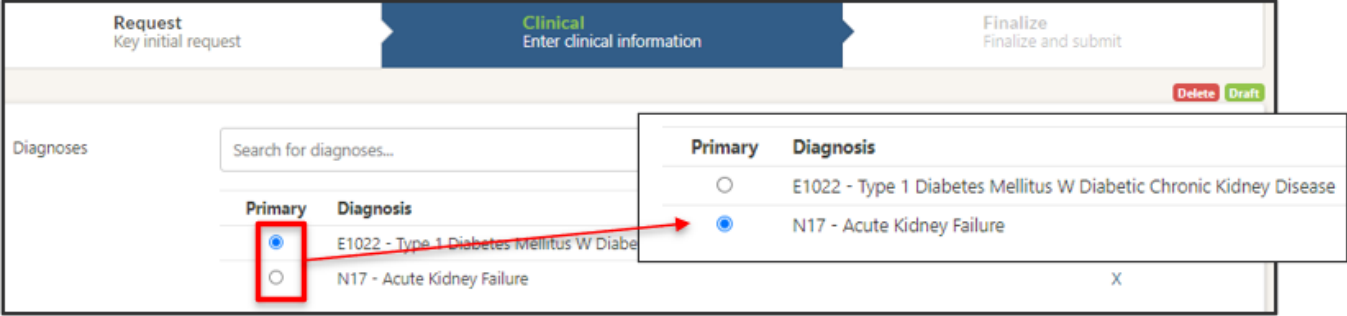


- **ENTER DIAGNOSIS**

Diagnoses can be entered either by keyword search or by ICD code (without the decimal).



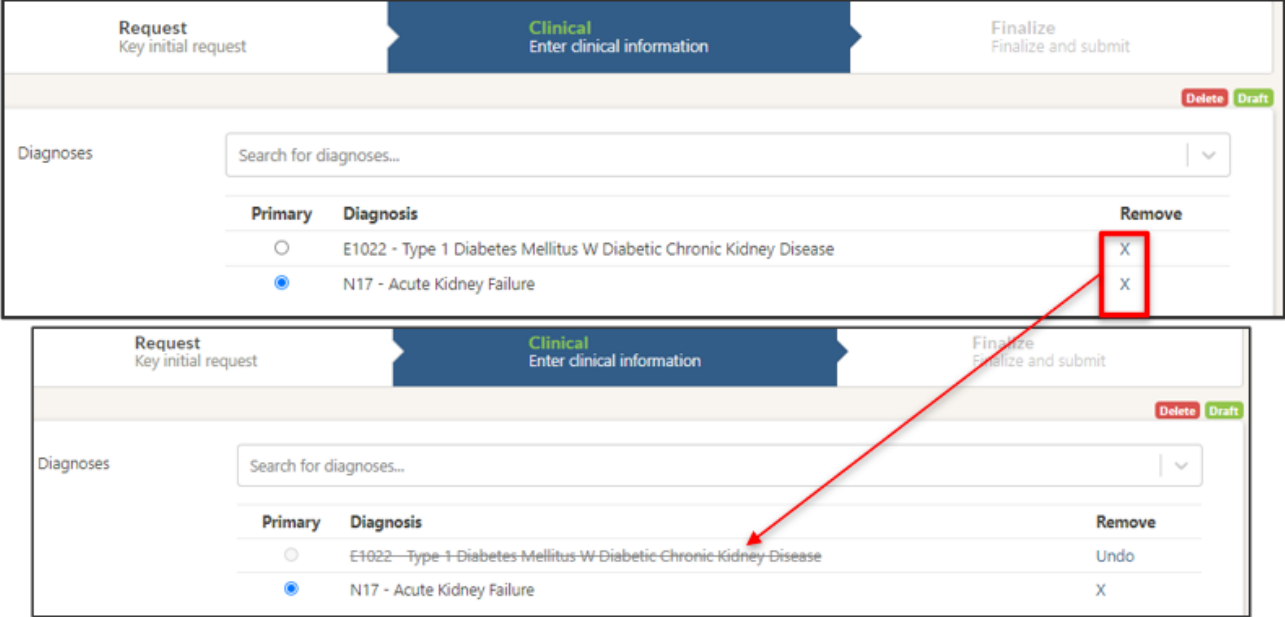
The initial diagnosis entered is, by default, the primary diagnosis; indicate a different diagnosis as primary by clicking the **radio button** under the **Primary** column.



Primary	Diagnosis
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease
<input checked="" type="radio"/>	N17 - Acute Kidney Failure

- **REMOVE DIAGNOSIS**

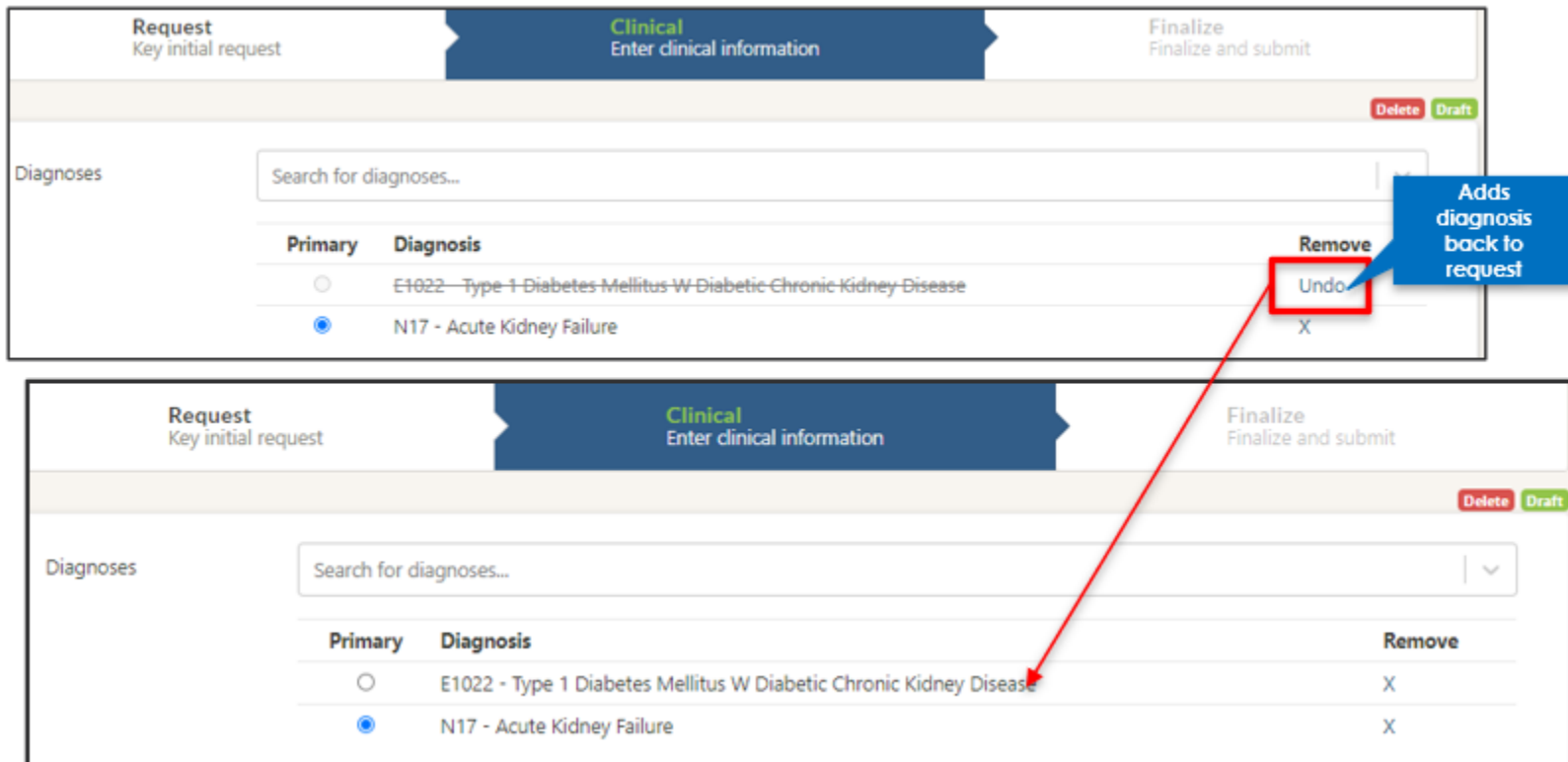
Clicking the **X** to the right of a diagnosis inserts a “strikethrough” over the diagnosis.



Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	X
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

While under the Clinical tab, a removed diagnosis can be added back to the request by clicking **Undo**. However, once information on this section has been saved and the Finalize tab is open, users will need to manually add the diagnosis back if needed.



The image shows two screenshots of a clinical request interface. The top screenshot shows the 'Clinical' tab selected, with a table of diagnoses. The first row, 'E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease', has a red box around the 'Undo' button in the 'Remove' column. A blue callout box points to it with the text 'Adds diagnosis back to request'. The bottom screenshot shows the same interface, but the 'Undo' button is no longer visible, and the 'E1022' diagnosis is now listed with an 'X' in the 'Remove' column.

Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	X
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

- **ENTER INPATIENT PROCEDURE/REVENUE CODE**

Add procedures and/or revenue codes either by keyword search or by the procedure code.

Diagnoses

Primary	Diagnosis	Remove
<input type="radio"/>	E1022—Type 1 Diabetes Mellitus W-Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

Procedures

Attachments
0088U - Microarray gene expression profiling of 1494 genes in allograft kidney transplant biopsy tissue, algorithm reported as a probability score for rejection

Notes
0105U - Multiplex electrochemiluminescent immunoassay of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) in fresh plasma, ombined with longitudinal clinical data, including APOL1 genotype, algorithm reported as probability score for rapid kidney function decline
0367 - Transplant - Kidney

OT13 - URINARY SYSTEM
OT130 - URINARY SYSTEM
OT1307 - BYPASS, RIGHT
OT13072 - Bypass, Right

SAVE & CONTINUE

**Search by
Keyword**

Diagnoses

Primary	Diagnosis	Remove
<input type="radio"/>	E1022—Type 1 Diabetes Mellitus W-Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

Procedures

Attachments
90935 - Hemodialysis procedure with single physician evaluation

**Search by
Procedure/
Revenue
Code**

The initial procedure/revenue code entered is, by default, primary; indicate a different procedure/revenue code as primary by clicking the **radio button** under the **Primary** column.



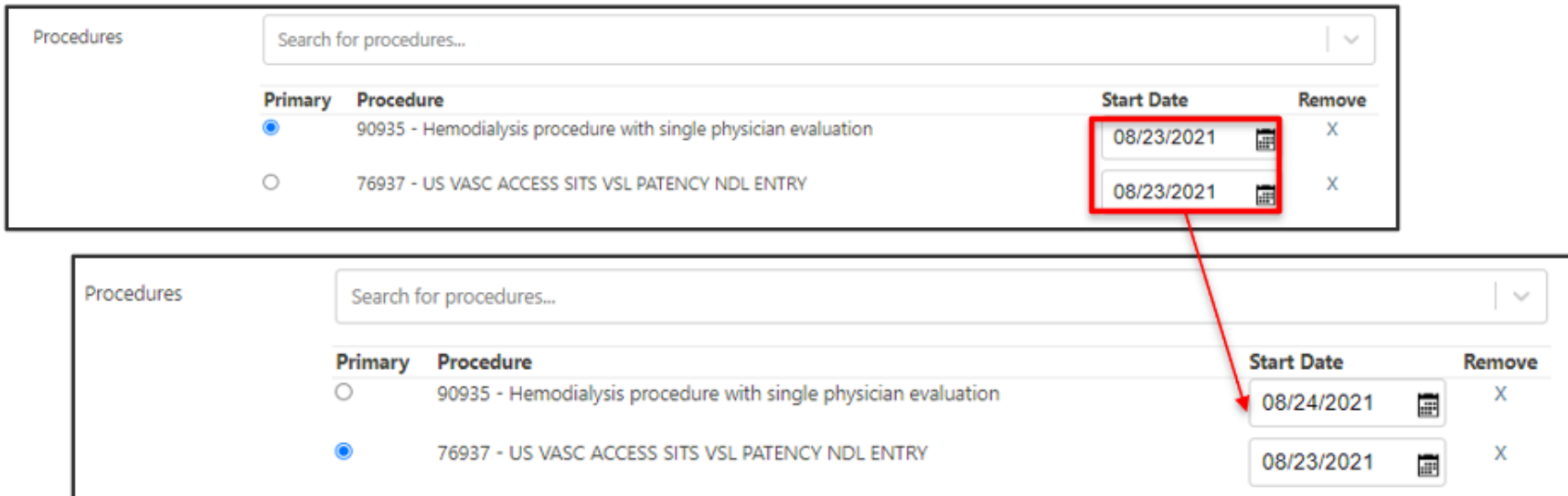
The top screenshot shows a table with the following data:

Primary	Procedure	Start Date	Remove
<input checked="" type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/23/2021	X
<input type="radio"/>	76937 - U		

The bottom screenshot shows the same table after selecting procedure 76937 as primary:

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/23/2021	X
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021	X

Inpatient procedures and revenue codes default to the date of admission entered on the previous page, but can be changed to a different date.



The top screenshot shows a table with the following data:

Primary	Procedure	Start Date	Remove
<input checked="" type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/23/2021	X
<input type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021	X

The bottom screenshot shows the same table after changing the start date for procedure 90935 to 08/24/2021:



Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/24/2021	X
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021	X

- **REMOVE PROCEDURE/REVENUE CODE**

Clicking the **X** to the right of a procedure or revenue code inserts a “strikethrough.”


Procedures

Search for procedures... | v

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/24/2021 	X
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021 	X

Procedures


Search for procedures... | v

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/24/2021	Undo
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021 	X

While under the Clinical tab, a removed procedure/revenue code can be added back to the request by clicking **Undo**. However, once information on this section has been saved and the Finalize tab is open, users will need to manually add the procedure/revenue code back if needed.

Procedures

Search for procedures... | v

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/24/2021	Undo
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021 	X

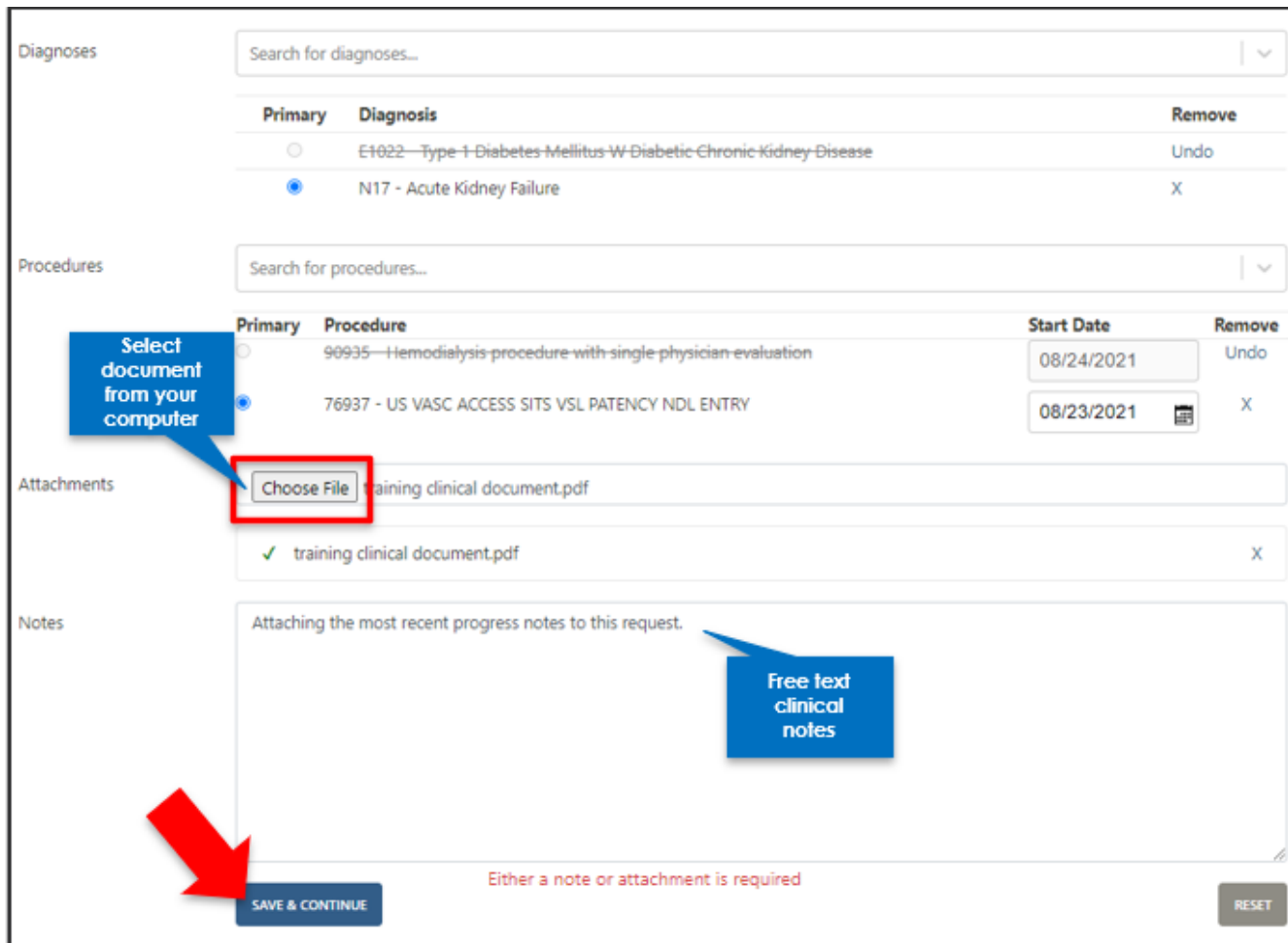
Procedures

Search for procedures... | v

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935 - Hemodialysis procedure with single physician evaluation	08/24/2021 	X
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021 	X

- **UPLOAD ATTACHMENTS AND ENTER NOTES**

Upload a document from your computer by clicking **Choose File**, and/or enter a free text note in the Notes section. Then click **Save & Continue**.




Diagnoses

Search for diagnoses... | v

Primary	Diagnosis	Remove
<input type="radio"/>	E1022—Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	N17 - Acute Kidney Failure	X

Procedures

Search for procedures... | v

Primary	Procedure	Start Date	Remove
<input type="radio"/>	90935—Hemodialysis procedure with single physician evaluation	08/24/2021	Undo
<input checked="" type="radio"/>	76937 - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	08/23/2021 	X

Attachments

Choose File training clinical document.pdf

✓ training clinical document.pdf X

Notes

Attaching the most recent progress notes to this request.

Free text clinical notes

Either a note or attachment is required

SAVE & CONTINUE **RESET**

* Either an attachment or a note is required to submit a request. *

- **SUBMIT REQUEST**

Once on the Finalize tab, review the summary page for accuracy and then click the **Submit** button in the bottom left corner to submit this request to reviewers.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

THIS IS
STILL A
DRAFT

Delete Draft

Finalize PRINT

DEMOGRAPHICS

Member Name	PATIENT, EQTEST
Member Number	999999999
Date of Birth	05/05/1985

INPATIENT REQUEST

Requesting Provider	TEST PROVIDER Family Practice
Servicing Provider	
Place of Service	
Requested Dates	
Level of Care	Acute

Review page for
accuracy
before
submitting

DIAGNOSES

N17	Acute Kidney Failure(Primary Diagnosis)
------------	---

REQUESTED PROCEDURES

76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY (Primary Procedure) <small>Begin Date: 08/23/2021</small>
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NOTES


08/25/2021
Attaching the most recent progress notes to this request.

ATTACHMENTS

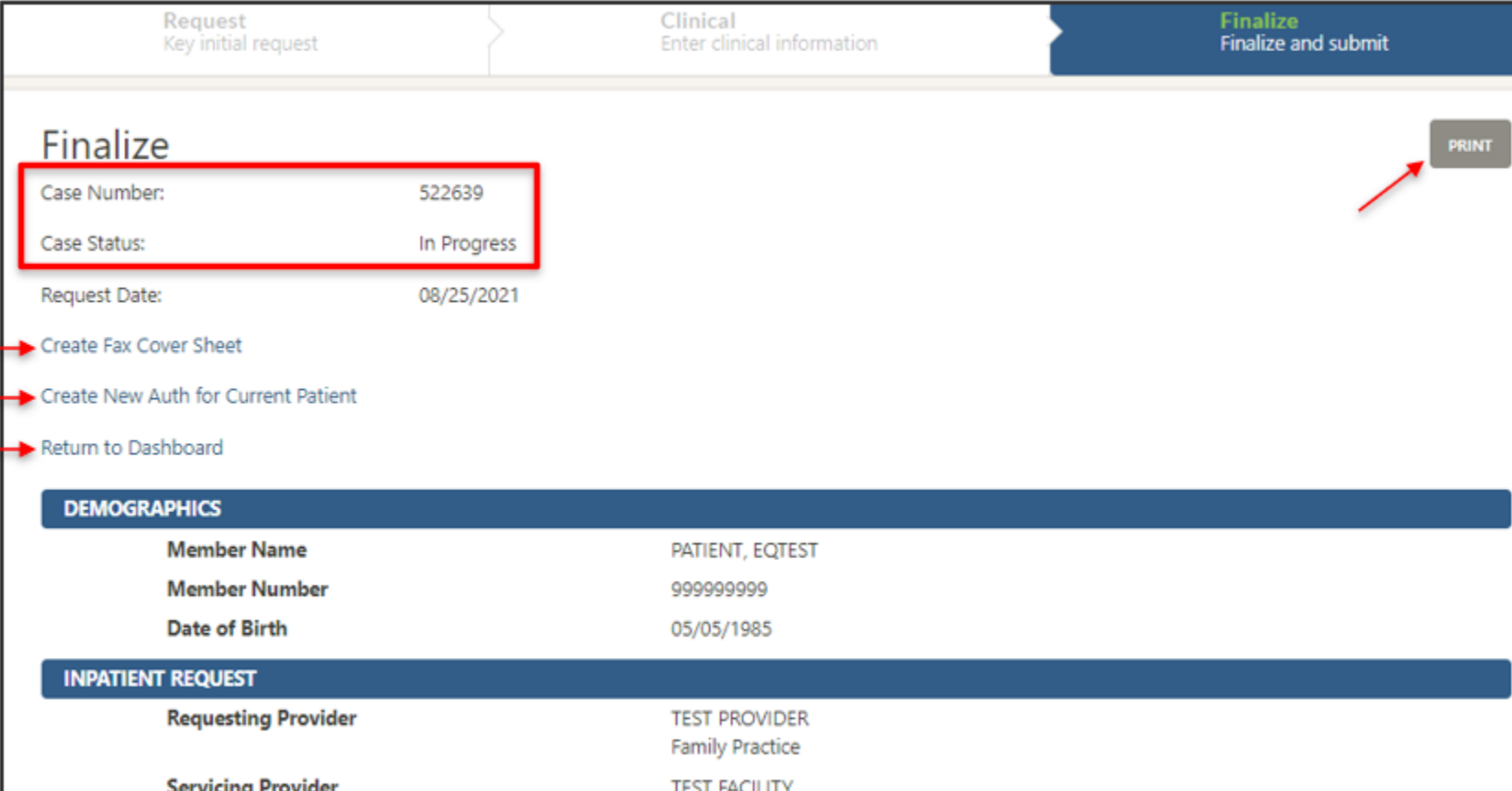
✓ training clinical document.pdf

Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT



Once submitted, an authorization request will have a case number and the status will be “In Progress.”

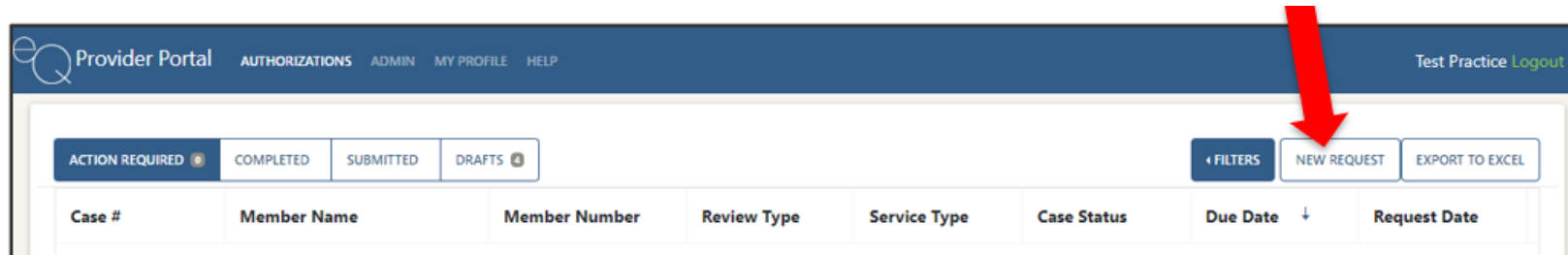


Request	Clinical	Finalize
Key initial request	Enter clinical information	Finalize and submit
Finalize		
Case Number:	522639	PRINT
Case Status:	In Progress	
Request Date:	08/25/2021	
Create Fax Cover Sheet		
Create New Auth for Current Patient		
Return to Dashboard		
DEMOGRAPHICS		
Member Name	PATIENT, EQTEST	
Member Number	999999999	
Date of Birth	05/05/1985	
INPATIENT REQUEST		
Requesting Provider	TEST PROVIDER Family Practice	
Servicing Provider	TEST FACILITY	

This summary page allows users to create a custom fax cover sheet, start a new authorization on the same patient (i.e. an outpatient therapy service in anticipation of hospital discharge), print the summary page, or return to the main authorizations dashboard.

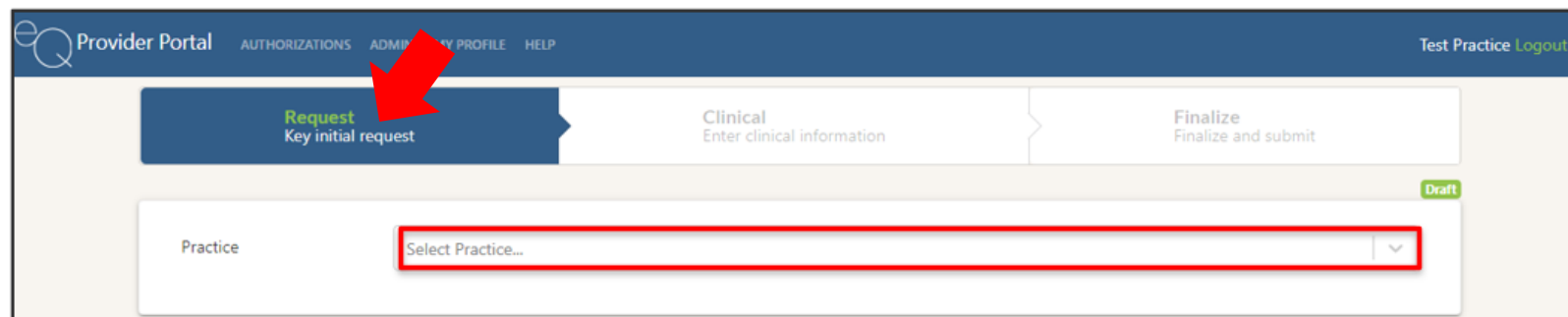
START A NEW REQUEST - OUTPATIENT

New requests are entered by clicking **New Request** in the top right corner of the Authorizations Dashboard.



There are three (3) tabs at the top: Request, Clinical, and Finalize. The Request tab opens by default; once required information for this section is complete, the Clinical tab will open.

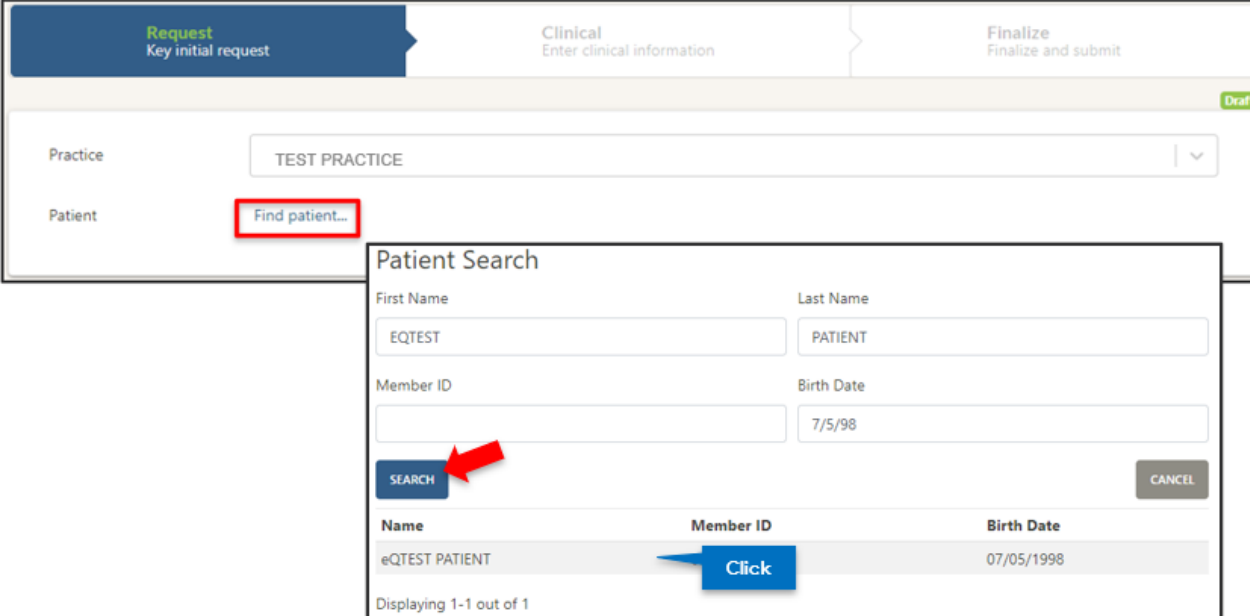
The Request tab is now open. Before searching for patients, users associated with multiple practices will need to select the correct practice from the dropdown list.



Attach a patient account to this authorization request by clicking **Find Patient**, then use the available search fields to locate the correct patient. Click **Search** to view a list of patients meeting the search criteria.

Patient search requirements are either:

- Birth Date + First Name + Last Name
- Birth Date + Member ID



The screenshot shows a web interface for creating an authorization request. It is divided into three main sections: **Request** (Key initial request), **Clinical** (Enter clinical information), and **Finalize** (Finalize and submit). A **Draft** status indicator is visible in the top right.

In the **Request** section, there is a **Practice** dropdown menu set to **TEST PRACTICE** and a **Patient** field with a **Find patient...** button highlighted by a red box.

A **Patient Search** modal window is open, containing the following fields:

- First Name**: EQTEST
- Last Name**: PATIENT
- Member ID**: (empty)
- Birth Date**: 7/5/98

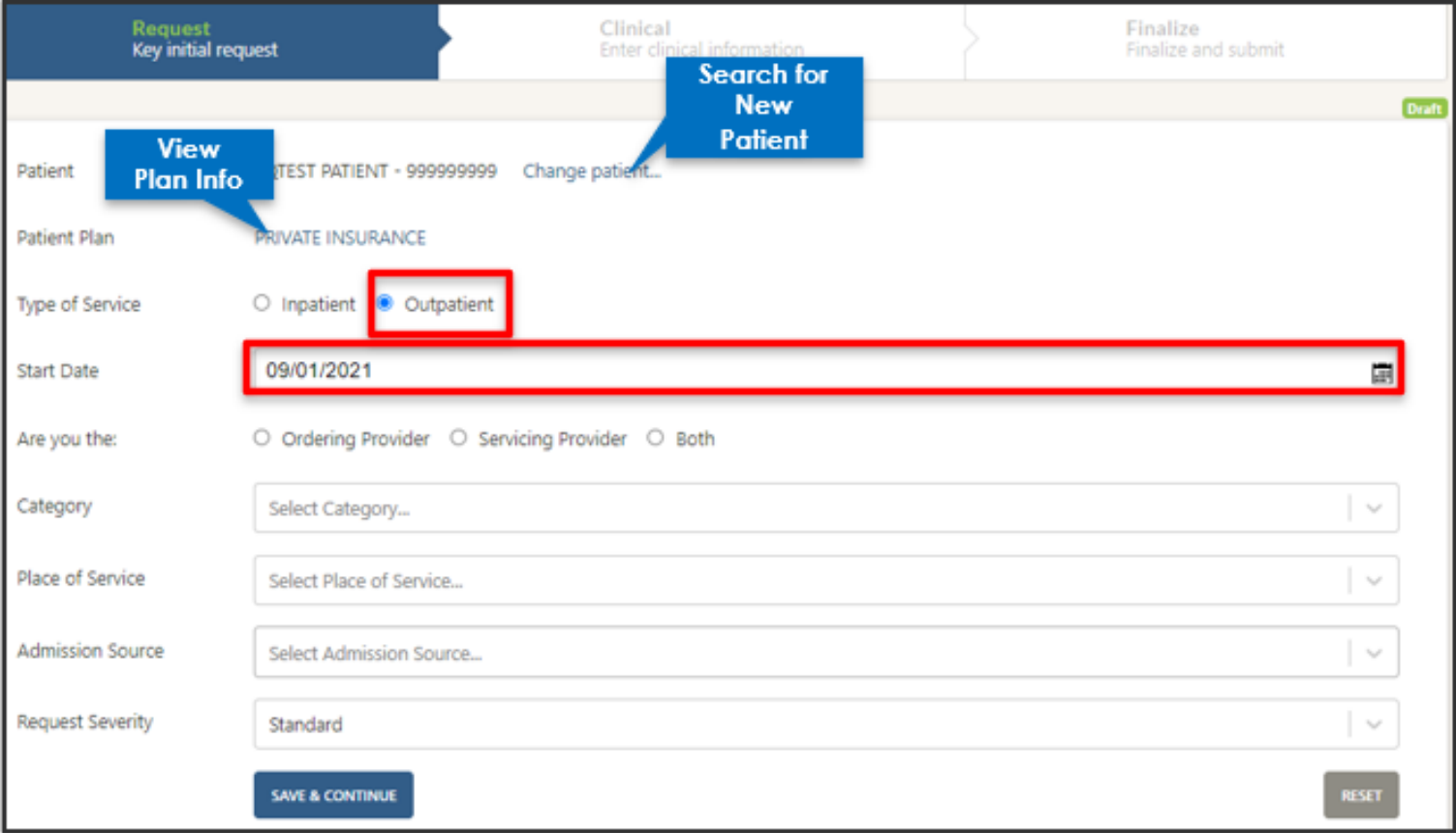
At the bottom of the modal, there is a **SEARCH** button (highlighted with a red arrow) and a **CANCEL** button.

Below the search fields is a table with the following data:

Name	Member ID	Birth Date
eQTEST PATIENT		07/05/1998

A blue **Click** button is positioned over the **Member ID** column of the table. At the bottom left of the modal, it says "Displaying 1-1 out of 1".

Select the service type as **Outpatient** and enter the **start date**. Only a starting date is required in the initial request section for outpatient services; units, frequency, and duration are entered under the Clinical tab.



Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

View Plan Info

Search for New Patient

Patient TEST PATIENT - 999999999 Change patient...

Patient Plan PRIVATE INSURANCE

Type of Service Inpatient Outpatient

Start Date 09/01/2021

Are you the: Ordering Provider Servicing Provider Both

Category Select Category...

Place of Service Select Place of Service...

Admission Source Select Admission Source...

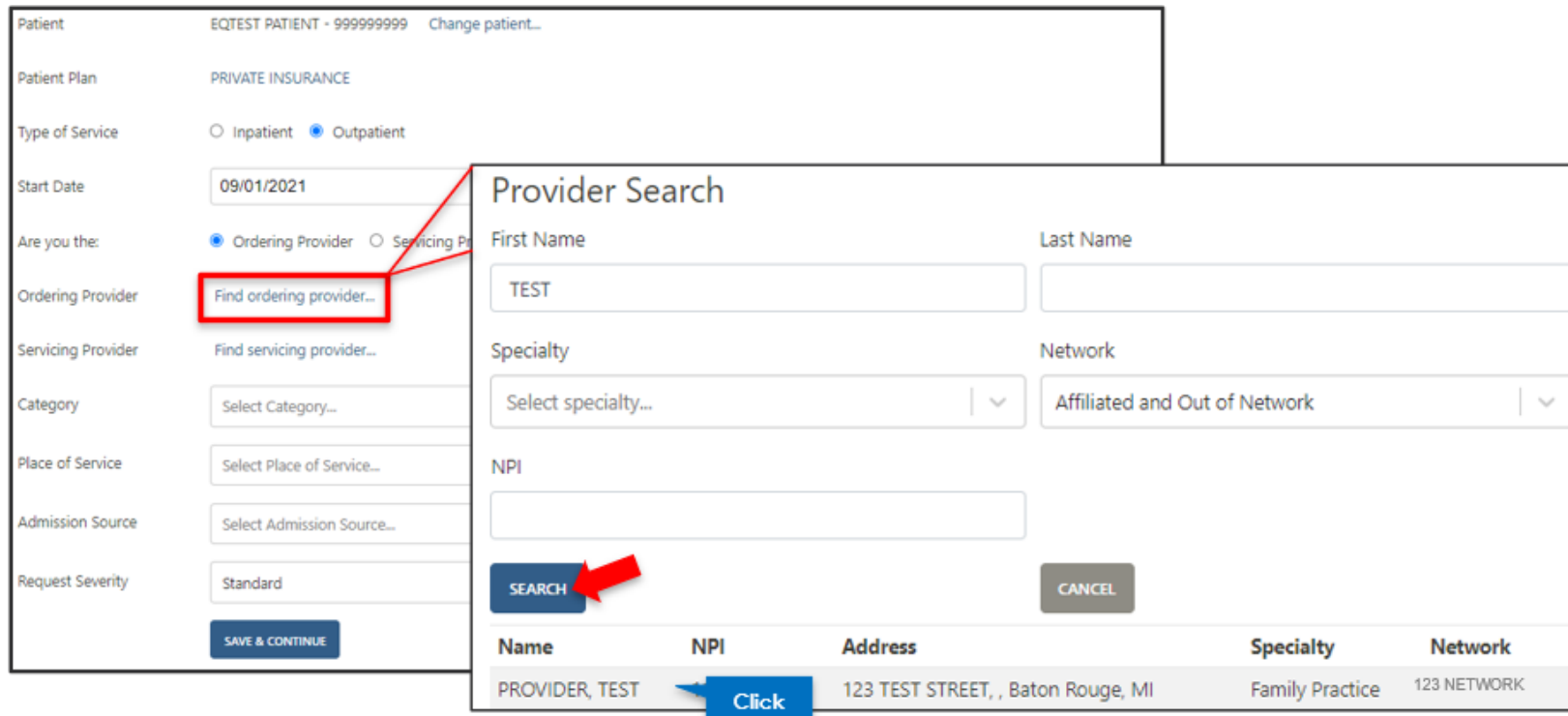
Request Severity Standard

SAVE & CONTINUE RESET

Select the **Provider Type**; this helps to narrow down the search results. Users can begin searching for providers after provider type is selected.

- Ordering Ordering the requested service
- Servicing Providing the requested service
- Both Ordering and providing the requested service

Add the Ordering Provider to this request by clicking **Find Ordering Provider**. Use any combination of search parameters and click **Search**. ****If you are the ordering provider, only the providers associated with your Tax ID number will display.****



The screenshot shows a 'Provider Search' modal window. On the left, there are search filters including Patient, Patient Plan, Type of Service, Start Date, and 'Are you the: Ordering Provider' (selected). The 'Ordering Provider' field contains 'Find ordering provider...' which is highlighted with a red box. A red arrow points to the 'SEARCH' button. Below the search form is a table with one row of results for 'PROVIDER, TEST'.

Name	NPI	Address	Specialty	Network
PROVIDER, TEST		123 TEST STREET, , Baton Rouge, MI	Family Practice	123 NETWORK

Add the Servicing Provider to this request by clicking **Find Servicing Provider**. Use any combination of search parameters and click **Search**. ****If you are the servicing provider, only the providers associated with your Tax ID number will display.****

Practice: TEST PRACTICE

Patient: EQTEST PATIENT - 999999999 [Change patient...](#)

Patient Plan: Private Insurance

Type of Service: Inpatient Outpatient

Start Date: 09/01/2021

Are you the: Ordering Provider Servicing Provider Both

Ordering Provider: TEST PROVIDER 999999999 23 TEST STREET Baton Rouge MI 70809 [Change ordering provider...](#)

Servicing Provider: Find servicing provider...

Place of Service: Select Place of Service

Request Severity: Standard

[SAVE & CONTINUE](#)

Servicing Provider Search

Name: test fac Provider ID:

NPI: TIN:

City: ZIP:

Specialty: Hospital-General-A0 Network: Affiliated and Out of Network

[SEARCH](#) [CANCEL](#)

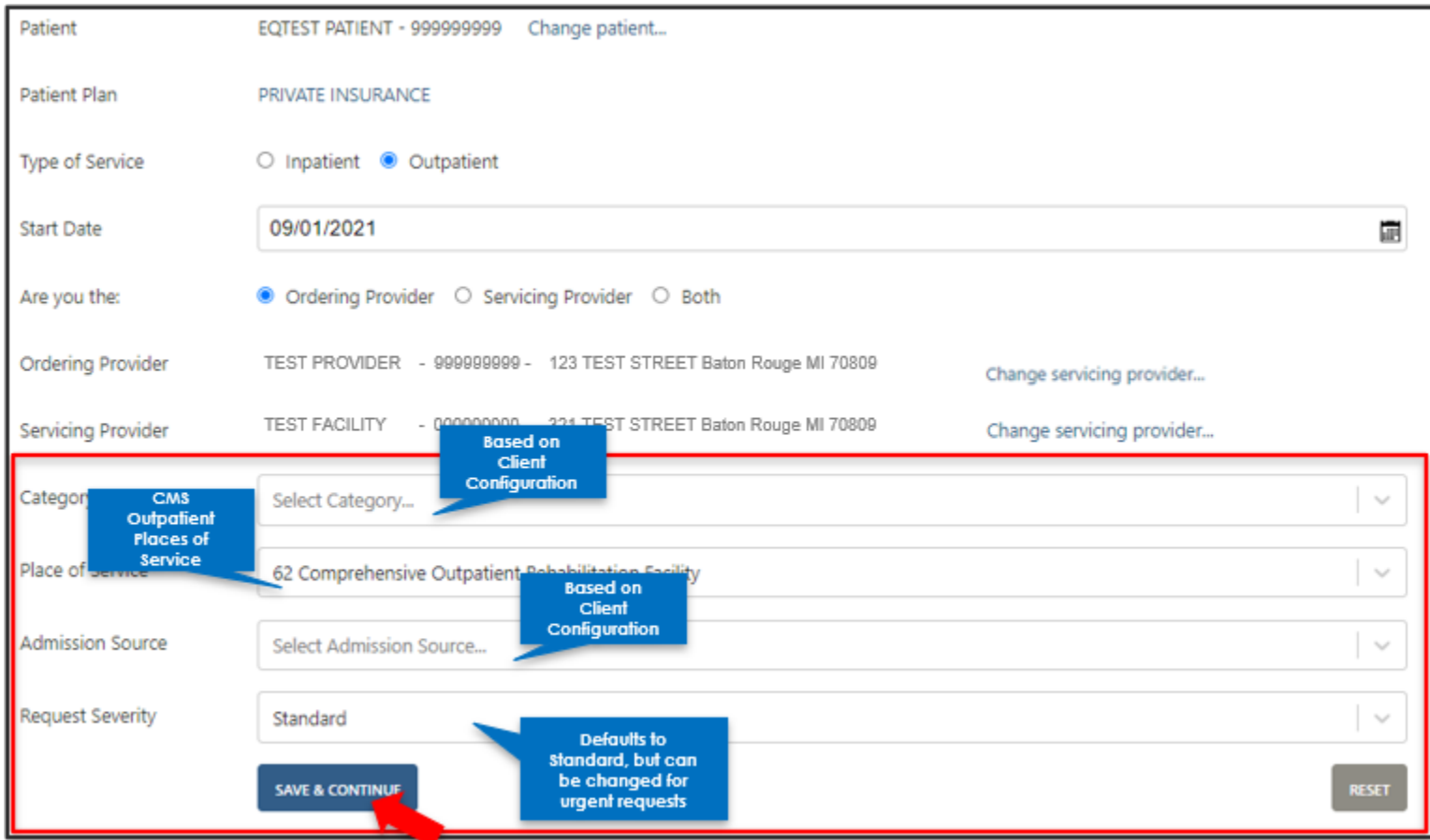
Results

Facility Name	Address	City	Zip	Specialty	Network
Test Facility	123 TEST STREET Baton Rouge	Baton Rouge	70844	Hospital-General	

Search for different Provider

Click

Select a Category, Place of Service, Admission Source, and Request Severity.* Once all information on this page has been completed, click **Save & Continue** in the bottom left corner.



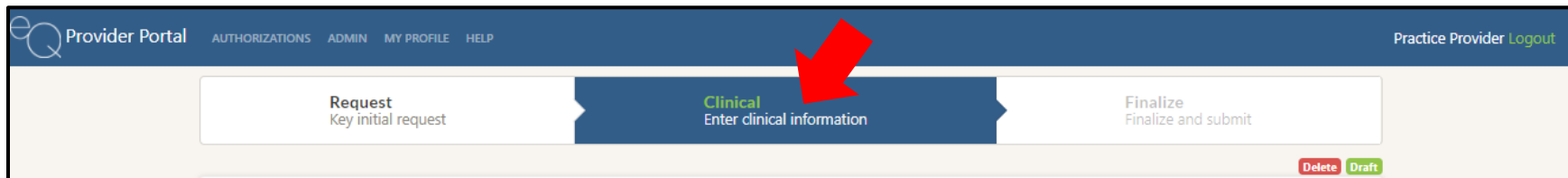
The screenshot shows a form with the following fields and callouts:

- Patient:** EQTEST PATIENT - 999999999 [Change patient...](#)
- Patient Plan:** PRIVATE INSURANCE
- Type of Service:** Inpatient Outpatient
- Start Date:** 09/01/2021
- Are you the:** Ordering Provider Servicing Provider Both
- Ordering Provider:** TEST PROVIDER - 999999999 - 123 TEST STREET Baton Rouge MI 70809 [Change servicing provider...](#)
- Servicing Provider:** TEST FACILITY - 000000000 - 221 TEST STREET Baton Rouge MI 70809 [Change servicing provider...](#)
- Category:** Select Category... (Callout: CMS Outpatient Places of Service, Based on Client Configuration)
- Place of Service:** 62 Comprehensive Outpatient Rehabilitation Facility (Callout: Based on Client Configuration)
- Admission Source:** Select Admission Source... (Callout: Based on Client Configuration)
- Request Severity:** Standard (Callout: Defaults to Standard, but can be changed for urgent requests)
- Buttons:** SAVE & CONTINUE (highlighted with a red arrow), RESET

A red box highlights the Category, Place of Service, Admission Source, Request Severity, and the SAVE & CONTINUE button.

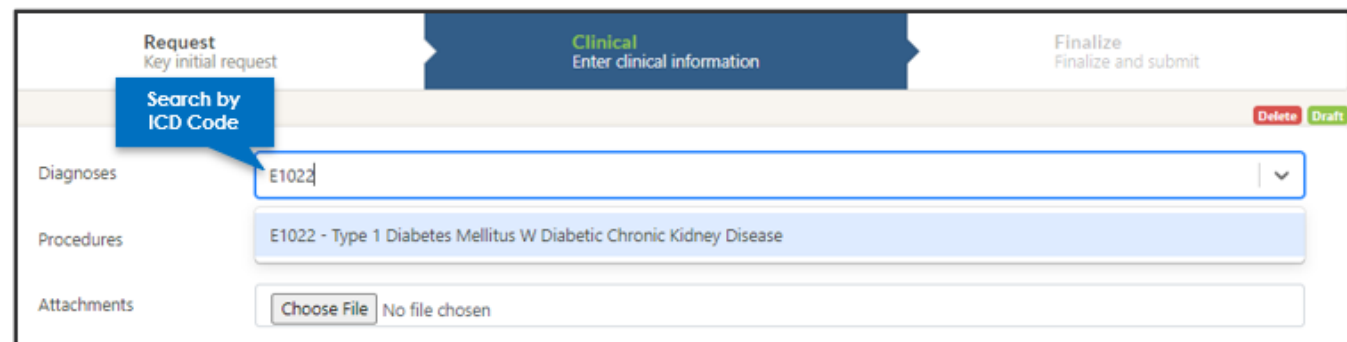
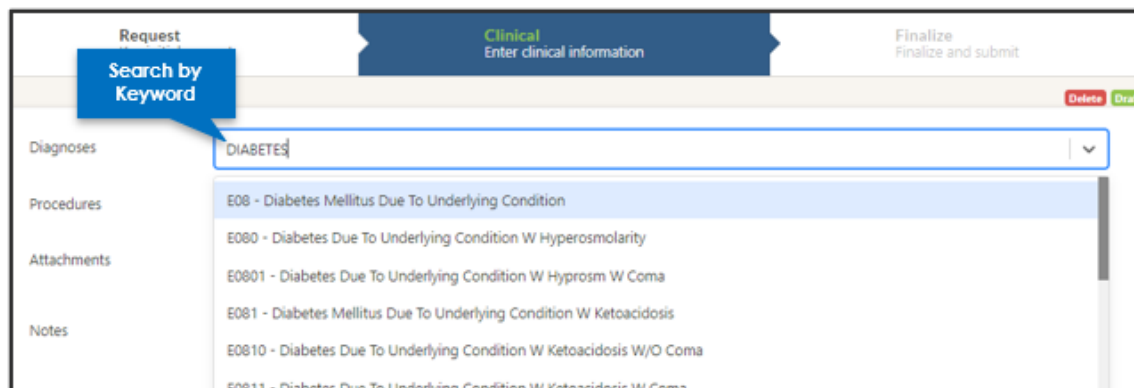
*Options can vary based on Client Configuration

Diagnoses, Procedures, Revenue Codes, notes, and attachments can be entered in the Clinical section, which is now open and highlighted at the top of the page.

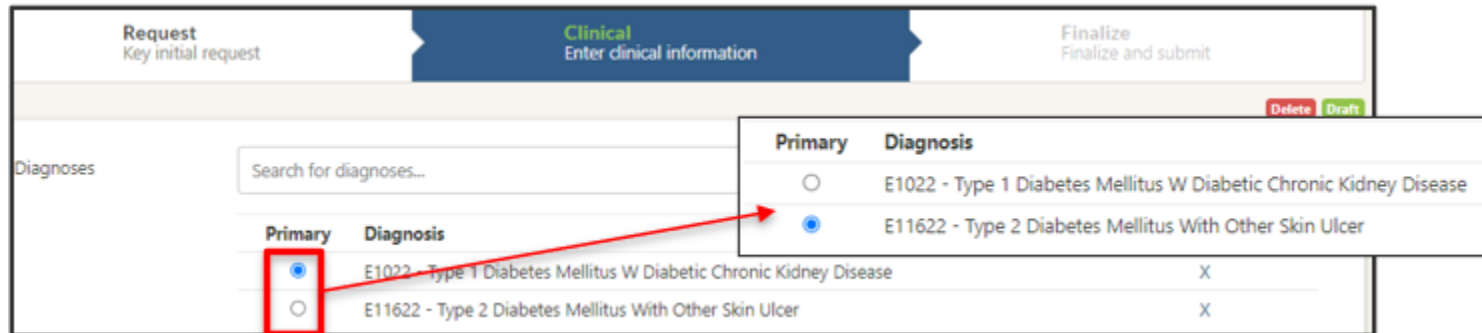


- **ENTER DIAGNOSIS**

Diagnoses can be entered either by keyword search or by ICD code (without the decimal).



The initial diagnosis entered is, by default, the primary diagnosis; indicate a different diagnosis as primary by clicking the **radio button** under the **Primary** column.



Primary	Diagnosis	
<input checked="" type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	X
<input type="radio"/>	E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer	X

- **REMOVE DIAGNOSIS**

Clicking the **X** to the right of a diagnosis inserts a “strikethrough” over the diagnosis.



Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer	X

While under the Clinical tab, a removed diagnosis can be added back to the request by clicking **Undo**. However, once information on this section has been saved and the Finalize tab is open, users will need to manually add the diagnosis back if needed.

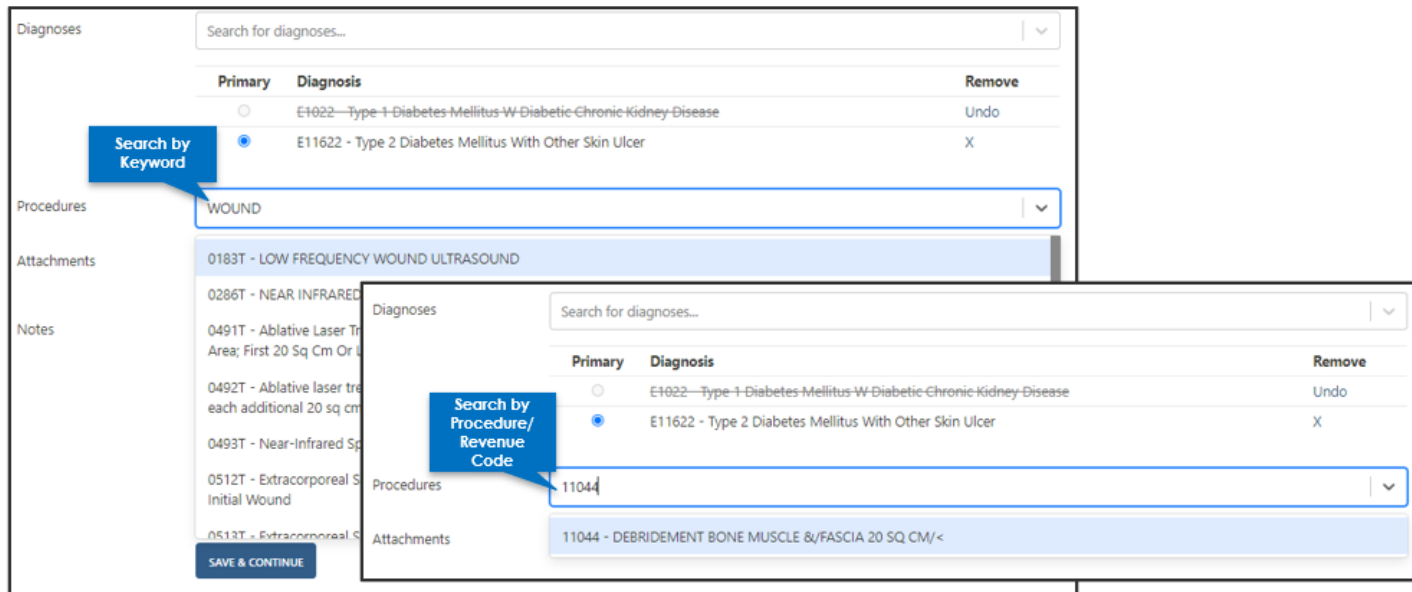


The screenshot shows the 'Clinical' tab of a medical software interface. The interface has three tabs: 'Request' (Key initial request), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Clinical' tab is active. Below the tabs is a search bar labeled 'Search for diagnoses...'. Below the search bar is a table of diagnoses. The table has columns for 'Primary', 'Diagnosis', and 'Remove'. The first row has a radio button, the text 'E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease', and an 'X' in the 'Remove' column. The second row has a selected radio button, the text 'E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer', and an 'X' in the 'Remove' column. A red box highlights the 'Undo' button in the 'Remove' column of the first row. A blue callout box with the text 'Adds diagnosis back to request' points to the 'Undo' button. A red arrow points from the 'Undo' button to the first row of the expanded table below.

Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W Diabetic Chronic Kidney Disease	X
<input checked="" type="radio"/>	E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer	X

- **ENTER PROCEDURE/REVENUE CODE**

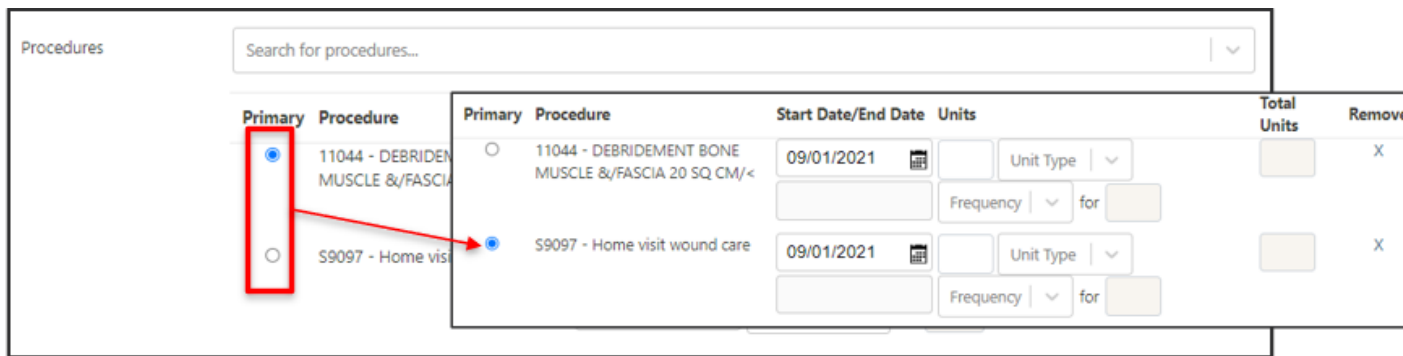
Add procedures and/or revenue codes either by keyword search or by the procedure code.



The image shows two screenshots of a software interface. The left screenshot shows a search for 'WOUND' in the 'Procedures' field, with a callout 'Search by Keyword'. The right screenshot shows a search for '1104' in the 'Procedures' field, with a callout 'Search by Procedure/Revenue Code'. Both screenshots show a table of diagnoses with columns for 'Primary', 'Diagnosis', and 'Remove'.

Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W/Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer	X

The initial procedure/revenue code entered is, by default, primary; indicate a different procedure/revenue code as primary by clicking the **radio button** under the **Primary** column.



The image shows a screenshot of the software interface with a table of procedures. A red box highlights the 'Primary' column, and a red arrow points to the radio button for the second row. The table has columns for 'Primary', 'Procedure', 'Start Date/End Date', 'Units', 'Total Units', and 'Remove'.

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input checked="" type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	09/01/2021	Unit Type Frequency for		X
<input type="radio"/>	S9097 - Home visit wound care	09/01/2021	Unit Type Frequency for		X

Enter the service starting date, number of units, unit type (units/visit/days), and frequency (total, per day, per week, per month, per year).

If selecting the frequency as “total,” manually enter the service end date.

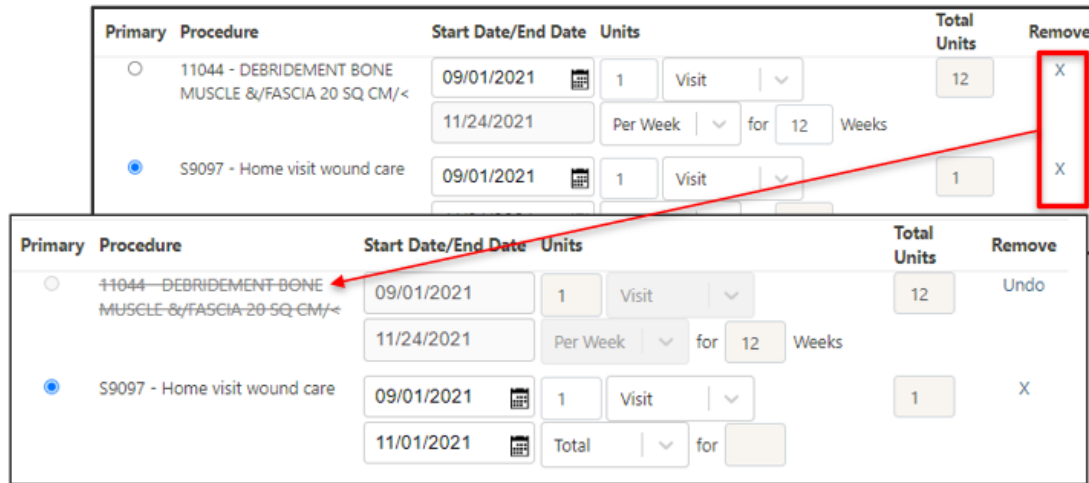
Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	09/01/2021	1 Visit v	12	X
		11/24/2021	Per Week v for 12 Weeks		
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021	1 Visit v	1	X
		Total v for			

If selecting the frequency as per day, per week, per month, or per year, enter the requested duration of the service and the system will automatically calculate the total number of units as well as the service end date.

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FA	09/01/2021	1 Visit v	12	X
		11/24/2021	Per Week v for 12 Weeks		
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021	1 Visit v	1	X
		Total v for			

- REMOVE PROCEDURE/REVENUE CODE

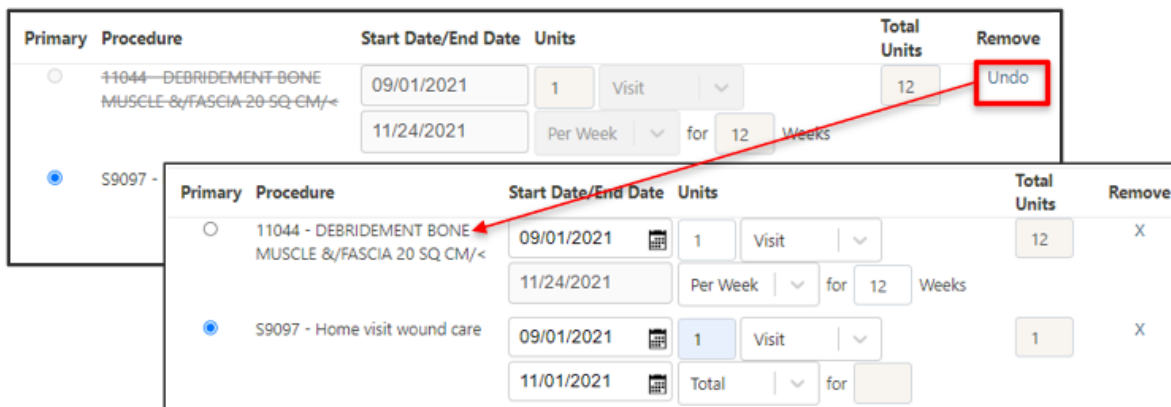
Clicking the **X** to the right of a procedure or revenue code inserts a “strikethrough.”



Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/←	09/01/2021 11/24/2021	1 Visit Per Week for 12 Weeks	12	X
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021	1 Visit	1	X

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/←	09/01/2021 11/24/2021	1 Visit Per Week for 12 Weeks	12	Undo
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021 11/01/2021	1 Visit Total for	1	X

While under the Clinical tab, a removed procedure/revenue code can be added back to the request by clicking **Undo**. However, once information on this section has been saved and the Finalize tab is open, users will need to manually add the procedure/revenue code back if needed.

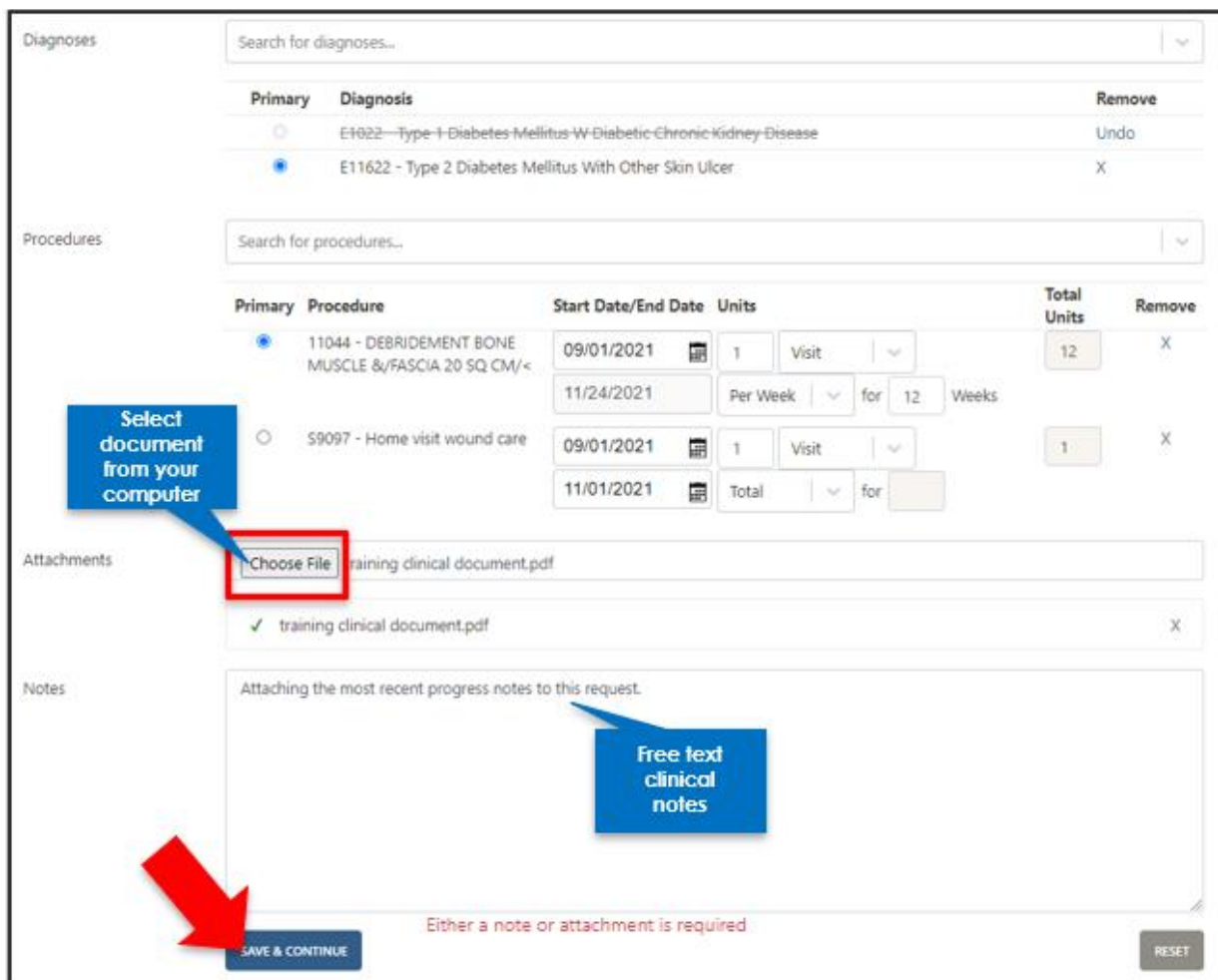


Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/←	09/01/2021 11/24/2021	1 Visit Per Week for 12 Weeks	12	Undo
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021	1 Visit	1	X

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/←	09/01/2021 11/24/2021	1 Visit Per Week for 12 Weeks	12	X
<input checked="" type="radio"/>	S9097 - Home visit wound care	09/01/2021 11/01/2021	1 Visit Total for	1	X

- **UPLOAD ATTACHMENTS AND ENTER NOTES**

Upload a document from your computer by clicking **Choose File**, and/or enter a free text note in the Notes section. Then click **Save & Continue**.



Diagnoses

Search for diagnoses...

Primary	Diagnosis	Remove
<input type="radio"/>	E1022 - Type 1 Diabetes Mellitus W/Diabetic Chronic Kidney Disease	Undo
<input checked="" type="radio"/>	E11622 - Type 2 Diabetes Mellitus With Other Skin Ulcer	X

Procedures

Search for procedures...

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input checked="" type="radio"/>	11044 - DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	09/01/2021 11/24/2021	1 Visit Per Week for 12 Weeks	12	X
<input type="radio"/>	S9097 - Home visit wound care	09/01/2021 11/01/2021	1 Visit Total for	1	X

Attachments

Choose File training clinical document.pdf

✓ training clinical document.pdf X

Notes

Attaching the most recent progress notes to this request.

Free text clinical notes

Either a note or attachment is required

SAVE & CONTINUE RESET

* Either an attachment or a note is required to submit a request. *

- **SUBMIT REQUEST**

Once on the Finalize tab, review the summary page for accuracy and then click the **Submit** button in the bottom left corner to submit this request to reviewers.

Request
Key Initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Delete Draft

Finalize

PRINT

DEMOGRAPHICS

Member Name	PATIENT, EQTEST
Member Number	999999999
Date of Birth	05/05/1985

OUTPATIENT REQUEST

Requesting Provider	TEST PROVIDER Family Practice
Servicing Provider	Test Facility
Place of Service	Rehabilitation Facility
Requested Dates	

DIAGNOSES

E11622	Type 2 Diabetes Mellitus With Other Skin Ulcer <i>(Primary Diagnosis)</i>
--------	---

REQUESTED PROCEDURES

11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/ < <i>(Primary Procedure)</i> 1 Visits Per Week For 12 Week(s) Total: 12 Visits(s) Begin Date: 09/01/2021 End Date: 11/24/2021
S9097	Home visit wound care Total: 1 Visits(s) Begin Date: 09/01/2021 End Date: 11/01/2021

NOTES

08/26/2021
Attaching the most recent progress notes to this request.

ATTACHMENTS


✓ training clinical document.pdf

Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

THIS IS STILL A DRAFT

Review page for accuracy before submitting



Once submitted, an authorization request will have a case number and the status will be "In Progress."

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Finalize

Case Number: 522642

Case Status: In Progress

Request Date: 08/26/2021

[Create Fax Cover Sheet](#)

[Create New Auth for Current Patient](#)

[Return to Dashboard](#)

DEMOGRAPHICS

Member Name	PATIENT, EQTEST
Member Number	999999999
Date of Birth	05/05/1985

OUTPATIENT REQUEST

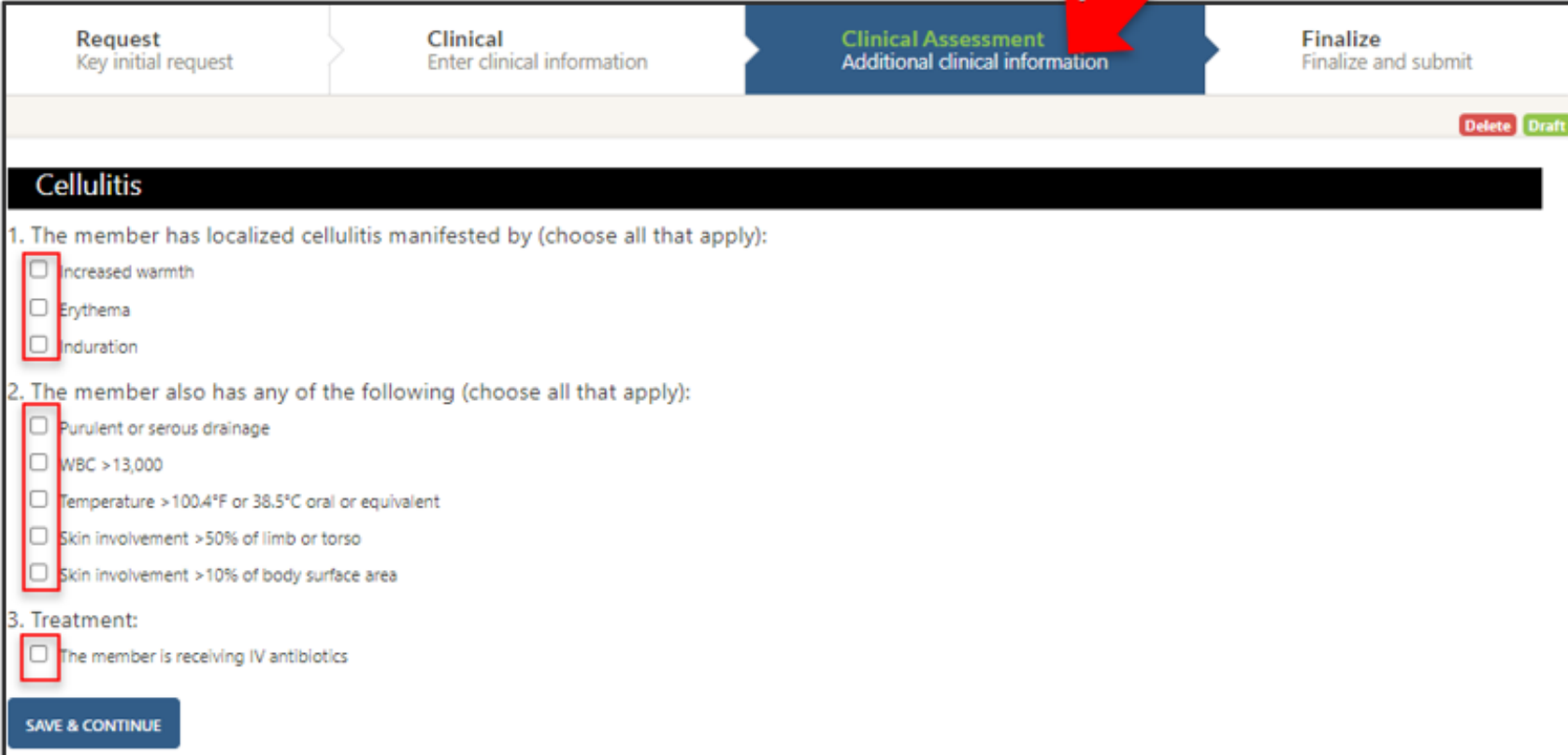
Requesting Provider	TEST PROVIDER Family Practice
Servicing Provider	Test Facility 123 TEST STREET

PRINT

This summary page allows users to create a custom fax cover sheet, start a new authorization on the same patient (i.e. an outpatient therapy service in anticipation of hospital discharge), print the summary page, or return to the main authorizations dashboard.

SECTION 5: SMART REVIEW

Smart Review, if configured, have the ability to automatically certify a request based on certain criteria. If a patient's primary diagnosis is associated with one of the system's clinical algorithms, a **Clinical Assessment** tab will appear between Clinical and Finalize tabs. This assessment consists of questions based on the patient's primary diagnosis. Select anything **applicable** to the patient and click **Save & Continue**.



Request
Key initial request

Clinical
Enter clinical information

Clinical Assessment
Additional clinical information

Finalize
Finalize and submit

Delete Draft

Cellulitis

1. The member has localized cellulitis manifested by (choose all that apply):

- Increased warmth
- Erythema
- Induration

2. The member also has any of the following (choose all that apply):

- Purulent or serous drainage
- WBC >13,000
- Temperature >100.4°F or 38.5°C oral or equivalent
- Skin involvement >50% of limb or torso
- Skin involvement >10% of body surface area

3. Treatment:

- The member is receiving IV antibiotics

SAVE & CONTINUE

Review the Summary page for accuracy and click **Submit** in the lower left corner of the Finalize tab.

Request Key initial request	Clinical Enter clinical information	Clinical Assessment Additional clinical information	Finalize Finalize and submit
			Delete Draft
<h2>Finalize</h2>			PRINT
DEMOGRAPHICS			
Member Name	PATIENT, EQTEST		
Member Number	999999999		
Date of Birth	05/05/1985		
INPATIENT REQUEST			
Requesting Provider	TEST PROVIDER Family Practice		
Servicing Provider	TEST FACILITY		
Place of Service	BATON ROUGE, LA 70809 21 Inpatient Hospital		
Requested Dates	09/07/2021 to 09/10/2021		
Level of Care	Acute		
DIAGNOSES			
L03221	Cellulitis Of Neck(Primary Diagnosis)		
REQUESTED PROCEDURES			
No Procedures			
NOTES			
No Notes			
ATTACHMENTS			
✓ training clinical document.pdf			
<p>Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.</p>			
SUBMIT			

If all criteria was met, an Authorization Number is generated and the status will be “Certified in Total.”

Request Key initial request	Clinical Enter clinical information	Clinical Assessment Additional clinical information	Finalize Finalize and submit
Finalize			PRINT
Auth Number:	5303		
Case Status:	Certified in Total		
Request Date:	08/26/2021		
Create Fax Cover Sheet Create New Auth for Current Patient Return to Dashboard			
DEMOGRAPHICS			
Member Name	PATIENT, EQTEST		
Member Number	999999999		

Smart Review will not auto-deny a request. If all criteria was not met, a Case Number is generated and the status will be “In Progress” pending review by clinical staff.

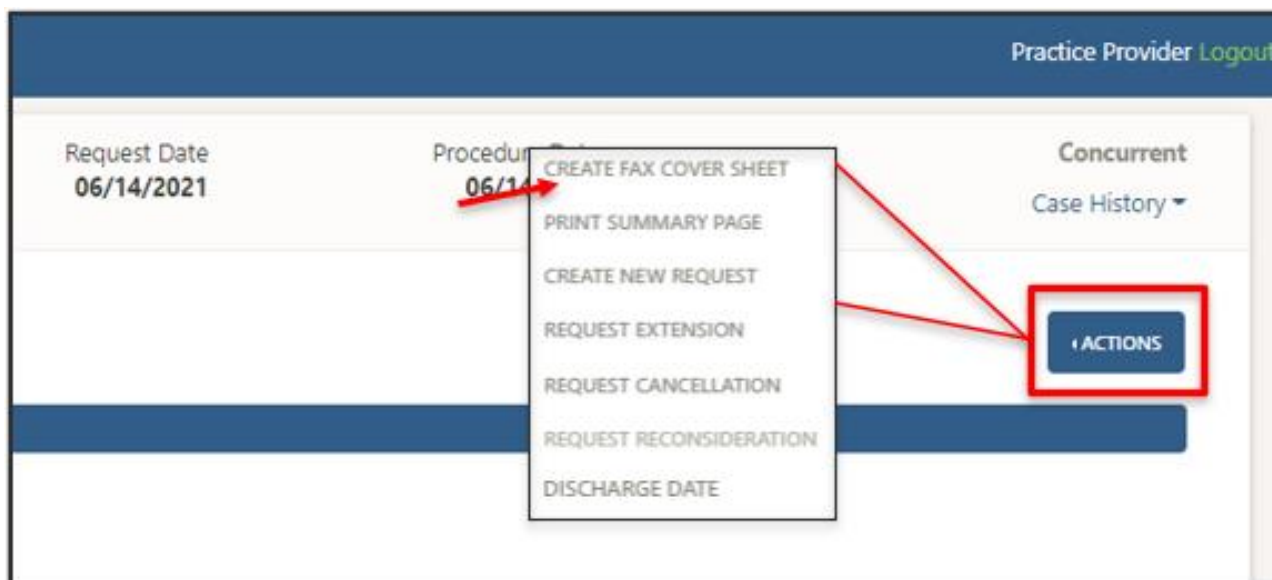
Request Key initial request	Clinical Enter clinical information	Clinical Assessment Additional clinical information	Finalize Finalize and submit
Finalize			PRINT
Case Number:	5303		
Case Status:	In Progress		
Request Date:	08/26/2021		
Create Fax Cover Sheet Create New Auth for Current Patient Return to Dashboard			
DEMOGRAPHICS			
Member Name	PATIENT, EQTEST		
Member Number	999999999		

SECTION 6: APPENDIX

CREATE A FAX COVER SHEET

Users can create a customized fax cover sheet containing a patient-specific QR code. The QR code enables the system to attach documentation (i.e. progress notes) directly to a case.

Within an authorization request, select **Create Fax Cover Sheet** from the Actions tab in the top right corner.



The fax cover is preloaded with provider information; make any necessary changes and/or additions, and click **Create**.

Create Fax Cover Sheet

To:

Company:

Phone:

Select Fax:

Other Fax:

From:

Company:

Phone:

Fax:

Page Count:

Use Today's Date?:


FACSIMILE COVER SHEET

To:	EQBD1
Company:	EQBD
Phone:	555-555-5555
Fax:	555-555-5558

From:	Practice Provider
Company:	PRACTICE TAX# 999999999
Date:	8/26/2021
Phone:	555-555-5557
Fax:	555-555-5558
Pages incl. coversheet:	12

CONFIDENTIALITY OF INFORMATION

This fax transmission is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify our office immediately to arrange for the return of the documents you have received.



SA12613545CSP31717819QASX

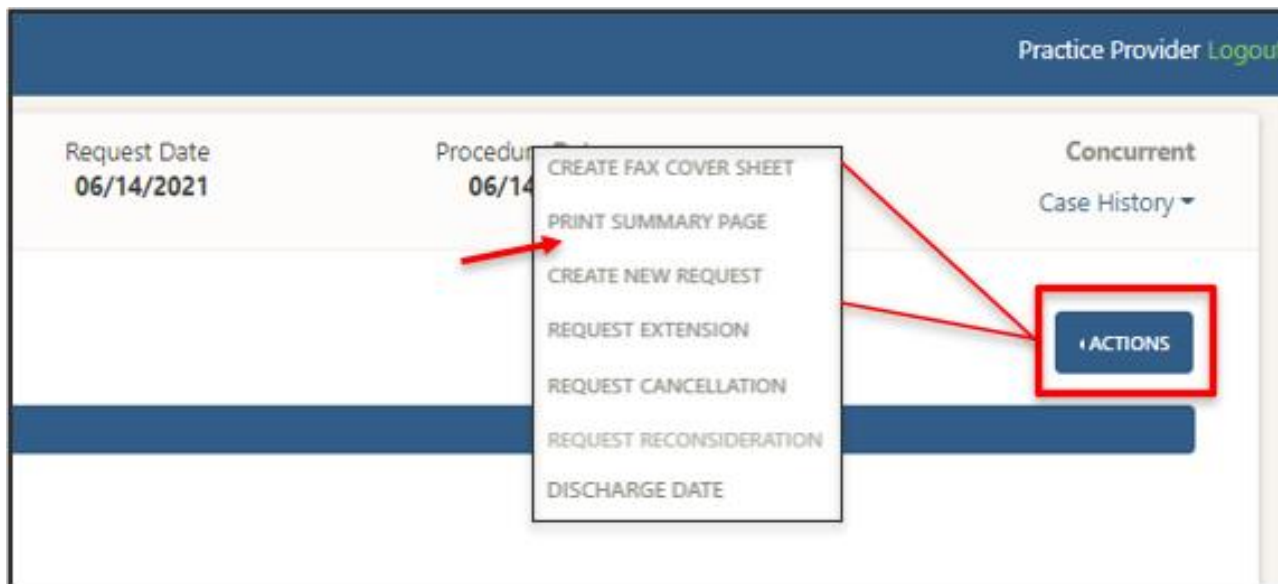
0123456789
5250

PRINT SUMMARY PAGE

The Summary page contains information about a request (providers, place/date of service, level of care, diagnoses, procedures, determinations, etc), and this page can be printed. There are two (2) ways to print the Summary page.

- **FROM THE ACTIONS TAB**

Within an authorization request, select **Print Summary Page** from the Actions tab in the top right corner.



- AFTER SUBMITTING A REQUEST**

Click **Print** in the top right corner of the Summary page after submitting a new authorization request.

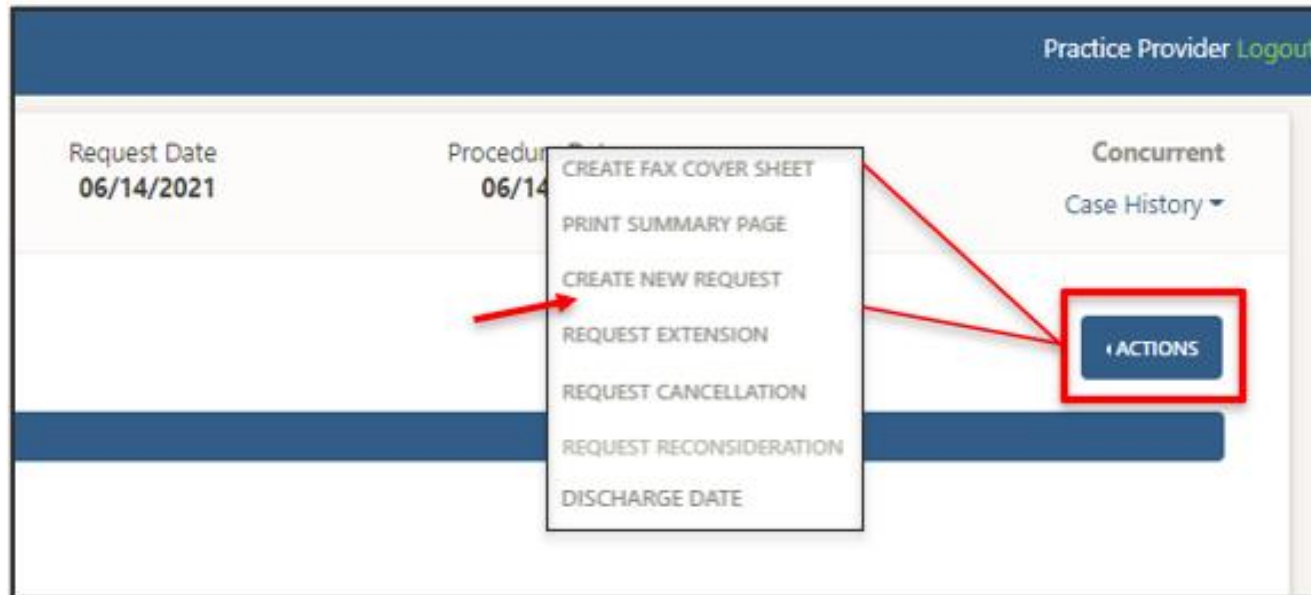
Request Key initial request	Clinical Enter clinical information	Finalize Finalize and submit						
<h2>Finalize</h2> <p>Case Number: 522642</p> <p>Case Status: In Progress</p> <p>Request Date: 08/26/2021</p> <p>Create Fax Cover Sheet</p> <p>Create New Auth for Current Patient</p> <p>Return to Dashboard</p>								
<h3>DEMOGRAPHICS</h3> <table> <tr> <td>Member Name</td> <td>PATIENT, EQTEST</td> </tr> <tr> <td>Member Number</td> <td>999999999</td> </tr> <tr> <td>Date of Birth</td> <td>05/05/1985</td> </tr> </table>			Member Name	PATIENT, EQTEST	Member Number	999999999	Date of Birth	05/05/1985
Member Name	PATIENT, EQTEST							
Member Number	999999999							
Date of Birth	05/05/1985							
<h3>OUTPATIENT REQUEST</h3> <table> <tr> <td>Requesting Provider</td> <td>TEST PROVIDER Family Practice</td> </tr> <tr> <td>Servicing Provider</td> <td>Test Facility 123 TEST STREET</td> </tr> </table>			Requesting Provider	TEST PROVIDER Family Practice	Servicing Provider	Test Facility 123 TEST STREET		
Requesting Provider	TEST PROVIDER Family Practice							
Servicing Provider	Test Facility 123 TEST STREET							



CREATE A NEW REQUEST USING A PREVIOUS AUTHORIZATION REQUEST

Users can create new inpatient and outpatient requests for a patient by using information on a previous request. Select **Create New Request** from the Actions tab in the top right corner of an existing request.

All information from the previous request is copied onto the new one. A user simply needs to change any information that is different (i.e. date of service, diagnosis, etc). For details on how to add/remove diagnoses, pagadd/remove procedures/revenue codes, upload documentation, enter free text notes, and submitting a request, follow steps beginning on page 52 for Inpatient requests or steps beginning on page 67 for outpatient requests.

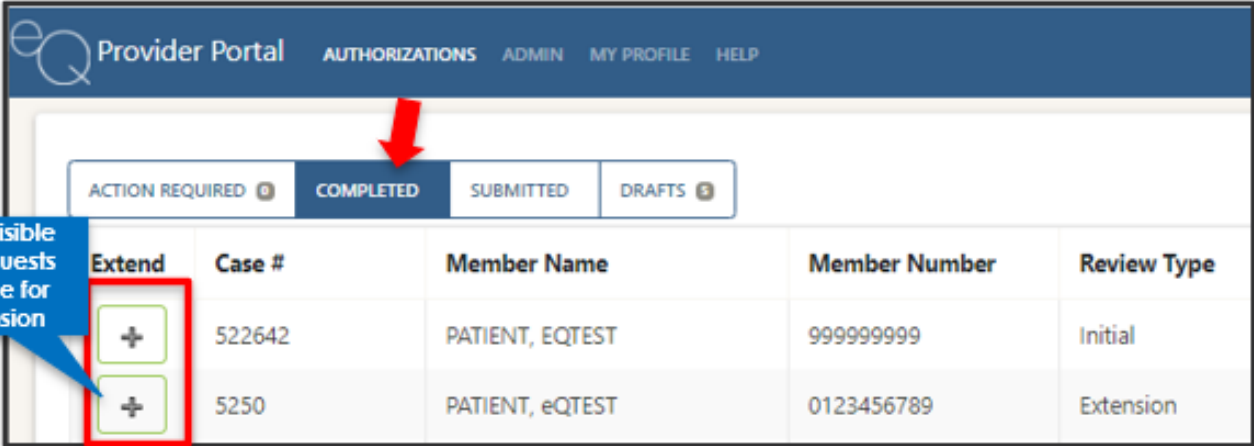


REQUEST AN EXTENSION

Users can request extensions on requests that have been Certified in Total or Partially Certified. And there are two (2) ways to enter extension requests.

- From the Completed tab on the Authorizations Dashboard, click the **plus sign** under the Extend column and information from the initial request populates.

Update any relevant information on the Request and Clinical tabs (i.e. discharge date, level of care, request severity, diagnoses, procedures, etc). For details on how to add/remove diagnoses, pagadd/remove procedures/revenue codes, upload documentation, enter free text notes, and submitting a request, follow steps beginning on page 52 for Inpatient requests or steps beginning on page 67 for outpatient requests.

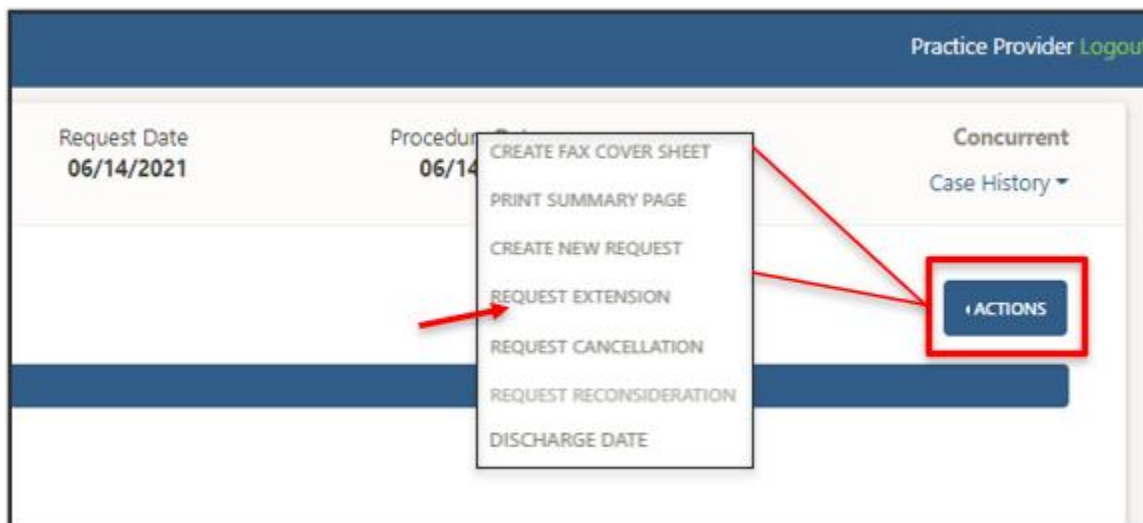


The screenshot shows the 'Provider Portal' interface with the 'AUTHORIZATIONS' section active. The 'COMPLETED' tab is selected, indicated by a red arrow. Below the tabs is a table with columns: 'Extend', 'Case #', 'Member Name', 'Member Number', and 'Review Type'. Two rows are visible in the table. The 'Extend' column for both rows contains a plus sign (+) icon, which is highlighted by a red box. A blue callout box points to these icons with the text 'Only visible on requests eligible for extension'.

Extend	Case #	Member Name	Member Number	Review Type
+	522642	PATIENT, EQTEST	999999999	Initial
+	5250	PATIENT, eQTEST	0123456789	Extension

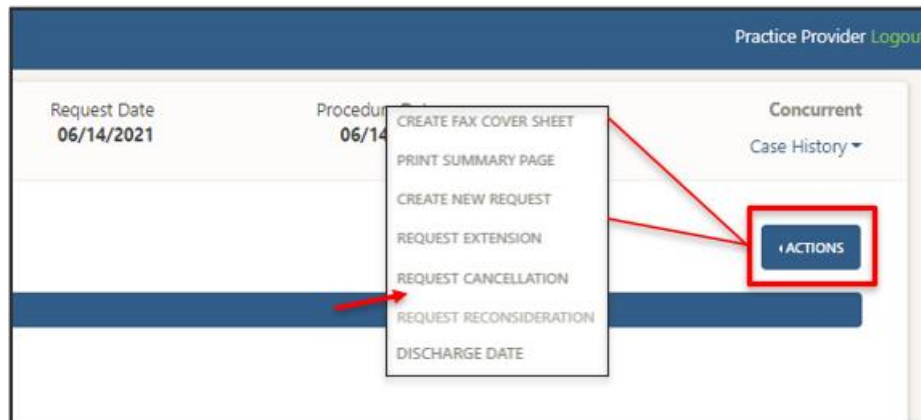
- Select **Request Extension** from the Actions tab in the top right corner of an existing request.

Update any relevant information on the Request and Clinical tabs (i.e. discharge date, level of care, request severity, diagnoses, procedures, etc). For details on how to add/remove diagnoses, pagadd/remove procedures/revenue codes, upload documentation, enter free text notes, and submitting a request, follow steps beginning on page 52 for Inpatient requests or steps beginning on page 67 for outpatient requests.

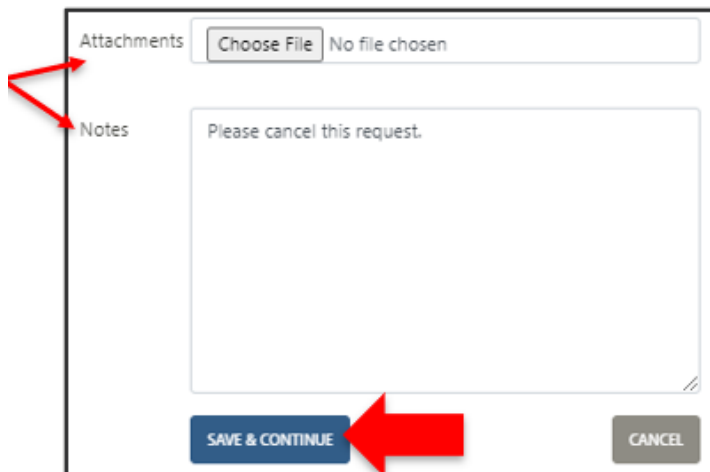


CANCEL A REQUEST

On requests that are still in progress, users can request cancellation by selecting **Request Cancellation** from the Actions tab in the top right corner.

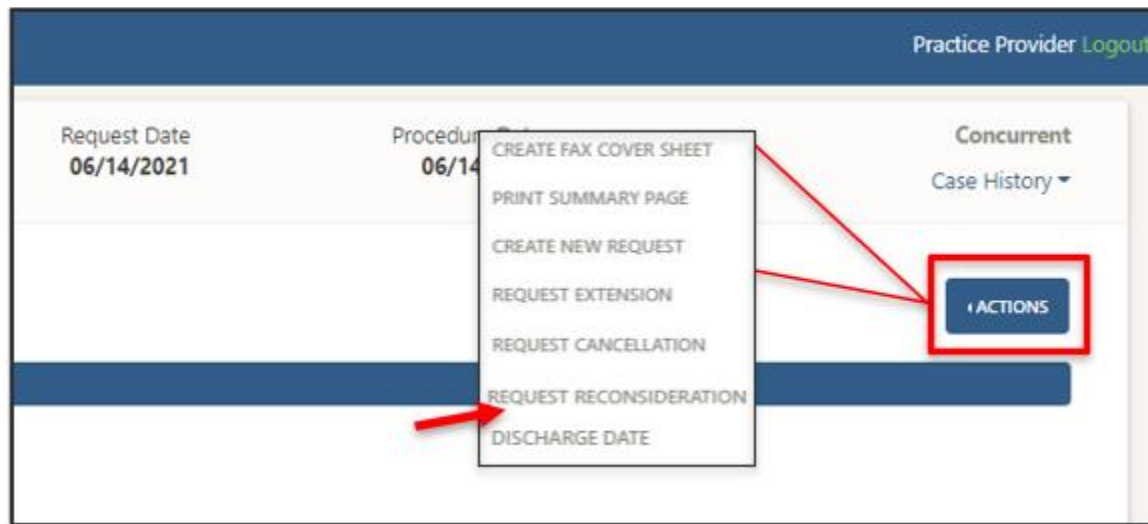


Either an attachment or a note is required to submit a cancellation request. Click **Save & Continue** to send the cancellation request to the reviewers.

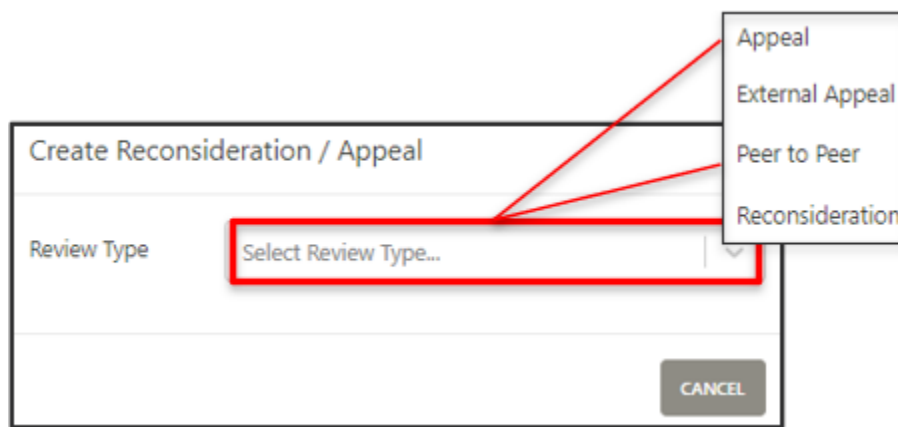


REQUEST RECONSIDERATION/APEAL

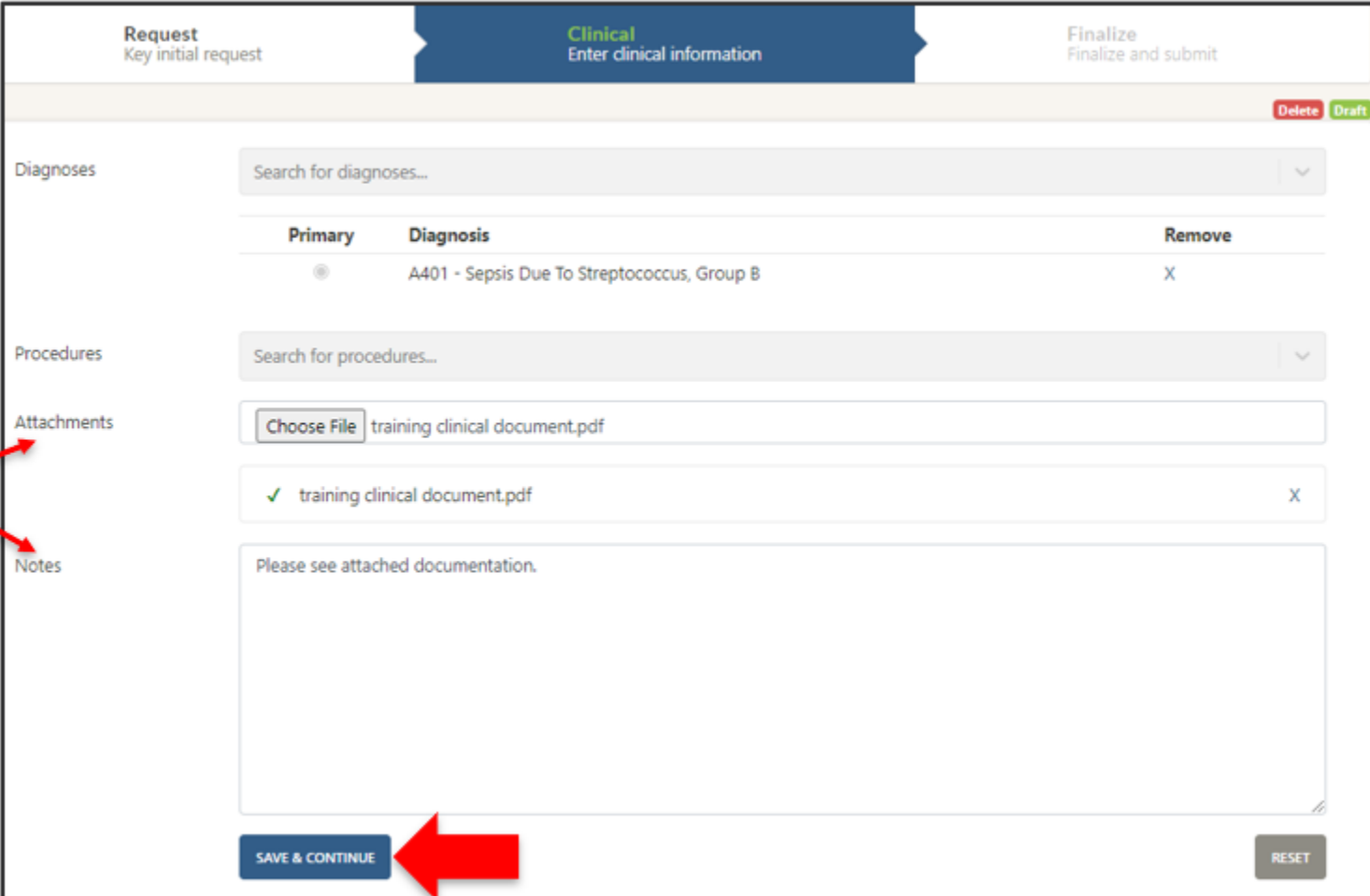
Users can request reconsiderations and appeals on authorization requests that have been Partially Certified or Not Certified by selecting **Request Reconsideration** from the Actions tab in the top right corner.



Select the **Review Type** (Appeal, External Appeal, Peer to Peer, or Reconsideration).



Enter a free text note in the comment box or upload any relevant documentation by clicking **Choose File** under the Clinical tab, then click **Save & Continue**.



The screenshot shows the 'Clinical' tab of a software interface. The interface is divided into three tabs: 'Request' (Key initial request), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Clinical' tab is active. It contains sections for 'Diagnoses', 'Procedures', 'Attachments', and 'Notes'. A red arrow points to the 'Choose File' button in the 'Attachments' section, and another red arrow points to the 'SAVE & CONTINUE' button at the bottom.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Diagnoses

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	A401 - Sepsis Due To Streptococcus, Group B	X

Procedures

Search for procedures...

Attachments

Choose File training clinical document.pdf

✓ training clinical document.pdf X

Notes

Please see attached documentation.

SAVE & CONTINUE RESET

Send the request to the reviewers by clicking **Submit** in the bottom left corner of the Summary page under the Finalize tab.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Delete Draft

Finalize PRINT

DEMOGRAPHICS

Member Name	PATIENT, EQTEST
Member Number	999999999
Date of Birth	05/05/1985

INPATIENT REQUEST

Requesting Provider	TEST PROVIDER Family Practice
Servicing Provider	Test Facility Baton Rouge, LA 70808
Place of Service	21 Inpatient Hospital
Requested Dates	01/11/2021 to 01/14/2021
Level of Care	Acute

DIAGNOSES

A401	Sepsis Due To Streptococcus, Group B(Primary Diagnosis)
------	---

REQUESTED PROCEDURES

No Procedures

NOTES

08/26/2021
Please see attached documentation.

ATTACHMENTS

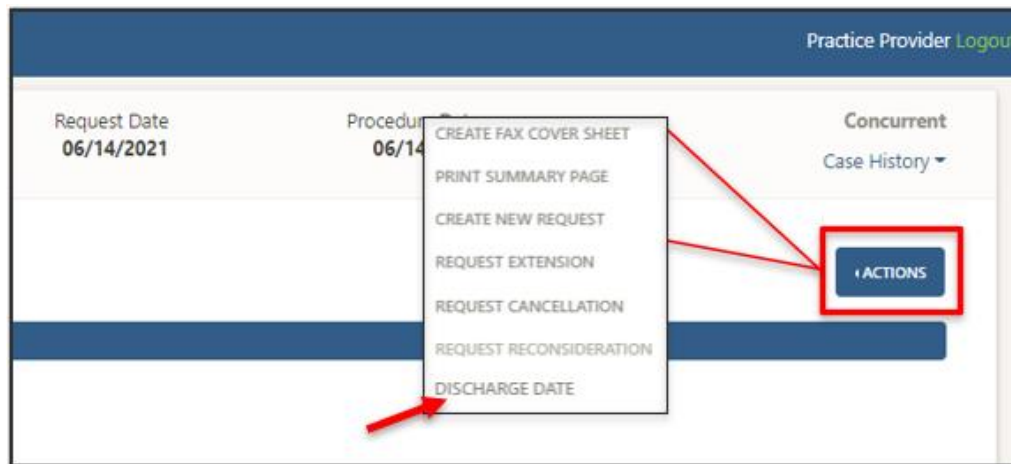
✓ training clinical document.pdf

Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive of other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

ENTER A DISCHARGE DATE

Users are able to enter discharge dates on complete inpatient requests by selecting **Discharge Date** from the Actions tab in the top right corner.



Enter the **actual date of discharge** and select the **discharge disposition** from the dropdown list.



The screenshot shows a form with two main fields. The first field is labeled "Discharge Date*" and contains the date "07/15/2021". The second field is labeled "Discharge Disposition*" and contains the text "06 To Home with Home Health". Below these fields are two buttons: "SAVE & CONTINUE" and "CANCEL". A large red arrow points to the "SAVE & CONTINUE" button.

If entering a date outside of the date range that was initially reviewed, a red error message will display. Follow steps beginning on page 92 to enter an extension request; a discharge date can then be entered after the request has been reviewed.

Discharge Date*

Discharge Disposition*

2016x - Actual Discharge Date is outside of the current approved requested dates of service

Discharge dates display on the Completed tab of the Authorizations Dashboard.

Provider Portal AUTHORIZATIONS ADMIN MY PROFILE HELP Practice Provider Logout										
ACTION REQUIRED COMPLETED SUBMITTED DRAFTS FILTERS NEW REQUEST EXPORT TO EXCEL										
Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Date	Case Status	Request Date
	522656	PATIENT, EQTEST	999999999	Initial	Outpatient	705416	8/26/2021		Partially Certified	7/26/2021
	522642	PATIENT, EQTEST	999999999	Initial	Outpatient	705393	8/26/2021		Certified in Total	8/26/2021
	5250	PATIENT, eQTEST	0123456789	Extension	Inpatient	5569	7/12/2021	7/5/2021	Certified in Total	6/14/2021