



Provider Portal Participant Guide

Corporate Clinical Systems Training Department

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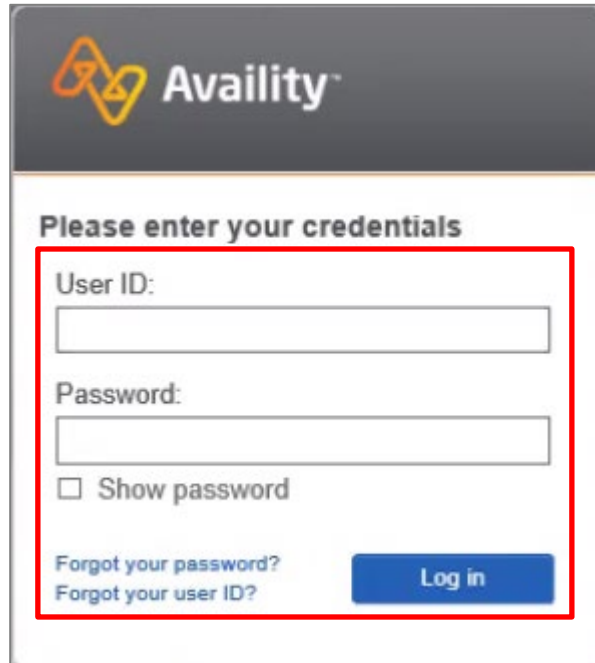
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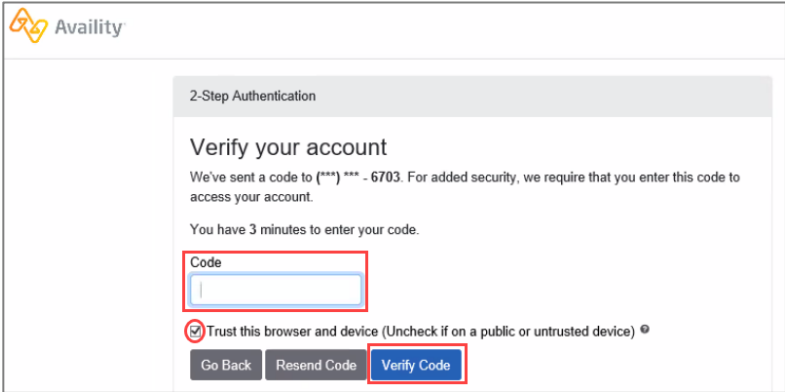
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1 LOGGING IN TO THE PROVIDER PORTAL

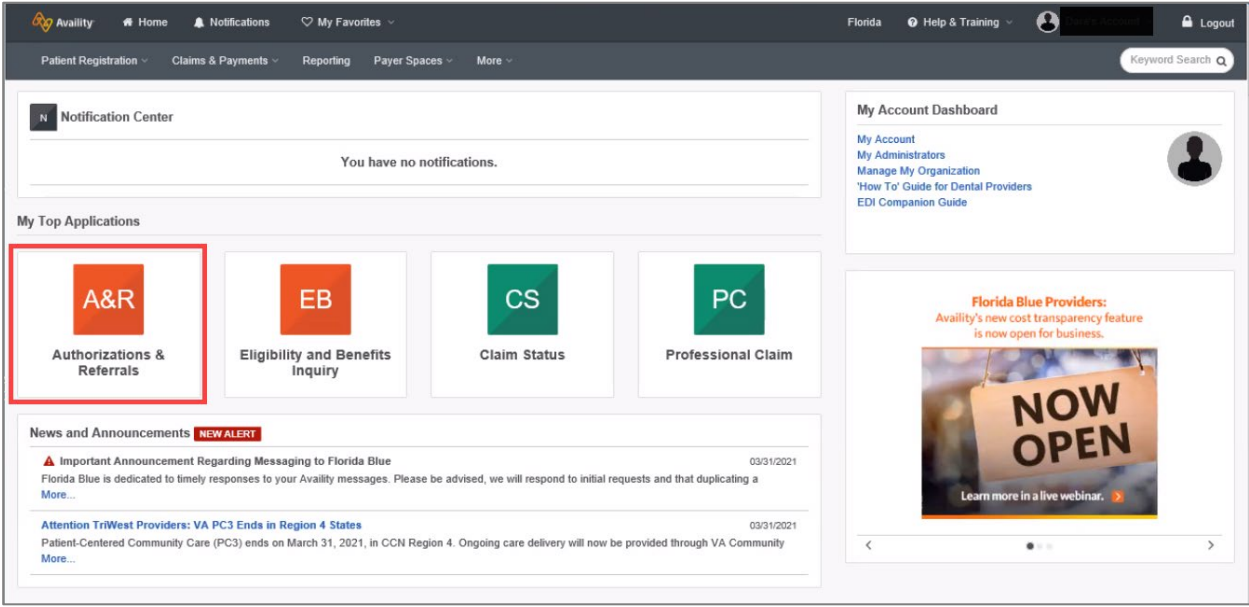
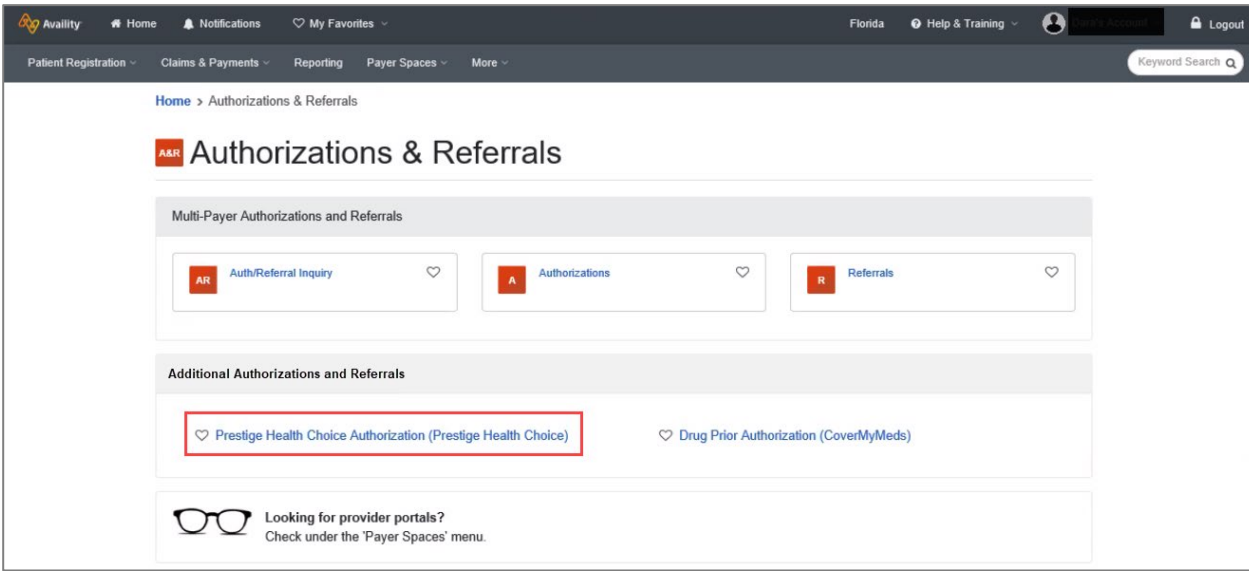
Logging in to Provider Portal

The image shows the Availity login page. At the top is the Availity logo. Below it, the text "Please enter your credentials" is displayed. There are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left, there are links for "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue "Log in" button. A red rectangular box highlights the "User ID:" field, the "Password:" field, the "Show password" checkbox, and the "Log in" button.

Step	Action
1.	Access Availity using the following address: https://apps.availity.com/availity/web/public.elegant.login
2.	Enter your Username
3.	Enter your Password
4.	Click the Log In button Result: A screen for a two-step authentication will appear.
5.	Enter your mobile number and request the code
6.	Once you receive the code, enter it in the Code box and click on the Verify Code button. You may select the box next to "Trust this browser and device" if you are on a trusted device.  The image shows the 2-Step Authentication screen. At the top is the Availity logo. Below it, the text "2-Step Authentication" is displayed. The main heading is "Verify your account". Below this, it says "We've sent a code to (***-***-6703. For added security, we require that you enter this code to access your account." and "You have 3 minutes to enter your code." There is a "Code" input field. Below it is a checkbox labeled "Trust this browser and device (Uncheck if on a public or untrusted device)". At the bottom are three buttons: "Go Back", "Resend Code", and "Verify Code". A red rectangular box highlights the "Code" input field and the "Verify Code" button. Result: The Availity Home Page will display.

Logging in to Provider Portal

Follow these instructions to access the health plan:

Step	Action
1.	<p>Click on Authorizations & Referrals</p> 
2.	<p>Click on the AmeriHealth Caritas Florida Authorization (AmeriHealth Caritas Florida) hyperlink in the <i>Additional Authorizations and Referrals</i> section.</p>  <p>*NOTE: There may be an additional step prior to the Provider Portal opening. The Select and Organization page may display. If it does, the appropriate organization from the drop-down menu and click on the Submit button. The Provider Portal will then open.</p>

Overview of the Dashboard

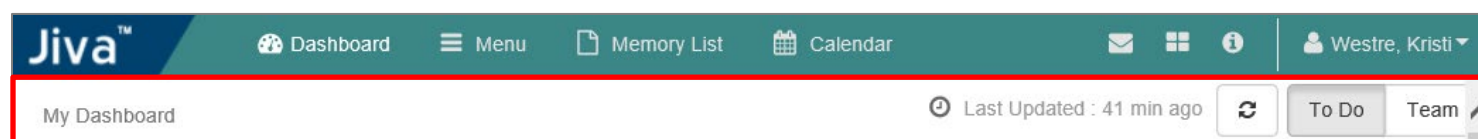
The dashboard consists of widgets (*or panels*) that help you to access the tasks that are assigned to you. It also provides high-level information about the episodes and activities assigned to you.

Application Banner



Menu Bar	Description
Dashboard	Click to return to the Dashboard from anywhere within the Provider Portal.
Menu	Click to access ways to search for a member.
Memory list	The Memory List bookmarks Add and Edit screens. It is an easy way to move back to a member or episode you worked on earlier and have not closed.
Calendar	The calendar will display any tasks that have been assigned to you.
Messaging	N/A – The messaging functionality will not be used.
Legend	Click to see a legend of icons that may be associated with members.
Jiva Help	Click to access help for the screen you are on.
Profile	Click to make changes to the color scheme.

My Dashboard Banner







Item	Description
Last Updated	Displays the last time the Dashboard was updated
Refresh	Click the Refresh icon to update the Dashboard to view the most current information.
To Do	Displays the widgets containing information regarding episodes associated with you.
Team	Displays the widgets containing information regarding episodes associated with your team.

Overview of the Dashboard: To-Do View

These widgets contain information regarding the episodes associated with you.

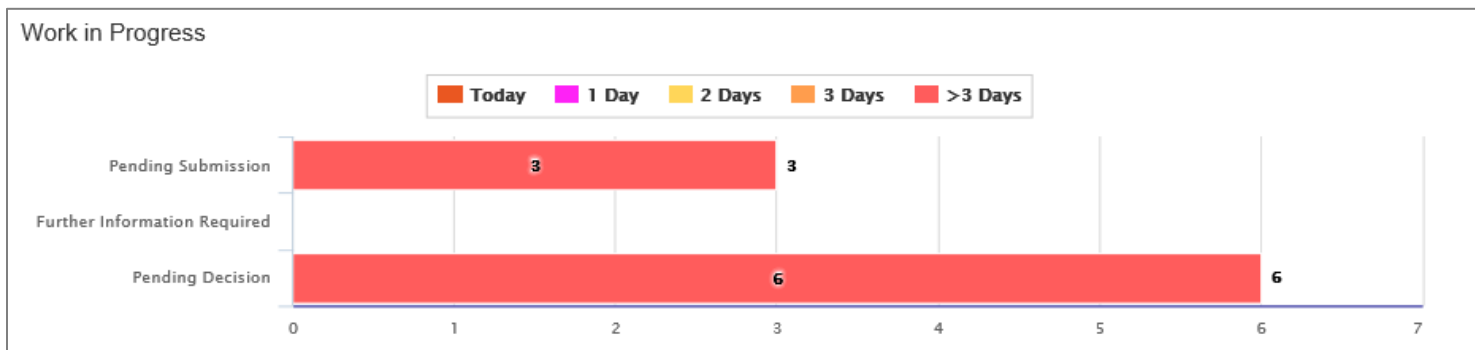
Information Widget

	0 Alerts
	0 Messages
	7 My Requests
	0 Gaps in Care

Item	Description																																										
Alerts	Displays the number of notifications or reminders of an action performed, or to be performed. Click on the hyperlink to view the alerts.																																										
Messages	N/A – This functionality will not be used.																																										
My Requests	<div>Displays the number of episodes that have been submitted. Click the hyperlink to view the list of requests.</div> <div><div>My Requests</div><div><div>All</div><div>All</div><div>Filter by Date07/12/202009/10/2020</div></div><table><tr><th>Actions</th><th>Episode Type</th><th>Cert Number</th><th>Episode ID</th><th>Member Name</th><th>Requested/Created Date</th><th>Diagnosis</th><th>Procedure</th><th>Provider</th><th>Created By</th><th>Submitted By</th><th>Status</th><th>No. Approved Units</th><th>No. Denied Units</th></tr><tr><td></td><td>IP</td><td>2008000389</td><td>9025566</td><td>ExampleA, Portal</td><td>08/12/2020</td><td>I50.9</td><td>93352</td><td></td><td>Westre, Kristi</td><td>Westre, Kristi</td><td>Pending Decision</td><td>0</td><td>0</td></tr><tr><td></td><td>IP</td><td>2008000391</td><td>9025568</td><td>ExampleB, Portal</td><td>08/12/2020</td><td>I50.9</td><td>33460</td><td></td><td>Westre, Kristi</td><td>Westre, Kristi</td><td>Pending Decision</td><td>0</td><td>0</td></tr></table></div> <div>Note: It does not include episodes that are pending submission.</div>	Actions	Episode Type	Cert Number	Episode ID	Member Name	Requested/Created Date	Diagnosis	Procedure	Provider	Created By	Submitted By	Status	No. Approved Units	No. Denied Units		IP	2008000389	9025566	ExampleA, Portal	08/12/2020	I50.9	93352		Westre, Kristi	Westre, Kristi	Pending Decision	0	0		IP	2008000391	9025568	ExampleB, Portal	08/12/2020	I50.9	33460		Westre, Kristi	Westre, Kristi	Pending Decision	0	0
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	IP	2008000391	9025568	ExampleB, Portal	08/12/2020	I50.9	33460		Westre, Kristi	Westre, Kristi	Pending Decision	0	0																														
Gaps in Care	Displays any Gaps in Care for the members associated with you.																																										

Work in Progress Widget

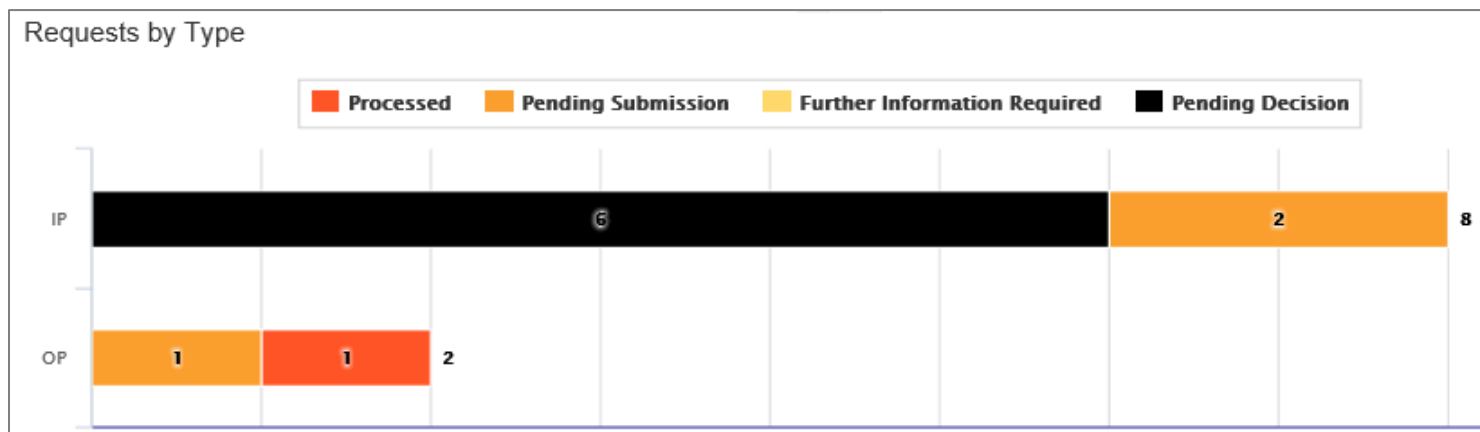
You can view the request statistics by status in the Work in Progress widget. It displays the number of requests created and their statuses in a graphical representation. It also displays the number of days that a request is in the same status (color-coded). Clicking on a bar in the graph will display those given episodes.



Overview of the Dashboard: To-Do View, continued

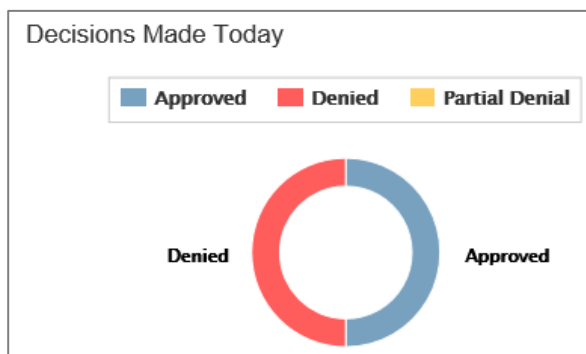
Requests by Type Widget

The Requests by Type widget displays the number of requests that are processed, pending for submission, pending for decision, and awaiting further information based on the episode types.



Decisions Made Today Widget

The Decisions Made Today widget displays the statistics of stay and service requests that are approved, denied, or partially denied pertaining to the requests made by you. Click on a status in the graph to view the associated episode(s).



My Activities Widget

The My Activities widget displays the list of activities assigned to you that are schedule to be performed on the current date, by default.

Overview of the Dashboard: Team View

The Team view will display information regarding your team.

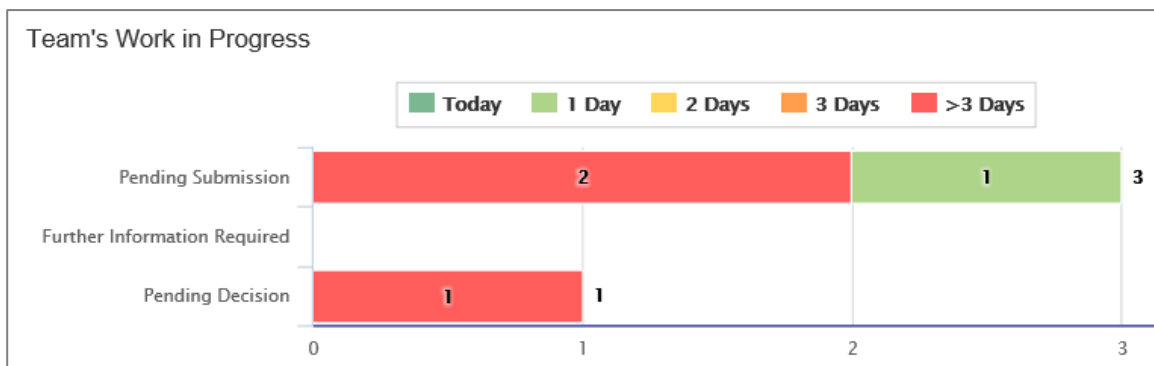
Team Members Widget

The Team Members widget displays the number of team members along with their names. You can access episodes associated with your team members by clicking on their names. This will take you to their Dashboard.



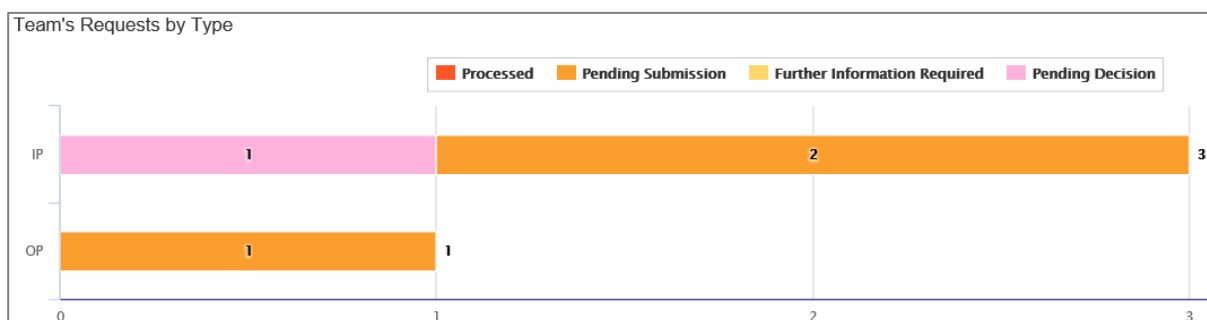
Team's Work in Progress Widget

The Team's Work in Progress widget displays the number of episodes created by your team and is displayed based on the timeline.



Team's Requests by Type Widget

The Team's Request by Type widget displays the number of requests that are processed, pending for submission, pending for decision, and awaiting further information depending on the episode types. You may click on a bar in the graph to access the specific information.






2 SEARCHING FOR A MEMBER

Searching for a Member – Search Request Tab

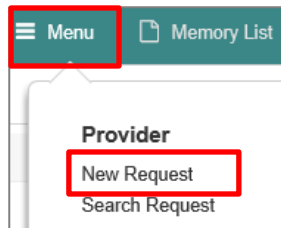
It is recommended that you search for a possible duplication before entering a request. Conducting the search using **Search Request** allows you to view existing requests for a member.

	<p style="text-align: center;">Duplicate Case Check and Alert</p> <ul style="list-style-type: none"> Jiva will compare dates of service, treating provider and procedure request to other cases for the member. You will receive a warning message if a possible duplicate exists. Jiva will not auto approve any case that is a possible duplicate. The request will be evaluated by the Utilization Management team.
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Step	Action																																							
1.	<p>Click on Search Request on the menu bar.</p> <div><div><div>Menu</div><div>Memory List</div></div><div><div>Provider</div><div>New Request</div><div>Search Request</div></div></div>																																							
2.	<p>Search by one of the following:</p> <table><tr><th>Search Information</th><th>Description</th></tr><tr><td>Member ID</td><td>Member ID Type: defaults to ELIG Member ID which is their health plan ID. You will need to enter -01 at the end of the Member ID</td></tr><tr><td>Member Name & DOB</td><td>You need to enter both the Member Name and DOB</td></tr><tr><td>Certification Number</td><td>If you are searching for a particular submitted or saved request, you may search by the Certification Number</td></tr></table>	Search Information	Description	Member ID	Member ID Type: defaults to ELIG Member ID which is their health plan ID. You will need to enter -01 at the end of the Member ID	Member Name & DOB	You need to enter both the Member Name and DOB	Certification Number	If you are searching for a particular submitted or saved request, you may search by the Certification Number																															
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Certification Number	If you are searching for a particular submitted or saved request, you may search by the Certification Number																																							
3.	<p>Select “Cases Treated By Me” in the View Requests drop down.</p> <p>This will display requests associated with the selected business entity.</p>																																							
4.	<p>Verify that “All” is in the Business Entity field.</p>																																							
5.	<p>Click the Search button and check for duplicate requests.</p> <p>Result: Cases found for the specified member will be displayed in the “Request Search Results” section, along with the Add New Request button. If no matching records for the specified member are found, a message will be displayed indicating this, along with the Add New Request button.</p> <table><tr><th>Action</th><th>Episode ID</th><th>Member Name</th><th>Episode Type</th><th>Date of Service</th><th>Cert Number</th><th>Diagnosis</th><th>Created By</th><th>Submitted By</th><th>Initial Due Date</th><th>Status</th><th>Decision</th><th>Decision Reason</th></tr><tr><td></td><td>9025648</td><td>ExampleA, Portal</td><td>IP</td><td>08/13/2020</td><td>2008000412</td><td>M13.169 (Monoarthritis, not elsewhere classified, unspecified knee)</td><td>Westre, Kristi</td><td>Westre, Kristi</td><td></td><td>Processed</td><td>Approved</td><td>Clinical Reviewer Approval</td></tr><tr><td></td><td>9026454</td><td>ExampleA, Portal</td><td>IP</td><td>09/10/2020</td><td>92009000124</td><td>R69 (Illness, unspecified)</td><td>Westre, Kristi</td><td></td><td></td><td>Pending Submission</td><td></td><td></td></tr></table> <div><div>Add New Request</div><div></div></div>	Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason		9025648	ExampleA, Portal	IP	08/13/2020	2008000412	M13.169 (Monoarthritis, not elsewhere classified, unspecified knee)	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval		9026454	ExampleA, Portal	IP	09/10/2020	92009000124	R69 (Illness, unspecified)	Westre, Kristi			Pending Submission		
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Searching for a Member – New Request Tab

If the **Add New Request** button is not displayed after searching for a member using the **Search Request** tab, you can search for a member and add a new request using the **New Request** tab.



Step	Action
1.	Click on Menu on the menu bar.
2.	Select New Request

New Request

Member Last Name

Client

Q

Member First Name

Member ID Type

ELIG Member ID

▼


Member DOB

📅

Member ID *

Search

Reset

Step	Action
1.	Enter the Member ID in the Member ID field. <div>  <div>When searching by Member ID you must enter “-01” at the end of the Member ID.</div> </div>
2.	Click the Search button to search for the member. Result: Information for the specified member will be displayed in the Member Search Results section and the Add New Request field will be displayed in the Action column.

New Request

Member Last Name

Client

Q

Member First Name

Member ID Type

ELIG Member ID

▼

Member DOB

📅

Member ID *

Search

Reset

	Jiva Member ID	Member Name	Member Date of Birth	Gender	Member ID	Coverage Start Date	Coverage End Date	Group Name	Action
⚙️		ExampleA, Portal	04/19/1966	F		01/01/2004	12/31/9999		<div>Add Request</div> <div>▼</div>



3 ENTER AN IP CLINICAL REQUEST

How to Enter an Inpatient Clinical Request

When entering a request you have 2 options:

- 1) Enter a clinical request which includes all clinical information.
- 2) Enter a nonclinical request where the clinical information can be added at a later time.

The steps in this chapter outline how to enter an IP clinical request. Reference chapter 4 “How to Enter an IP Non-clinical Request” and Chapter 5 “How to Add Clinical Information to an Existing IP Non-clinical Request” for more information.

When entering a **clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Attending Physician**
- **Add stay request**
- **Add Assessment (if triggered)**
- **All clinical information**



Requests where the clinical information is entered may auto approve based on what is requested and the information provided in the Assessment.

Adding a New IP Clinical Request – Adding Episode Details

After locating the member (*following the steps outlined in Chapter 2*), click on **Add New Request** and select **Inpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the Jiva portal interface. At the top, there's a navigation bar with 'Jiva' logo and links for Dashboard, Menu, Memory List, and Calendar. Below this is a member information bar showing 'ExampleA, Portal (Female)', 'DOB: 04/19/1966 (54y)', 'Member ID:', and 'Government ID:'. Below the member info is a row of tabs: Address, Phone & Email, Coverage, Group, PCP/PCM, and Allergies. A red box highlights the 'Inpatient Request' section. Inside this section, there's a left sidebar with 'Episode Details' and a main area with three dropdown menus: 'Request Type *', 'Request Priority *', and 'Admit Type'. The 'Optional Fields' link is circled in red.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Select the appropriate Request Type from the drop down
2.	Select the appropriate Request Priority from the drop down
3.	Select the appropriate Admit Type from the drop down

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the 'Inpatient Request' form with the 'Optional Fields' section expanded. The 'Time Request' field is a text input, and the 'Reason for Request' field is a dropdown menu. Both fields are highlighted with a red box.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

Adding a New IP Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "*Favorite Diagnosis List – How to Create a Favorites List.*"

Diagnosis
















Code Type *

ICD10

Diagnosis *

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	Code Type will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the Diagnosis field. You may also use the Advanced Search function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3. Note:<ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.</td></tr><tr><td>do not want to add additional diagnoses</td><td>Proceed to the Providers section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.	do not want to add additional diagnoses	Proceed to the Providers section of the episode.						
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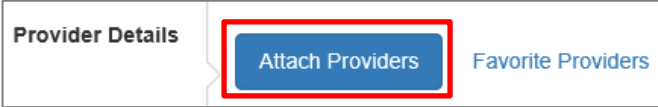
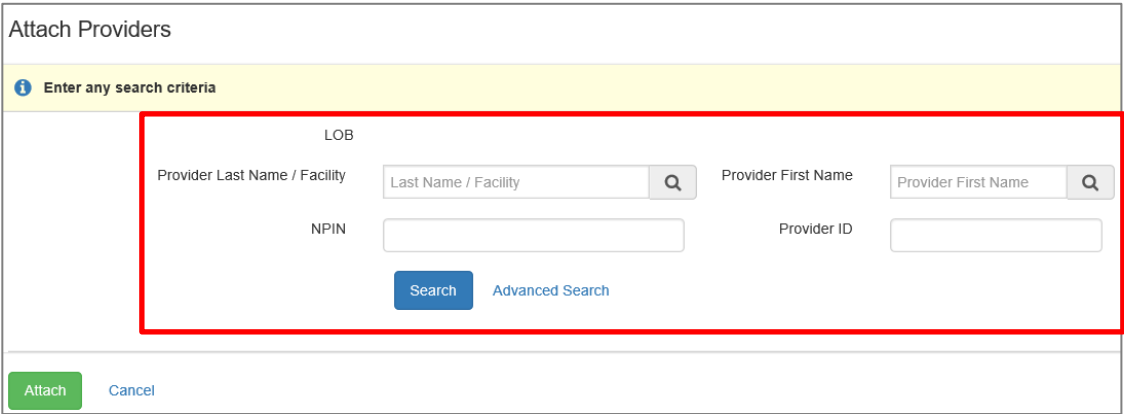
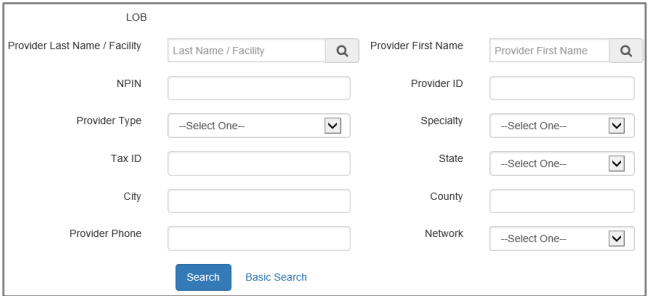
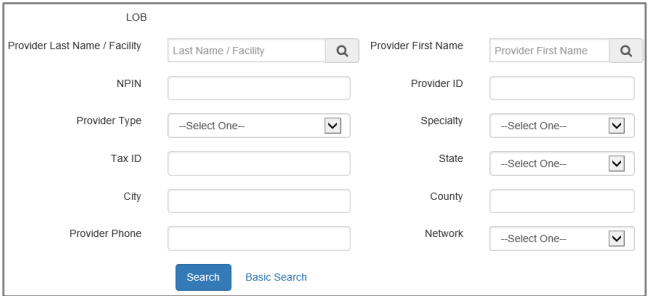
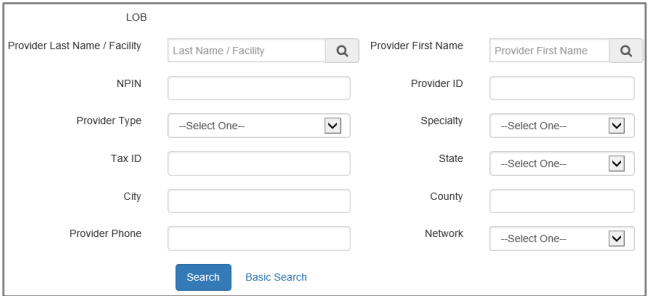
Adding a New IP Clinical Request – Adding Providers

All Inpatient requests require a **Treating** provider (Facility) and an **Attending** physician.






The steps below outline the processes for adding providers to the request.







Favorite Providers - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Provider List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the Attach Providers button.</p> 						
2.	<p>Enter the appropriate search criteria and click on Search.</p> 						
3.	<p>After clicking Search:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Proceed to Step 4.</td></tr> <tr> <td>Is not displayed</td><td> <p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Proceed to Step 4.	Is not displayed	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Proceed to Step 4.						
Is not displayed	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 						



Adding a New IP Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach  Multiple Attach  Set as Favorite </div>						

Step	Action
4.	<ul style="list-style-type: none"> Search for the facility. Once you have located the facility, select “Treating” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>
5.	<ul style="list-style-type: none"> Search for the attending physician. Once you have located the physician, select “Attending” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>



If you want to ...	Then...
<p><u>Attach multiple providers to an episode at the same time</u></p>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> Search for the desired providers In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  Multiple Attach option As each provider is selected, they will be added to the “Selected Providers List” at the bottom of the screen When all providers have been added, verify the selected Provider Role and click the  Attach button to add them to the episode.

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Hospital A		Treating 			
		Provider A		Attending 			

NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

Adding a New IP Clinical Request – Adding Stay Request

You can add a Stay Request (length of stay/days in hospital) without adding a Service Request. The Service Request is used to request a surgical procedure. The following steps outline how to add the Stay Request.

Stay Request	Service Type *	--Select One--	Actual Admit Date	<input type="text"/>	
	Place of Service	Medical			
	Requested Level Of Care	--Select One--	LOS Requested	<input type="text"/>	

Step	Action
1.	Select the most appropriate choice in the Service Type drop down.
2.	Select the most appropriate choice in the Place of Service drop down. Note - If you are uncertain, select " Medical ."
3.	Select the most appropriate "type of bed or unit" in which the member was admitted in the Requested Level of Care drop down.
4.	Enter the "date of admission" in the Admit Date field.
5.	Enter "1" in the LOS Requested # field.

Adding a New IP Clinical Request – Adding Service Request (if applicable)





When adding a procedure to an Inpatient request, you will need to complete the **Service Request** section.



Favorite Services - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** functionality will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Step	Action																						
1.	<p>Complete information in the Service Request section (<i>if applicable</i>) using the guidelines outlined below:</p> <div data-bbox="404 548 1380 961"> </div> <table border="1"> <tr> <td>Service Type</td><td>Defaults to Inpatient, but update as needed</td></tr> <tr> <td>Place of Service</td><td>Defaults to Medical, but update as needed</td></tr> <tr> <td>Code Type</td><td>Defaults to CPT, but update as needed</td></tr> <tr> <td>Service Code</td><td>Enter the requested procedure code. Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search link to initiate a search for the procedure code.</td></tr> <tr> <td>Modifier</td><td>Enter modifier details as appropriate</td></tr> <tr> <td>Start Date</td><td>Defaults to match the Actual Admit date, update as needed</td></tr> <tr> <td>End Date</td><td>Defaults to the next day, update as needed</td></tr> </table> <p>To view these fields, you may need to click on the Optional Fields hyperlink.</p> <table border="1"> <tr> <td>Time Frame</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>Time Period</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>Units</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>UCR Cost</td><td>N/A – not used</td></tr> </table>	Service Type	Defaults to Inpatient, but update as needed	Place of Service	Defaults to Medical, but update as needed	Code Type	Defaults to CPT, but update as needed	Service Code	Enter the requested procedure code. Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search link to initiate a search for the procedure code.	Modifier	Enter modifier details as appropriate	Start Date	Defaults to match the Actual Admit date, update as needed	End Date	Defaults to the next day, update as needed	Time Frame	Defaults to 1, but update as needed	Time Period	Defaults to 1, but update as needed	Units	Defaults to 1, but update as needed	UCR Cost	N/A – not used
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Time Period	Defaults to 1, but update as needed																						
Units	Defaults to 1, but update as needed																						
UCR Cost	N/A – not used																						

Adding a New IP Clinical Request – Adding Service Request (if applicable), cont.

Step	Action																											
2.	<p>Click the Add button</p> <p>Result: The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="9">Service Request</th></tr><tr><th>Action</th><th><input type="checkbox"/></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table> <p>Note: If a Service Request was added in error or with incorrect information, you may click the  icon in the Action column to remove the given line.</p>	Service Request									Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status			93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Service Request																												
Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status																				
		93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical																					
3.	Repeat Steps 1 and 2 to add additional services, if appropriate																											

Adding a New IP Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria

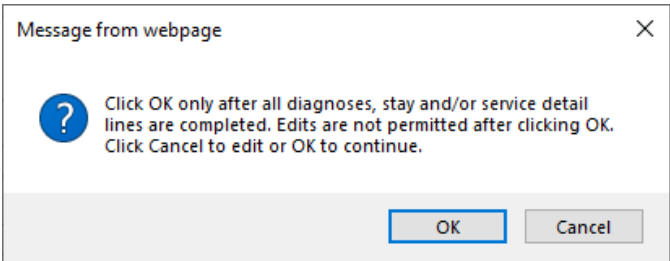
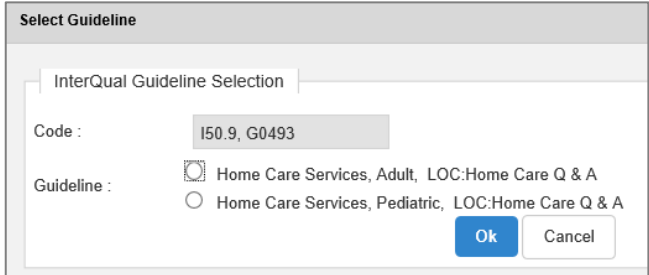
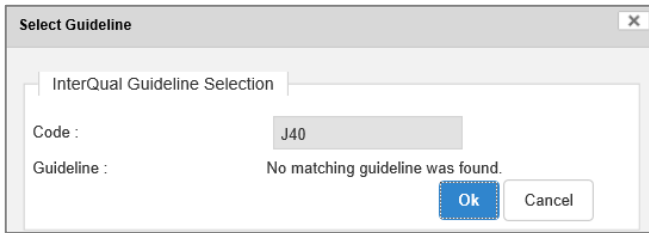
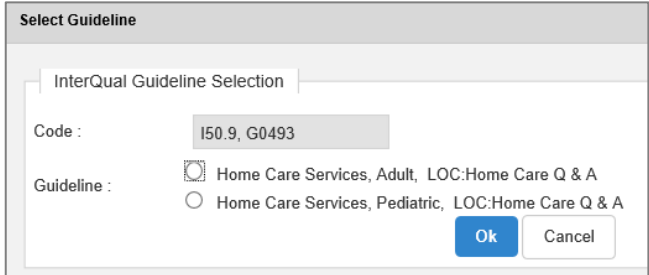
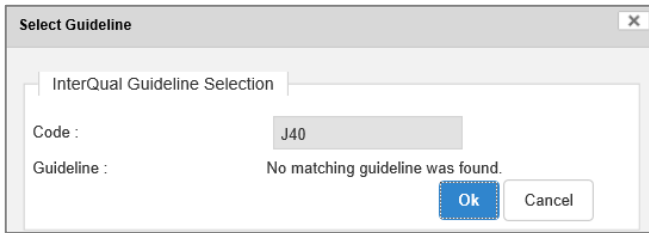
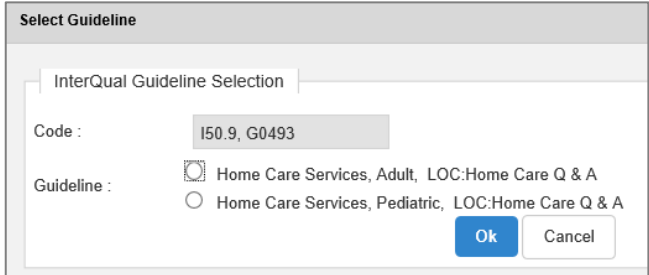
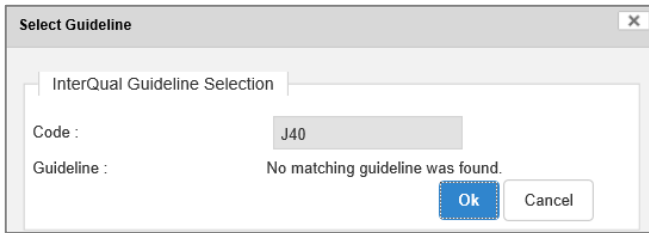


If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action																								
1.	Click the Check for Review button. <div><div>Check For Review</div></div>																								
2.	Once determined that one or both exists, you will receive the following pop-up message. Click OK . <div><div>Message from webpage</div><div><div>?</div><div>There are stay/service lines to be reviewed. Kindly complete the same before submit.</div></div><div><div>OK</div><div>Cancel</div></div></div>																								
3.	Click the appropriate Review button. <table><thead><tr><th>If...</th><th>Then...</th></tr></thead><tbody><tr><td>Only a Stay Request</td><td><ul style="list-style-type: none">Click the Review button associated with the Stay Request.</td></tr><tr><td>Both Stay and Service Requests</td><td><ul style="list-style-type: none">The Review button associated with the Stay Request will be inactive.Click the Review button associated with the Service Request.</td></tr></tbody></table> <div><div>Stay Request</div><div><div>Service Type *<div>Inpatient</div></div><div>Actual Admit Date<div>08/12/2020</div></div><div>Place of Service<div>Medical</div></div><div>Requested Level Of Care<div>--Select One--</div></div><div>LOS Requested<div>1</div></div><div>Review Status<div></div></div><div><div>Review</div></div></div><div><div>Review</div></div><div><div>Service Request</div><table><thead><tr><th>Action</th><th></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr></thead><tbody><tr><td></td><td><input checked="" type="checkbox"/></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></tbody></table></div></div>	If...	Then...	Only a Stay Request	<ul style="list-style-type: none">Click the Review button associated with the Stay Request.	Both Stay and Service Requests	<ul style="list-style-type: none">The Review button associated with the Stay Request will be inactive.Click the Review button associated with the Service Request.	Action		Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status		<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
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	<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical																		

Adding a New IP Clinical Request – InterQual, cont.

Step	Action						
4.	<p>You will receive the following message. Click OK <u>only</u> if you completed the items listed.</p>  <p>Result: The system will run a diagnostic review of the request to determine if a Stay Request and/or a Service Request is associated with it.</p>						
5.	<table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Matching Guideline</td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p>  </td></tr> <tr> <td>No Matching Guideline</td><td> <p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p>  </td></tr> </tbody> </table>	If there is...	Then...	Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p> 	No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p> 
If there is...	Then...						
Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p> 						
No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p> 						

Adding a New IP Clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either Criteria Met or Criteria Not Met .						
7.	<div>From the Recommendations page:</div> <table><tr><th>If you click...</th><th>Then...</th></tr><tr><td>Save</td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td>Complete</td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table>	If you click...	Then...	Save	The review will be saved and can be updated, if needed, prior to submitting the request.	Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
Save	The review will be saved and can be updated, if needed, prior to submitting the request.						
Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the Decision column.						

Adding a New IP Clinical Request – Adding Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessments

New In Progress Completed Voided

Assessment Title	Identified On	Assessment Added By
Sample Assessment	11/23/2020	Sentinel

Start
Void
Trend Report
Print Blank Assessment

Page 1 of 1

Complete Save Save and Generate POC Cancel

Add Activity Notes Assessment (POC) Review Share With Member Last Answered Question

Assessment Score 0 of 9 Provider Portal Delivery Screening Assesmer Copy Group Answers Group Score : 0 of 9

Timer 00:00:09

Sample Question...

Step	Action
1.	In the New Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on Start .
2.	Answer the questions. Note - Questions in red are mandatory.
3.	Click the Complete button to complete the assessment. Note - This will trigger any auto approval rules (if configured.) The Save button will not trigger the auto approval rules.

Adding a New IP Clinical Request – Adding Documents

When submitting an **IP Clinical Request**, you must attach the clinical information. Follow these instructions to add a **Document**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none">Document Title: enter the title of the documentDocument Type: defaults to Medical Document, update as needed.Document Description: optional fieldClick the Browse button to search for the document you wish to upload<ol style="list-style-type: none">Click the desired document and click the Open buttonYou will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding a New IP Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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ABC ✓

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Step	Action
1.	Select the appropriate Note Type from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.



This is a shared note field. Notes can be viewed and entered by both you and the plan.

Adding a New IP Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the Submit button to submit your request.</p> <div> Submit Save as Draft Delete Cancel </div> <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p>Note: If the request is programmed to auto-approve, you will see Approved in the Decision column.</p>

Request Details									
Episode Abstract									
Expected Decision Date : 08/15/2020		Authorization Type : IP		Episode Number : 9025648		Episode Status : OpenRequest		Cert Number 2008000412	
Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision	
	12548537	1	0	0	08/17/2020	08/18/2020	Inpatient	-	
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day
									Decision
									Pending



4 ENTER AN IP NON-CLINICAL REQUEST

How to Enter an Inpatient Non-Clinical Request

A non-clinical request can be started by non-clinical staff or anyone who does not have clinical information available at the time of entry.

The non-clinical request can be saved and is available to access at a later time in order to add clinical data.

When entering a **non-clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Attending Physician**
- **Add stay request**

Adding a New IP Non-Clinical Request – Adding Episode Details

After locating the member (following the steps outlined in Chapter 2), click on **Add New Request** and select **Inpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the Jiva portal interface. At the top, there's a navigation bar with 'Jiva' logo and links to Dashboard, Menu, Memory List, and Calendar. Below this is a member information bar with fields like 'ExampleA, Portal (Female)', 'DOB: 04/19/1966 (54y)', 'Member ID:', and 'Government ID:'. A red circle highlights a drop-down caret on the right side of this bar. Below the member info is the 'Inpatient Request' form. The 'Episode Details' section is highlighted with a red box. It contains three required fields: 'Request Type *', 'Request Priority *', and 'Admit Type', each with a drop-down menu. A red circle highlights a blue hyperlink labeled 'Optional Fields' at the bottom of the 'Episode Details' section.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Select the appropriate Request Type from the drop down
2.	Select the appropriate Request Priority from the drop down
3.	Select the appropriate Admit Type from the drop down

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the 'Inpatient Request' form with the 'Optional Fields' section expanded. The 'Time Request' field is a text input, and the 'Reason for Request' field is a drop-down menu. Both fields are highlighted with a red box. The 'Request Type', 'Request Priority', and 'Admit Type' fields are also visible above them.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

Adding a New IP Non-Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "*Favorite Diagnosis List – How to Create a Favorites List.*"

Diagnosis

Code Type *

ICD10

Diagnosis *

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	Code Type will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the Diagnosis field. You may also use the Advanced Search function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td>★</td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td>☆</td><td>ICD10</td><td>R69--Illness, unspecified</td><td>⊖</td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions	★	ICD10	I50.9--Heart failure, unspecified		☆	ICD10	R69--Illness, unspecified	⊖
Primary Dx	Code Type	Diagnosis	Actions										
★	ICD10	I50.9--Heart failure, unspecified											
☆	ICD10	R69--Illness, unspecified	⊖										
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3. Note:<ul style="list-style-type: none">- Click the remove icon ⊖ to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star ★ in the Primary Dx column if you need to designate a different diagnosis as primary.</td></tr><tr><td>do not want to add additional diagnoses</td><td>Proceed to the Providers section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon ⊖ to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star ★ in the Primary Dx column if you need to designate a different diagnosis as primary.	do not want to add additional diagnoses	Proceed to the Providers section of the episode.						
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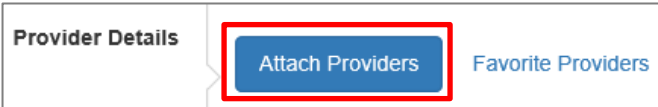
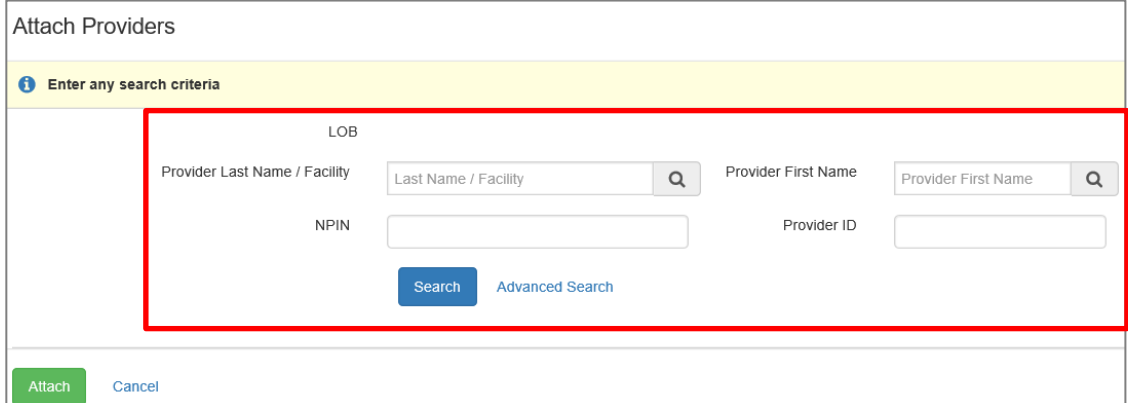
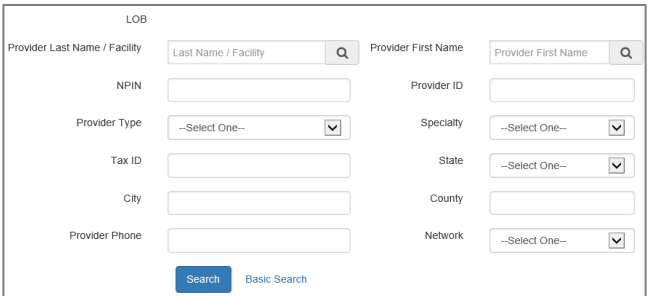
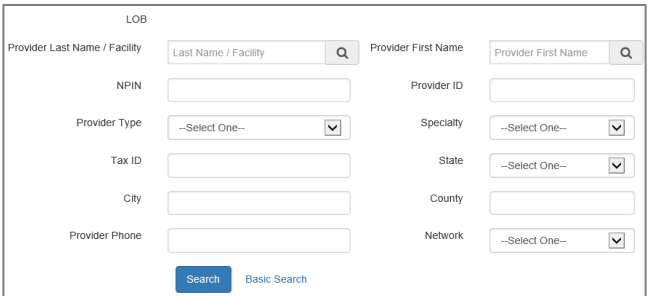
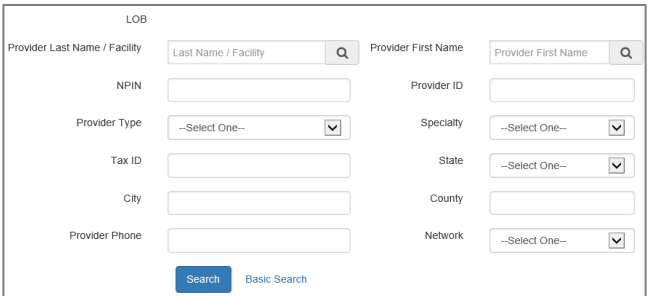
Adding a New IP Non-Clinical Request – Adding Providers

All Inpatient requests require a **Treating** provider (Facility) and an **Attending** physician.






The steps below outline the processes for adding providers to the request.







Favorite Providers - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the Attach Providers button.</p> 						
2.	<p>Enter the appropriate search criteria and click on Search.</p> 						
3.	<p>After clicking Search:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Click the Attach button</td></tr> <tr> <td><i>Is not</i> displayed</td><td> <p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Click the Attach button	<i>Is not</i> displayed	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Click the Attach button						
<i>Is not</i> displayed	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 						





Adding a New IP Non-Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach  Multiple Attach  Set as Favorite </div>						


Step	Action
4.	<ul style="list-style-type: none"> Search for the facility. Once you have located the facility, select “Treating” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>
5.	<ul style="list-style-type: none"> Search for the attending physician. Once you have located the physician, select “Attending” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>



If you want to ...	Then...
<p><u>Attach multiple providers to an episode at the same time</u></p>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> Search for the desired providers In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  Multiple Attach option As each provider is selected, they will be added to the “Selected Providers List” at the bottom of the screen When all providers have been added, verify the selected Provider Role and click the  Attach button to add them to the episode.

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Hospital A		Treating 			
		Provider A		Attending 			

NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

Adding a New IP Non-Clinical Request – Stay Request

You can add a Stay Request (length of stay/days in hospital) without adding a Service Request. The Service Request is used to request a surgical procedure. The following steps outline how to add the Stay Request.

Stay Request	Service Type *	--Select One--	Actual Admit Date	<input type="text"/>
	Place of Service	Medical		
	Requested Level Of Care	--Select One--	LOS Requested	<input type="text"/>

Step	Action
1.	Select the most appropriate choice in the Service Type drop down.
2.	Select the most appropriate choice in the Place of Service drop down. Note - If you are uncertain, select " Medical ."
3.	Select the most appropriate "type of bed or unit" in which the member was admitted in the Requested Level of Care drop down.
4.	Enter the "date of admission" in the Admit Date field.
5.	Enter "1" in the LOS Requested # field.

Adding a New IP Non-Clinical Request – Adding Service Request (if applicable)





When adding a procedure to an Inpatient request, you will need to complete the **Service Request** section.



Favorite Services - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Step	Action																						
1.	<p>Complete information in the Service Request section (<i>if applicable</i>) using the guidelines outlined below:</p> <div data-bbox="404 571 1380 987"> </div> <table border="1"> <tr> <td>Service Type</td><td>Defaults to Inpatient, but update as needed</td></tr> <tr> <td>Place of Service</td><td>Defaults to Medical, but update as needed</td></tr> <tr> <td>Code Type</td><td>Defaults to CPT, but update as needed</td></tr> <tr> <td>Service Code</td><td>Enter the requested procedure code. Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search link to initiate a search for the procedure code.</td></tr> <tr> <td>Modifier</td><td>Enter modifier details as appropriate</td></tr> <tr> <td>Start Date</td><td>Defaults to match the Actual Admit date, update as needed</td></tr> <tr> <td>End Date</td><td>Defaults to the next day, update as needed</td></tr> </table> <p>To view these fields, you may need to click on the Optional Fields hyperlink.</p> <table border="1"> <tr> <td>Time Frame</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>Time Period</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>Units</td><td>Defaults to 1, but update as needed</td></tr> <tr> <td>UCR Cost</td><td>N/A – not used</td></tr> </table>	Service Type	Defaults to Inpatient, but update as needed	Place of Service	Defaults to Medical, but update as needed	Code Type	Defaults to CPT, but update as needed	Service Code	Enter the requested procedure code. Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search link to initiate a search for the procedure code.	Modifier	Enter modifier details as appropriate	Start Date	Defaults to match the Actual Admit date, update as needed	End Date	Defaults to the next day, update as needed	Time Frame	Defaults to 1, but update as needed	Time Period	Defaults to 1, but update as needed	Units	Defaults to 1, but update as needed	UCR Cost	N/A – not used
Service Type	Defaults to Inpatient, but update as needed																						
Place of Service	Defaults to Medical, but update as needed																						
Code Type	Defaults to CPT, but update as needed																						
Service Code	Enter the requested procedure code. Note: You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the Advanced Search link to initiate a search for the procedure code.																						
Modifier	Enter modifier details as appropriate																						
Start Date	Defaults to match the Actual Admit date, update as needed																						
End Date	Defaults to the next day, update as needed																						
Time Frame	Defaults to 1, but update as needed																						
Time Period	Defaults to 1, but update as needed																						
Units	Defaults to 1, but update as needed																						
UCR Cost	N/A – not used																						

Adding a New IP Non-Clinical Request–Adding Service Request (if appl), cont.

Step	Action																											
2.	<p>Click the Add button</p> <p>Result: The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="9">Service Request</th></tr><tr><th>Action</th><th><input type="checkbox"/></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table> <p>Note: If a Service Request was added in error or with incorrect information, you may click the  icon in the Action column to remove the given line.</p>	Service Request									Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status			93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Service Request																												
Action	<input type="checkbox"/>	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status																				
		93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical																					
3.	Repeat Steps 1 and 2 to add additional services, if appropriate																											

Adding a New IP Non-Clinical Request – Adding Documents

Follow these instructions to add a **Document**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none">Document Title: enter the title of the documentDocument Type: defaults to Medical Document, update as needed.Document Description: optional fieldClick the Browse button to search for the document you wish to upload<ol style="list-style-type: none">Click the desired document and click the Open buttonYou will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding a New IP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

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Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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ABC ✓

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Step	Action
1.	Select the appropriate Note Type from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.

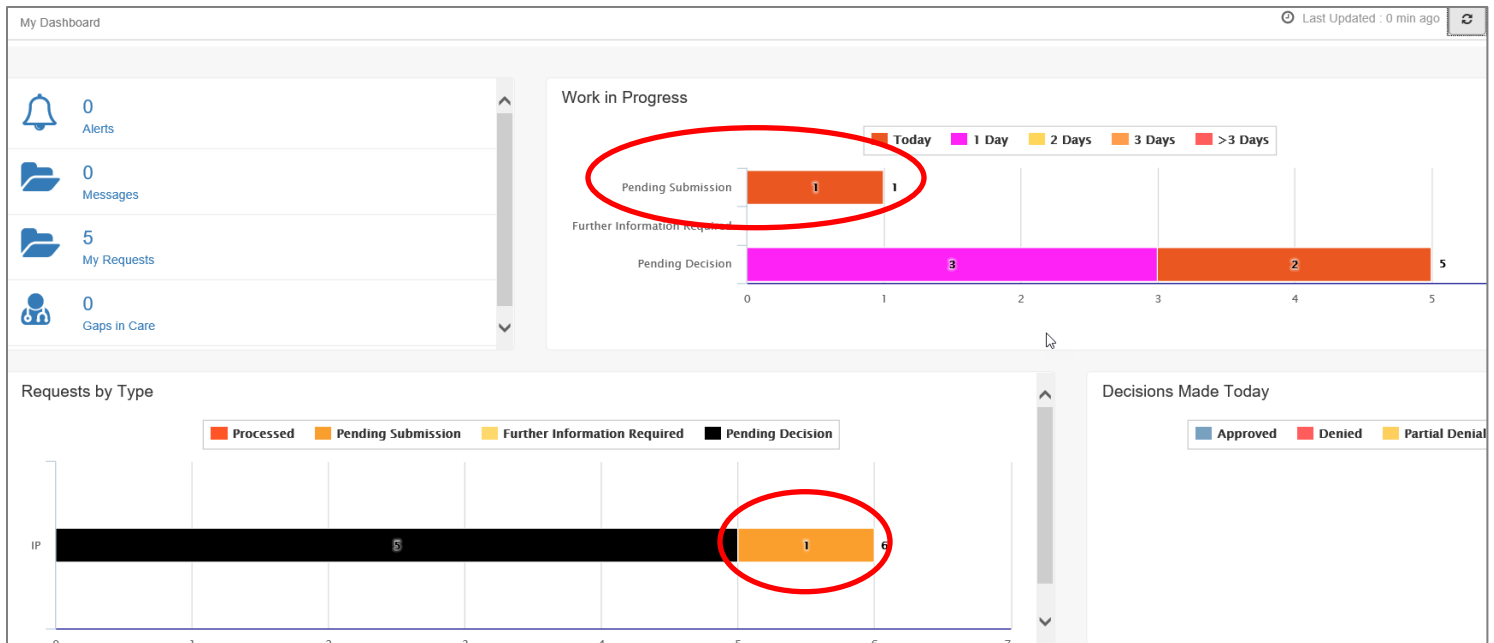


This is a shared note field. Notes can be viewed and entered by both you and the Plan.

Adding a New IP Non-Clinical Request – Save as Draft

The **Non-clinical** request must be saved so it is available to access at a later time in order to add clinical data.

Step	Action
1.	<p>Click on the Save as Draft button to save your request.</p> <div>Submit Save as Draft Cancel</div> <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>You will be taken to the top of the request where you will see that it is now in Draft status (upper left corner).</p> <div>Inpatient Request (Draft)</div>
3.	<p>You may click on Dashboard to exit the request where you see the request displayed as Pending Submission in the Work in Progress and Requests by Type widgets.</p>





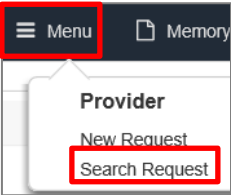
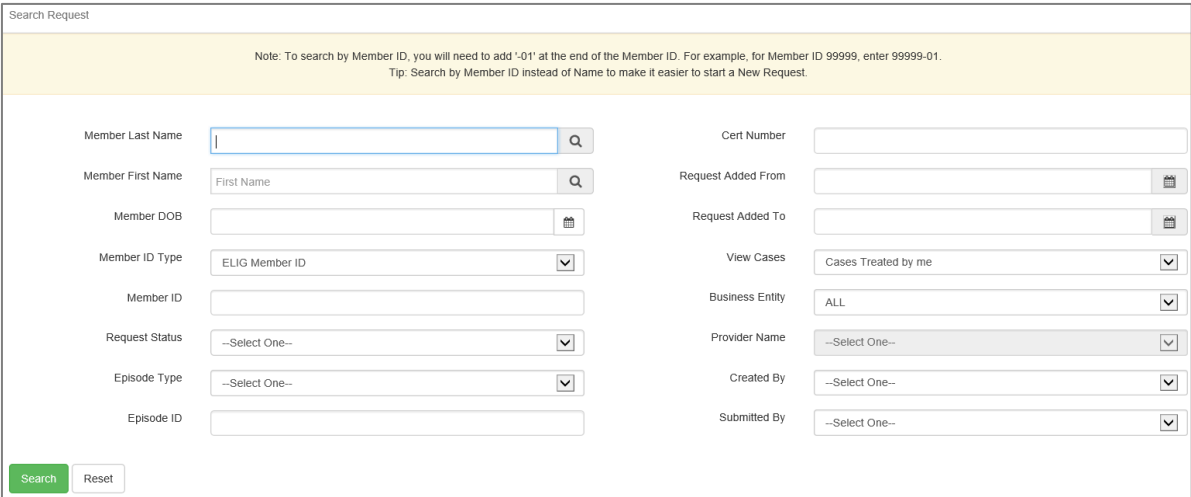
5

5 ADD CLINICAL TO AN EXISTING IP NON-CLINICAL REQUEST

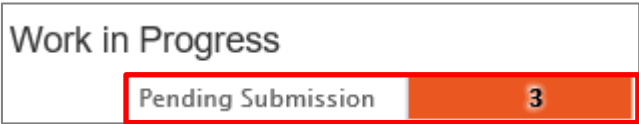
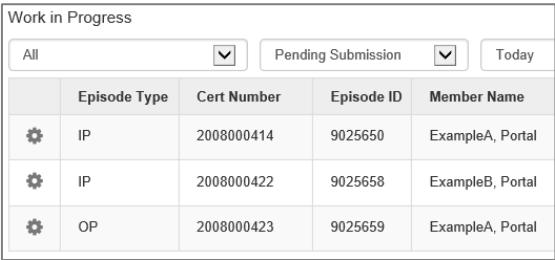
How to Add Clinical Information to Existing IP Non-Clinical Request

There are three options for accessing the non-clinical request.

Option #1: Search Request

Step	Action
1.	<p>Click on Menu and select Search Request</p> 
2.	<p>Enter the appropriate search criteria and click on the Search button.</p> 
3.	<p>What results display will be based on the refinement of the search criteria.</p> <p>Note: <i>Only those episodes for which you are either the Treating or Attending will be displayed.</i></p>

Option #2: Dashboard – Work in Progress Widget

Step	Action
1.	<p>Click on the Pending Submission hyperlink bar in the <i>Work in Progress</i> widget</p> 
2.	<p>All Pending Submission requests, regardless of Episode Type, will be displayed.</p> 

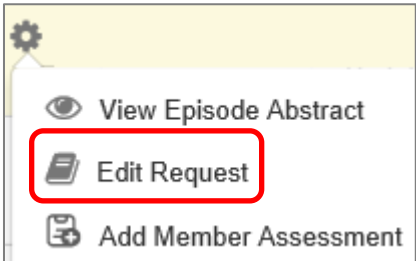
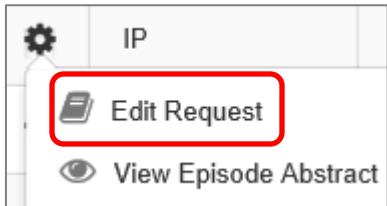
How to Add Clinical Information to Existing IP Non-Clinical Request

Option #3: Dashboard – Requests by Type Widget

Step	Action															
1.	<p>Click on the Pending Submission hyperlink bar in the <i>Request by Type</i> widget</p> <div><p>Requests by Type</p><div><div>Processed</div><div>Pending Submission</div><div>Further Information Required</div><div>Pending Decision</div></div><div><div>IP</div><div>5</div><div>2</div></div><div><div>OP</div><div>1</div><div>1</div><div></div><div></div><div></div><div></div></div></div>															
2.	<p>All Pending Submission requests for that Episode Type will be displayed.</p> <div><p>Requests by Type</p><div><div>Inpatient</div><div>Pending Submission</div><div>Date Range</div></div><table><thead><tr><th></th><th>Episode Type</th><th>Cert Number</th><th>Episode ID</th><th>Member Name</th></tr></thead><tbody><tr><td>⚙</td><td>IP</td><td>2008000414</td><td>9025650</td><td>ExampleA, Portal</td></tr><tr><td>⚙</td><td>IP</td><td>2008000422</td><td>9025658</td><td>ExampleB, Portal</td></tr></tbody></table></div>		Episode Type	Cert Number	Episode ID	Member Name	⚙	IP	2008000414	9025650	ExampleA, Portal	⚙	IP	2008000422	9025658	ExampleB, Portal
	Episode Type	Cert Number	Episode ID	Member Name												
⚙	IP	2008000414	9025650	ExampleA, Portal												
⚙	IP	2008000422	9025658	ExampleB, Portal												

Adding Clinical Information to Existing IP Non-Clinical Request – Edit Request

Follow these steps to open the request for editing.


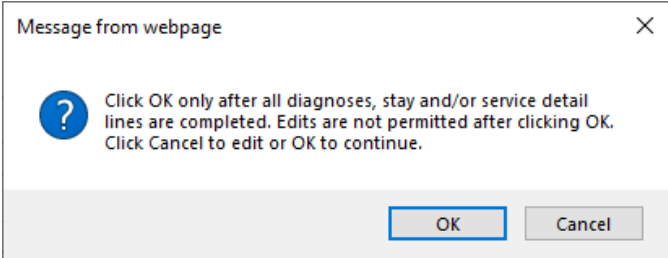
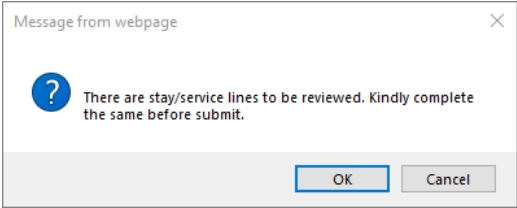
Step	Action
1.	<p>Click on the ⚙ icon to the left of the episode and select Edit Request.</p> <div></div> <p>Note: Depending on how you accessed the episode, you may see different options under the gear.</p>
2.	<p>The request will open and is read to be updated.</p>

Adding Clinical Information to Existing IP Non-Clinical Request – InterQual

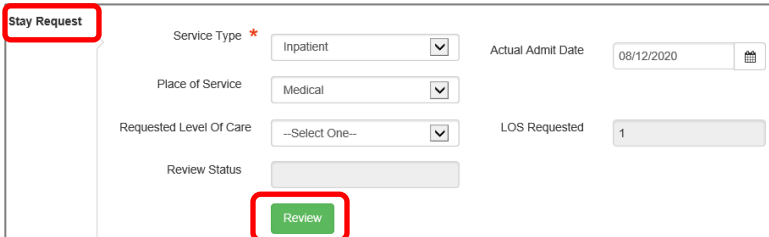
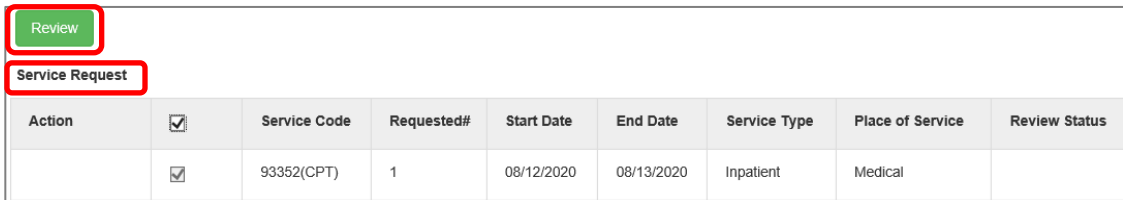
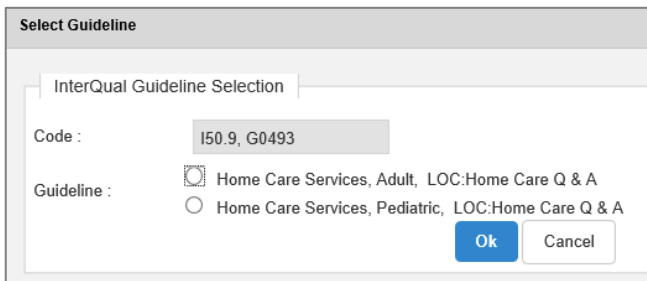
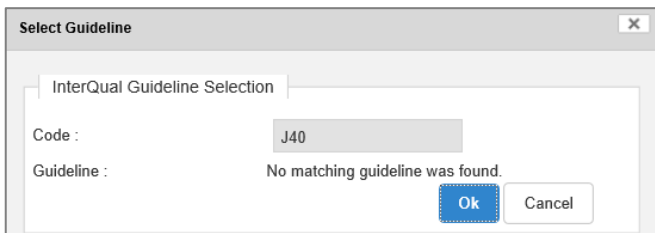
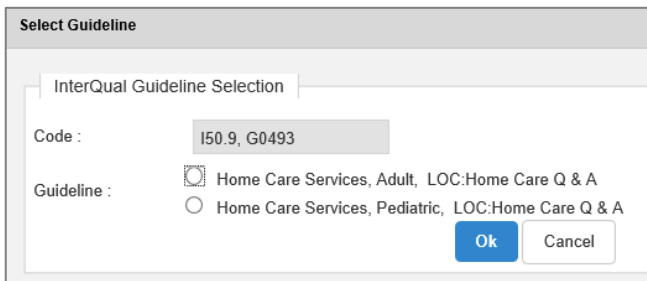
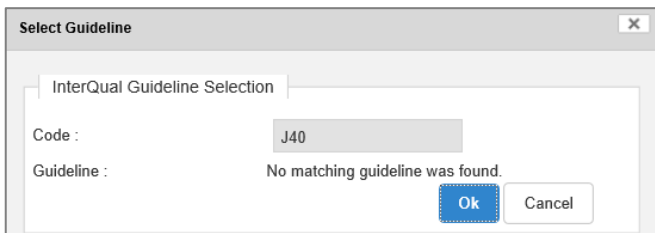
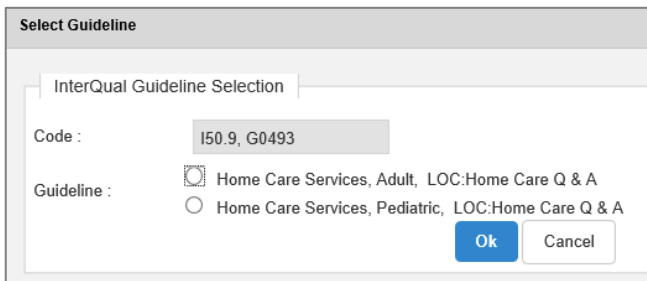
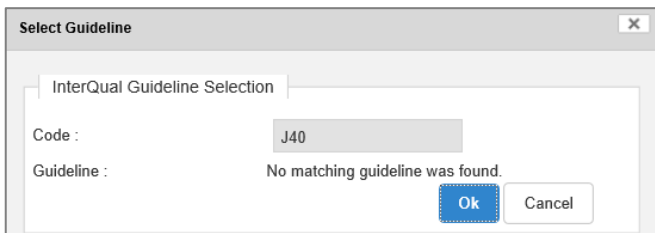


If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action
1.	<p>Click the Check for Review button.</p> 
2.	<p>You will receive the following message. Click OK <u>only</u> if you completed the items listed.</p>  <p>Result: The system will run a diagnostic review of the request to determine if a Stay Request and/or a Service Request is associated with it.</p>
3.	<p>Once determined that one or both exists, you will receive the following pop-up message. Click OK.</p> 

Adding Clinical Information to Existing IP Non-Clinical Request – InterQual, cont.

Step	Action						
4.	<p>Click the appropriate Review button.</p> <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Only a Stay Request</td><td> <ul style="list-style-type: none"> Click the Review button associated with the Stay Request. </td></tr> <tr> <td>Both Stay and Service Requests</td><td> <ul style="list-style-type: none"> The Review button associated with the Stay Request will be inactive. Click the Review button associated with the Service Request. </td></tr> </tbody> </table>  	If...	Then...	Only a Stay Request	<ul style="list-style-type: none"> Click the Review button associated with the Stay Request. 	Both Stay and Service Requests	<ul style="list-style-type: none"> The Review button associated with the Stay Request will be inactive. Click the Review button associated with the Service Request.
If...	Then...						
Only a Stay Request	<ul style="list-style-type: none"> Click the Review button associated with the Stay Request. 						
Both Stay and Service Requests	<ul style="list-style-type: none"> The Review button associated with the Stay Request will be inactive. Click the Review button associated with the Service Request. 						
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table border="1"> <thead> <tr> <th>If there is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Matching Guideline</td><td> <p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p>  </td></tr> <tr> <td>No Matching Guideline</td><td> <p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p>  </td></tr> </tbody> </table>	If there is...	Then...	Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p> 	No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p> 
If there is...	Then...						
Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. Proceed to Step 6 in this section.</p> 						
No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. Proceed to Adding Documents.</p> 						

Adding Clinical Information to Existing IP Non-Clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either Criteria Met or Criteria Not Met .						
7.	<div>From the Recommendations page:<table><tr><th>If you click...</th><th>Then...</th></tr><tr><td>Save</td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td>Complete</td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table></div>	If you click...	Then...	Save	The review will be saved and can be updated, if needed, prior to submitting the request.	Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
Save	The review will be saved and can be updated, if needed, prior to submitting the request.						
Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the Decision column.						

Adding Clinical Information to Existing IP Non-Clinical Request – Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Step	Action
1.	In the New Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on Start .
2.	Answer the questions. Note - Questions in red are mandatory.
3.	Click the Complete button to complete the assessment. Note - This will trigger any auto approval rules (if configured.) The Save button will not trigger the auto approval rules.

Adding Clinical Information to Existing IP Non-Clinical Request – Adding Documents

When submitting an **IP Clinical Request**, you must attach the clinical information. Follow these instructions to add a **Document**.

Step	Action
2.	<p>Complete the following:</p> <ol style="list-style-type: none">Document Title: enter the title of the documentDocument Type: defaults to Medical Document, update as needed.Document Description: optional fieldClick the Browse button to search for the document you wish to upload<ol style="list-style-type: none">Click the desired document and click the Open buttonYou will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding Clinical Information to Existing IP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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ABC ✓

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Step	Action
3.	Select the appropriate Note Type from the drop-down menu.
4.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.



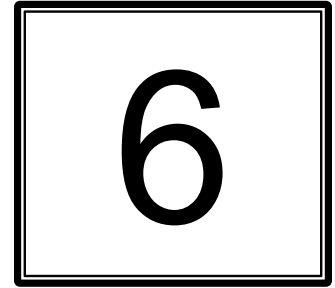
This is a shared note field. Notes can be viewed and entered by both you and the Plan.

Adding Clinical Information to Existing IP Non-Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the Submit button to submit your request.</p> <div> Submit Save as Draft Delete Cancel </div> <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p>Note: If the request is programmed to auto-approve, you will see Approved in the Decision column.</p>

Request Details									
Episode Abstract									
Expected Decision Date : 08/15/2020		Authorization Type : IP		Episode Number : 9025648		Episode Status : OpenRequest		Cert Number 2008000412	
Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision	
	12548537	1	0	0	08/17/2020	08/18/2020	Inpatient	-	
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day
									Decision
									Pending



6 ENTER AN OP CLINICAL REQUEST

How to Enter an Outpatient Clinical Request

When entering a request you have 2 options:

- 1) Enter a clinical request which includes all clinical information.
- 2) Enter a non-clinical request where the clinical information can be added at a later time

The steps in this chapter outline how to enter an OP clinical request. Reference chapter 7 “How to Enter an OP Non-clinical Request” and Chapter 8 “How to Add Clinical Information to an Existing OP Non-clinical Request” for more information.

When entering a **clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Referring Provider**
- **Add service request**
- **Add Assessments (if triggered)**
- **Clinical Information**

Adding a New OP Clinical Request – Adding Episode Details

After locating the member (*following the steps outlined in Chapter 2*), click on **Add New Request** and select **Outpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the top of a web application interface. At the top, there is a header bar with fields for 'ExampleA, Portal (Female)', 'DOB:', 'Member ID:', and 'Government Id:'. Below this is a section for 'Address 1234 Mulberry L... IA', 'Phone & Email (515) 555-5555', 'Coverage', 'Group', 'PCP/PCM', and 'Allergies'. A red circle highlights a drop-down caret on the right side of the header. Below the header is a section titled 'Outpatient Request'. Inside this section, there is a tab labeled 'Episode Details'. To the right of the tab are two dropdown menus: 'Request Type *' with 'Expected' selected, and 'Request Priority *' with 'Standard 24' selected. Below these dropdowns is a blue hyperlink labeled 'Optional Fields' which is circled in red.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Request Type: defaults to Expected , update if appropriate
2.	Request Priority: defaults to Standard 24 , update if appropriate

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the 'Optional Fields' section of the 'Outpatient Request' form. It contains two rows of fields. The first row has 'Request Type *' with 'Expected' selected and 'Request Priority *' with 'Standard 24' selected. The second row, which is highlighted with a red border, contains 'Time Request' with '24 Hours' entered and 'Reason for Request' with '--Select One--' selected.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

Adding a New OP Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "*Favorite Diagnosis List – How to Create a Favorites List.*"

Diagnosis
















Code Type *

ICD10

Diagnosis *

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	Code Type will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the Diagnosis field. You may also use the Advanced Search function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
	ICD10	I50.9--Heart failure, unspecified											
	ICD10	R69--Illness, unspecified											
4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3. Note:<ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.</td></tr><tr><td>do not want to add additional diagnoses</td><td>Proceed to the Providers section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.	do not want to add additional diagnoses	Proceed to the Providers section of the episode.						
If you...	Then...												
want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.												
do not want to add additional diagnoses	Proceed to the Providers section of the episode.												

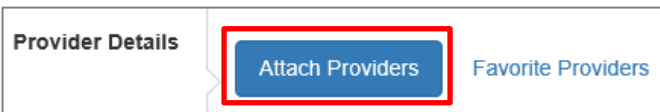
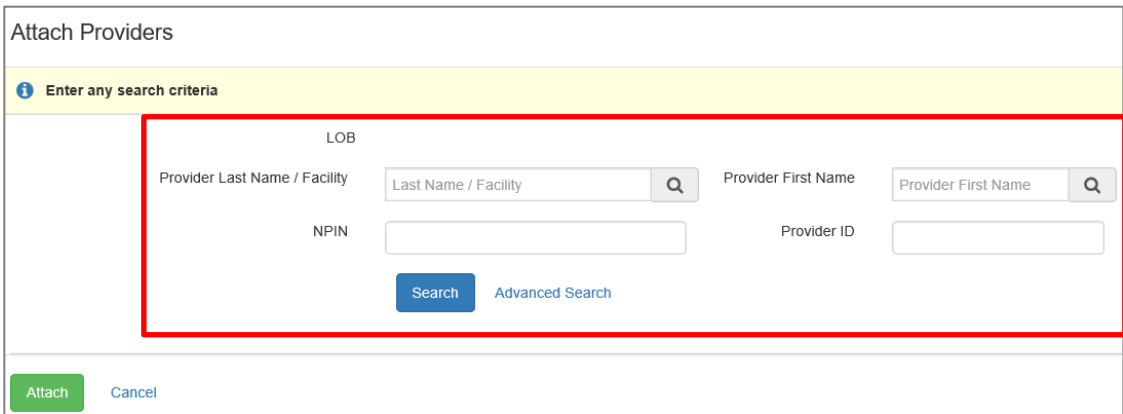
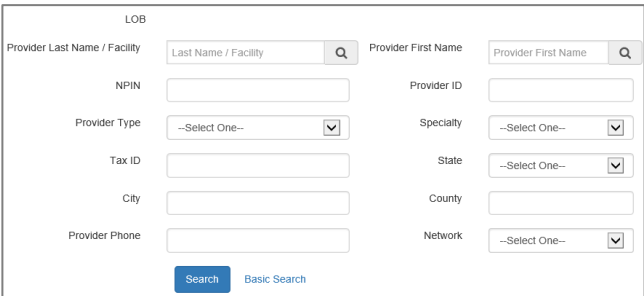
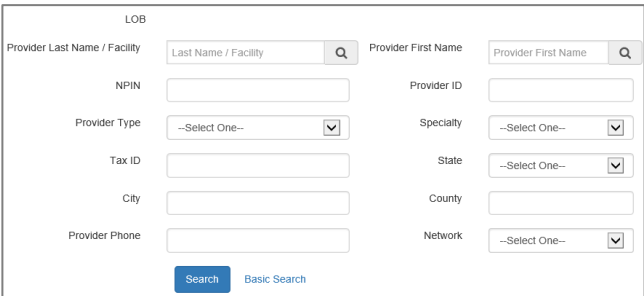
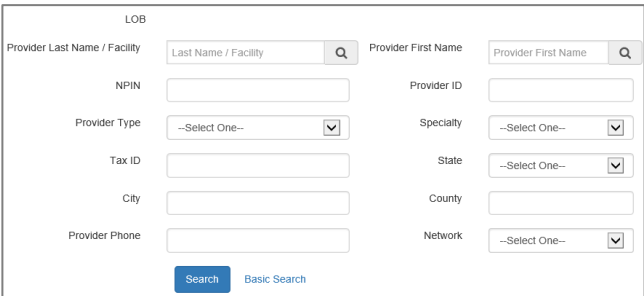
Adding a New OP Clinical Request – Adding Providers

All Outpatient requests should contain a **Treating** provider (Facility or Agency providing the service) and a **Referring** provider (physician or group referring the member for services).






The steps below outline the processes for adding providers to the request.







Favorite Providers - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the Attach Providers button.</p> 						
2.	<p>Enter the appropriate search criteria and click on Search.</p> 						
3.	<p>After clicking Search:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Click the Attach button</td></tr> <tr> <td><i>Is not displayed</i></td><td> <p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Click the Attach button	<i>Is not displayed</i>	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Click the Attach button						
<i>Is not displayed</i>	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 						





Adding a New OP Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach  Multiple Attach  Set as Favorite </div>						

Step	Action
4.	<ul style="list-style-type: none"> Search for the facility. Once you have located the facility, select “Treating” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>
5.	<ul style="list-style-type: none"> Search for the attending physician. Once you have located the physician, select “Referring” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>



If you want to ...	Then...
<p><u>Attach multiple providers to an episode at the same time</u></p>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> Search for the desired providers In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  Multiple Attach option As each provider is selected, they will be added to the “Selected Providers List” at the bottom of the screen When all providers have been added, verify the selected Provider Role and click the  Attach button to add them to the episode.

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Provider A		Referring 			
		Provider B		Treating 			

NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

Adding a New OP Clinical Request – Adding Service Request

You will need to complete the **Service/Specialty Drug Request** section.









Favorite Services - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Service/Specialty Drug Request	Service Type *	--Select One--	Modifier	Search Modifier	Q
	Place of Service	Medical	Start Date *		
	Code Type *	CPT	End Date *		
	Service Code *	Search Service Code	Requested #	1	
		Advanced Search Favorite Services			
		Optional Fields			
	UCR Cost	\$	Units	1	
	Time Frame	Per Day			
	Time period	1			
		Add			

Step	Action																						
1.	<p>Complete information in the Service Request section (<i>if applicable</i>) using the guidelines outlined below:</p> <table border="1"> <tr> <td>Service Type</td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td>Place of Service</td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td>Code Type</td><td>Auto-populated to CPT, update if necessary.</td></tr> <tr> <td>Service Code</td><td>Enter the requested service code. Note: You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the Advanced Search link to initiate a search for the service code.</td></tr> <tr> <td>Modifier</td><td>Enter modifier details as appropriate</td></tr> <tr> <td>Start Date</td><td>Enter the date of the requested service</td></tr> <tr> <td>End Date</td><td>Enter the end date of the service</td></tr> <tr> <td>Requested #</td><td>Enter the appropriate units/visits</td></tr> </table> <p>To view these fields, you may need to click on the Optional Fields hyperlink.</p> <table border="1"> <tr> <td>Time Frame</td><td>Defaults to Per Day.</td></tr> <tr> <td>Time Period</td><td>Defaults to 1.</td></tr> <tr> <td>Units/Visits</td><td>Defaults to 1. Enter the appropriate units/visits.</td></tr> </table>	Service Type	Choose the appropriate selection from the drop-down list.	Place of Service	Choose the appropriate selection from the drop-down list.	Code Type	Auto-populated to CPT, update if necessary.	Service Code	Enter the requested service code. Note: You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the Advanced Search link to initiate a search for the service code.	Modifier	Enter modifier details as appropriate	Start Date	Enter the date of the requested service	End Date	Enter the end date of the service	Requested #	Enter the appropriate units/visits	Time Frame	Defaults to Per Day.	Time Period	Defaults to 1.	Units/Visits	Defaults to 1. Enter the appropriate units/visits.
Service Type	Choose the appropriate selection from the drop-down list.																						
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Time Frame	Defaults to Per Day.																						
Time Period	Defaults to 1.																						
Units/Visits	Defaults to 1. Enter the appropriate units/visits.																						

Adding a New OP Clinical Request – Adding Service Request, cont.

Step	Action																												
2.	<p>Click the Add button.</p> <p>Result: The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="7">Service Request</th></tr><tr><th>Action</th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th></tr><tr><td></td><td>G0493(HCPC)</td><td>5</td><td>08/17/2020</td><td>09/01/2020</td><td>Home</td><td>Medical</td></tr><tr><td></td><td>S9131(HCPC)</td><td>14</td><td>08/19/2020</td><td>09/02/2020</td><td>Home</td><td>Medical</td></tr></table> <p>Note: If a Service Request was added in error or with incorrect information, you may click the icon in the Action column to remove the given line.</p>	Service Request							Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service		G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical		S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical
Service Request																													
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service																							
	G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical																							
	S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical																							
3.	Repeat Steps 2 & 3 if additional service requests need to be added																												


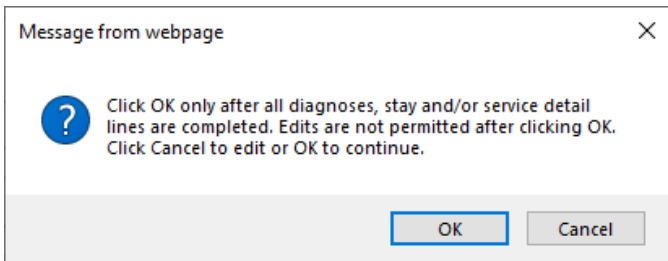
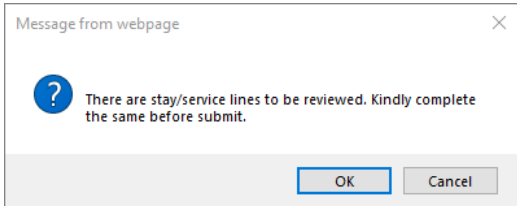
Adding a New OP Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria



If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action
1.	Click the Check for Review button. 
2.	<p>You will receive the following message. Click OK <u>only</u> if you completed the items listed.</p>  <p>Result: The system will run a diagnostic review of the request to determine if a Stay Request and/or a Service Request is associated with it.</p>
3.	<p>Once determined that one or both exists, you will receive the following pop-up message. Click OK.</p> 

Adding a New OP Clinical Request – InterQual, cont.

Step	Action																		
4.	<p>Click the Review button.</p> <div><div>Review</div><div>Service Request</div><table><tr><th>Action</th><th></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td><input checked="" type="checkbox"/></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table></div>	Action		Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status		<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Action		Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status											
	<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical												
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table><tr><th>If there is...</th><th>Then...</th></tr><tr><td>Matching Guideline</td><td><p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <i>Proceed to Step 6 in this section.</i></p><div><div>Select Guideline</div><div>InterQual Guideline Selection</div><div>Code : 150.9, G0493</div><div>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q & A <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q & A</div><div>OkCancel</div></div></td></tr><tr><td>No Matching Guideline</td><td><p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p><div><div>Select Guideline</div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div></td></tr></table>	If there is...	Then...	Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <i>Proceed to Step 6 in this section.</i></p> <div><div>Select Guideline</div><div>InterQual Guideline Selection</div><div>Code : 150.9, G0493</div><div>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q & A <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q & A</div><div>OkCancel</div></div>	No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p> <div><div>Select Guideline</div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div>												
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No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p> <div><div>Select Guideline</div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div>																		

Adding a New OP Clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either Criteria Met or Criteria Not Met .						
7.	<div>From the Recommendations page:</div> <table><tr><th>If you click...</th><th>Then...</th></tr><tr><td>Save</td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td>Complete</td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table>	If you click...	Then...	Save	The review will be saved and can be updated, if needed, prior to submitting the request.	Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
Save	The review will be saved and can be updated, if needed, prior to submitting the request.						
Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the Decision column.						

Adding a New OP Clinical Request – Adding Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Step	Action
1.	In the New Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on Start .
2.	Answer the questions. Note - Questions in red are mandatory.
3.	Click the Complete button to complete the assessment. Note - This will trigger any auto approval rules (if configured.) The Save button will not trigger the auto approval rules.

Adding a New OP Clinical Request – Adding Documents

When submitting an **OP Clinical Request**, you must attach the clinical information. Follow these instructions to add a **Document**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none">Document Title: enter the title of the documentDocument Type: defaults to Medical Document, update as needed.Document Description: optional fieldClick the Browse button to search for the document you wish to upload<ol style="list-style-type: none">Click the desired document and click the Open buttonYou will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding a New OP Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

📅

Note Encounter Time

08

▼

49

▼

Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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ABC ✓

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⬆

Step	Action
1.	Select the appropriate Note Type from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.



This is a shared note field. Notes can be viewed and entered by both you and the Plan.

Adding a New OP Clinical Request – Submitting the Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the Submit button to submit your request.</p> <div> Submit Save as Draft Delete Cancel </div> <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p>Note: If the request is programmed to auto-approve, you will see Approved in the Decision column.</p>

Request Details										
Episode Abstract										
<p>Expected Decision Date : 08/15/2020 Authorization Type OP Episode Number : 9025648 Episode Status : OpenRequest Cert Number 2008000412</p>										
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day	Pending



7 ENTER AN OP NON-CLINICAL REQUEST

How to Enter an Outpatient Non-Clinical Request

A non-clinical request can be started by non-clinical staff or anyone who does not have clinical information available at the time of entry.

The non-clinical request can be saved and is available to access at a later time in order to add clinical data.

When entering a **non-clinical** request, you **must provide** the following information:

- **Episode Details**
- **Diagnosis- primary a must, secondary is optional**
- **Treating Provider**
- **Referring Provider**
- **Add service request**

Adding a New OP Non-Clinical Request – Adding Episode Details

After locating the member (*following the steps outlined in Chapter 2*), click on **Add New Request** and select **Outpatient** from the drop-down list.

The Member Demographics are at the top of the page. You may click the drop-down caret on the right to expand the demographics window.

The screenshot shows the top of a web application interface. At the top, there is a header bar with fields for 'ExampleA, Portal (Female)', 'DOB:', 'Member ID:', and 'Government Id:'. Below this is a section for 'Address 1234 Mulberry L... IA', 'Phone & Email (515) 555-5555', 'Coverage', 'Group', 'PCP/PCM', and 'Allergies'. A red circle highlights a drop-down caret on the right side of the header. Below the header is a section titled 'Outpatient Request'. Inside this section, there is a tab labeled 'Episode Details'. To the right of the tab are two dropdown menus: 'Request Type *' with 'Expected' selected, and 'Request Priority *' with 'Standard 24' selected. Below these dropdowns is a blue hyperlink labeled 'Optional Fields' which is circled in red.

Follow these steps to complete the **Episode Details** section:

Step	Action
1.	Request Type: defaults to Expected , update if appropriate
2.	Request Priority: defaults to Standard 24 , update if appropriate

If you click the **Optional Fields** hyperlink, additional fields will be displayed.

This screenshot shows the 'Optional Fields' section of the 'Outpatient Request' form. It contains two rows of fields. The first row has 'Request Type *' with 'Expected' selected and 'Request Priority *' with 'Standard 24' selected. The second row, which is highlighted with a red border, contains 'Time Request' with '24 Hours' entered and 'Reason for Request' with '--Select One--' selected. Both dropdown menus in the second row have a downward arrow icon.

- **Time Request:** This field will auto-populated based on the **Request Priority**.
- **Reason for Request:** Select the appropriate reason from the drop down.

Adding a New OP Non-Clinical Request – Adding Diagnosis

You can add multiple diagnoses from this screen or you can utilize the **Favorite Diagnosis** hyperlink to save time and keystrokes. The **Favorite Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account. Reference Chapter 9 "*Favorite Diagnosis List – How to Create a Favorites List.*"

Diagnosis
















Code Type *

ICD10

Diagnosis *

Diagnosis

[Advanced Search](#)
[Favorite Diagnosis](#)

Step	Action												
1.	Code Type will default to ICD10. You may select a different code type if applicable.												
2.	Type the diagnosis or code in the Diagnosis field. You may also use the Advanced Search function, if needed.												
3.	Once you select the diagnosis, it will display on the screen and be attached to the episode. <div><table><tr><th>Primary Dx</th><th>Code Type</th><th>Diagnosis</th><th>Actions</th></tr><tr><td></td><td>ICD10</td><td>I50.9--Heart failure, unspecified</td><td></td></tr><tr><td></td><td>ICD10</td><td>R69--Illness, unspecified</td><td></td></tr></table></div>	Primary Dx	Code Type	Diagnosis	Actions		ICD10	I50.9--Heart failure, unspecified			ICD10	R69--Illness, unspecified	
Primary Dx	Code Type	Diagnosis	Actions										
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4.	<table><tr><th>If you...</th><th>Then...</th></tr><tr><td>want to add additional diagnoses</td><td>Repeat steps 2 and 3. Note:<ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.</td></tr><tr><td>do not want to add additional diagnoses</td><td>Proceed to the Providers section of the episode.</td></tr></table>	If you...	Then...	want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.	do not want to add additional diagnoses	Proceed to the Providers section of the episode.						
If you...	Then...												
want to add additional diagnoses	Repeat steps 2 and 3. Note: <ul style="list-style-type: none">- Click the remove icon  to remove a diagnosis from the request.- You cannot remove a diagnosis unless there is more than one diagnosis already selected- Click the Star  in the Primary Dx column if you need to designate a different diagnosis as primary.												
do not want to add additional diagnoses	Proceed to the Providers section of the episode.												

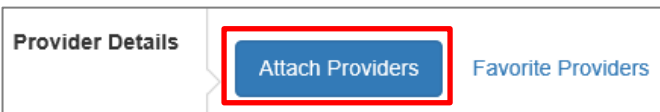
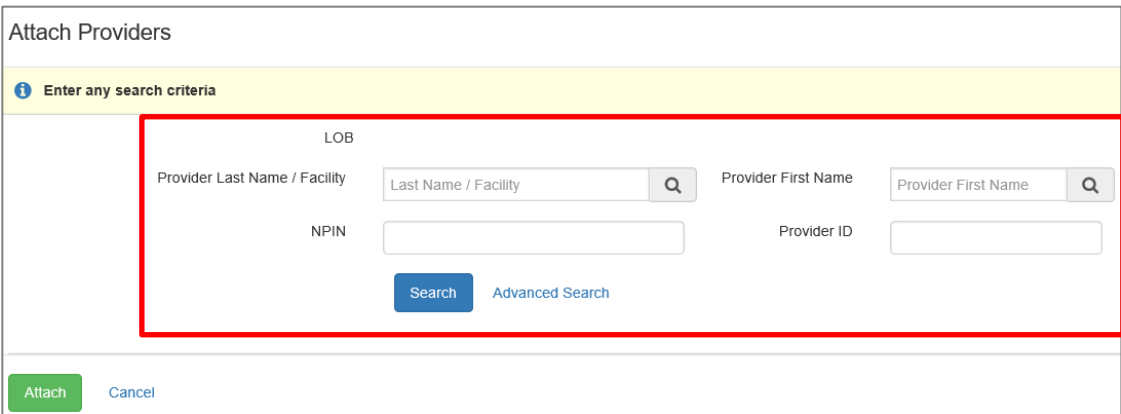
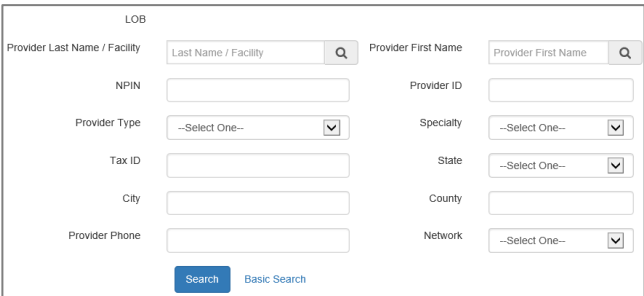
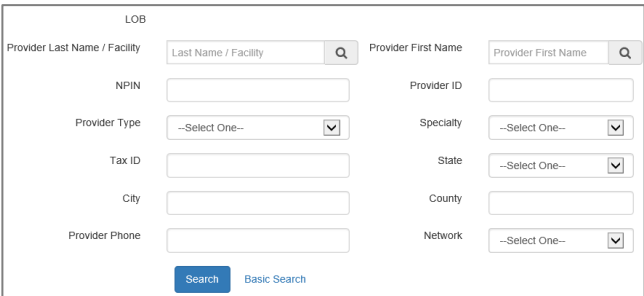
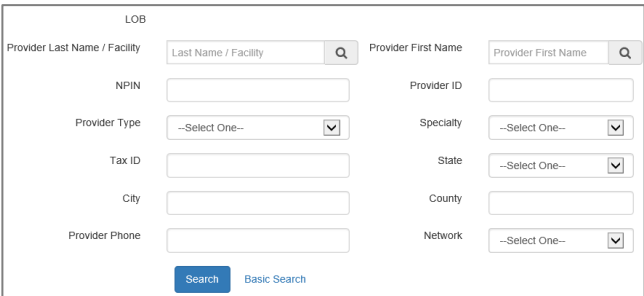
Adding a New OP Non-Clinical Request – Adding Providers

All Outpatient requests should contain a **Treating** provider (Facility or Agency providing the service) and a **Referring** provider (physician or group referring the member for services).




The steps below outline the processes for adding providers to the request.







Favorite Providers - You can utilize the Favorite Providers hyperlink to save time and keystrokes. The **Favorite Providers** list will allow you to create and manage a list of frequently used providers. Reference Chapter 9 “*Favorite Providers List–How to Create a Favorites List.*”




Step	Action						
1.	<p>Click the Attach Providers button.</p> 						
2.	<p>Enter the appropriate search criteria and click on Search.</p> 						
3.	<p>After clicking Search:</p> <table border="1"> <thead> <tr> <th>If appropriate provider...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Is displayed</td><td>Click the Attach button</td></tr> <tr> <td><i>Is not displayed</i></td><td> <p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p>  </td></tr> </tbody> </table>	If appropriate provider...	Then...	Is displayed	Click the Attach button	<i>Is not displayed</i>	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 
If appropriate provider...	Then...						
Is displayed	Click the Attach button						
<i>Is not displayed</i>	<p>You may use the Advanced Search functionality and click the Attach button after locating the provider</p> 						

Adding a New OP Non-Clinical Request – Adding Providers (cont.)

Search Results						
	Provider ID	Provider Name	Location	Type	Provider Role	Partici
	0000000	Hospital A	Any City, PA	Facility/Vendor	Treating 	
<div>  Single Attach  Multiple Attach  Set as Favorite </div>						

Step	Action
4.	<ul style="list-style-type: none"> Search for the facility. Once you have located the facility, select “Treating” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>
5.	<ul style="list-style-type: none"> Search for the attending physician. Once you have located the physician, select “Referring” from the drop-down list in the Provider Role column, click the  icon next to the provider row and select  Single Attach to attach the provider to the episode. <p>Result: The Provider will be attached and listed in the Providers section of the episode.</p>



If you want to ...	Then...
<p><u>Attach multiple providers to an episode at the same time</u></p>	<p>Follow the steps outlined below:</p> <ul style="list-style-type: none"> Search for the desired providers In the row of each desired provider in the search results screen, select the appropriate Provider Role from the drop-down list, click the  icon next to the row and select the  Multiple Attach option As each provider is selected, they will be added to the “Selected Providers List” at the bottom of the screen When all providers have been added, verify the selected Provider Role and click the  Attach button to add them to the episode.

Provider Details	ID	Name	Location	Role	Network	Phone	Action
		Provider A		Referring 			
		Provider B		Treating 			

NOTE:

- If the incorrect provider is attached, click the **Deactivate** icon  to deactivate the facility. The facility will be removed from the episode.

Adding a New OP Non-Clinical Request – Adding Service Request

You will need to complete the **Service/Specialty Drug Request** section.









Favorite Services - You can utilize the Favorite Services hyperlink to save time and keystrokes. The **Favorite Services** list will allow you to create and manage a list of frequently used services. Reference Chapter 9 “*Favorite Services List–How to Create a Favorites List.*”

Service/Specialty Drug Request	Service Type *	--Select One--	Modifier	Search Modifier	Q
	Place of Service	Medical	Start Date *		
	Code Type *	CPT	End Date *		
	Service Code *	Search Service Code	Requested #	1	
		Advanced Search	Favorite Services		
		Optional Fields			
	UCR Cost	\$	Units	1	
	Time Frame	Per Day			
	Time period	1			
		Add			

Step	Action																						
1.	<p>Complete information in the Service Request section (<i>if applicable</i>) using the guidelines outlined below:</p> <table border="1"> <tr> <td>Service Type</td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td>Place of Service</td><td>Choose the appropriate selection from the drop-down list.</td></tr> <tr> <td>Code Type</td><td>Auto-populated to CPT, update if necessary.</td></tr> <tr> <td>Service Code</td><td>Enter the requested service code. Note: You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the Advanced Search link to initiate a search for the service code.</td></tr> <tr> <td>Modifier</td><td>Enter modifier details as appropriate</td></tr> <tr> <td>Start Date</td><td>Enter the date of the requested service</td></tr> <tr> <td>End Date</td><td>Enter the end date of the service</td></tr> <tr> <td>Requested #</td><td>Enter the appropriate units/visits</td></tr> </table> <p>To view these fields, you may need to click on the Optional Fields hyperlink.</p> <table border="1"> <tr> <td>Time Frame</td><td>Defaults to Per Day.</td></tr> <tr> <td>Time Period</td><td>Defaults to 1.</td></tr> <tr> <td>Units/Visits</td><td>Defaults to 1. Enter the appropriate units/visits.</td></tr> </table>	Service Type	Choose the appropriate selection from the drop-down list.	Place of Service	Choose the appropriate selection from the drop-down list.	Code Type	Auto-populated to CPT, update if necessary.	Service Code	Enter the requested service code. Note: You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the Advanced Search link to initiate a search for the service code.	Modifier	Enter modifier details as appropriate	Start Date	Enter the date of the requested service	End Date	Enter the end date of the service	Requested #	Enter the appropriate units/visits	Time Frame	Defaults to Per Day.	Time Period	Defaults to 1.	Units/Visits	Defaults to 1. Enter the appropriate units/visits.
Service Type	Choose the appropriate selection from the drop-down list.																						
Place of Service	Choose the appropriate selection from the drop-down list.																						
Code Type	Auto-populated to CPT, update if necessary.																						
Service Code	Enter the requested service code. Note: You can type the service code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate service from the list. You can also use the Advanced Search link to initiate a search for the service code.																						
Modifier	Enter modifier details as appropriate																						
Start Date	Enter the date of the requested service																						
End Date	Enter the end date of the service																						
Requested #	Enter the appropriate units/visits																						
Time Frame	Defaults to Per Day.																						
Time Period	Defaults to 1.																						
Units/Visits	Defaults to 1. Enter the appropriate units/visits.																						

Adding a New OP Non-Clinical Request – Adding Service Request, cont.

Step	Action																												
2.	<p>Click the Add button.</p> <p>Result: The Service Request line will now be populated (appears below the Service Request fields)</p> <table><tr><th colspan="7">Service Request</th></tr><tr><th>Action</th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th></tr><tr><td></td><td>G0493(HCPC)</td><td>5</td><td>08/17/2020</td><td>09/01/2020</td><td>Home</td><td>Medical</td></tr><tr><td></td><td>S9131(HCPC)</td><td>14</td><td>08/19/2020</td><td>09/02/2020</td><td>Home</td><td>Medical</td></tr></table> <p>Note: If a Service Request was added in error or with incorrect information, you may click the icon in the Action column to remove the given line.</p>	Service Request							Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service		G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical		S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical
Service Request																													
Action	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service																							
	G0493(HCPC)	5	08/17/2020	09/01/2020	Home	Medical																							
	S9131(HCPC)	14	08/19/2020	09/02/2020	Home	Medical																							
3.	Repeat Steps 2 & 3 if additional service requests need to be added																												

Adding a New OP Non-Clinical Request – Adding Documents

Follow these instructions to add a **Document**.

Step	Action
1.	<p>Complete the following:</p> <ol style="list-style-type: none">Document Title: enter the title of the documentDocument Type: defaults to Medical Document, update as needed.Document Description: optional fieldClick the Browse button to search for the document you wish to upload<ol style="list-style-type: none">Click the desired document and click the Open buttonYou will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding a New OP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

▼

Note Encounter Date

08/13/2020

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Note Encounter Time

08

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49

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Note Text

File ▼ Edit ▼ View ▼ Format ▼ Tools ▼

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⬆

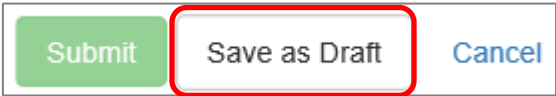

Step	Action
1.	Select the appropriate Note Type from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.

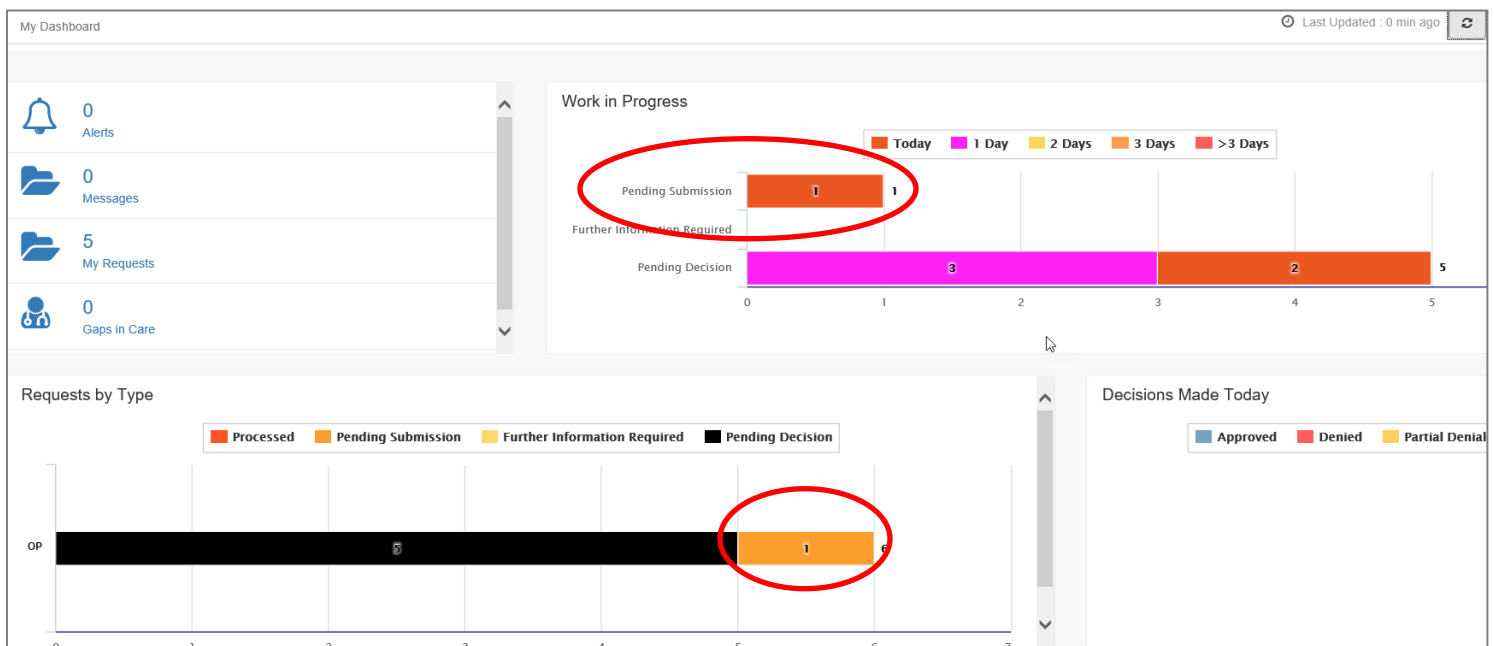


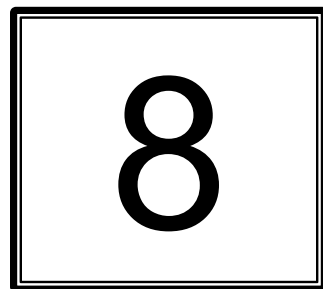
This is a shared note field. Notes can be viewed and entered by both you and the Plan.

Adding a New OP Non-Clinical Request – Saving as Draft

The **Non-clinical** request must be saved so it is available to access at a later time in order to add clinical data.

Step	Action
1.	<p>Click on the Save as Draft button to submit your request.</p>  <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>You will be taken to the top of the request where you will see that it is now in Draft status (upper left corner).</p> 
3.	<p>You may click on Dashboard to exit the request where you see the request displayed as Pending Submission in the Work in Progress and Requests by Type widgets.</p>



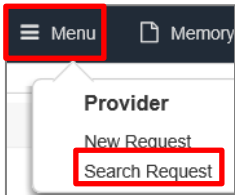
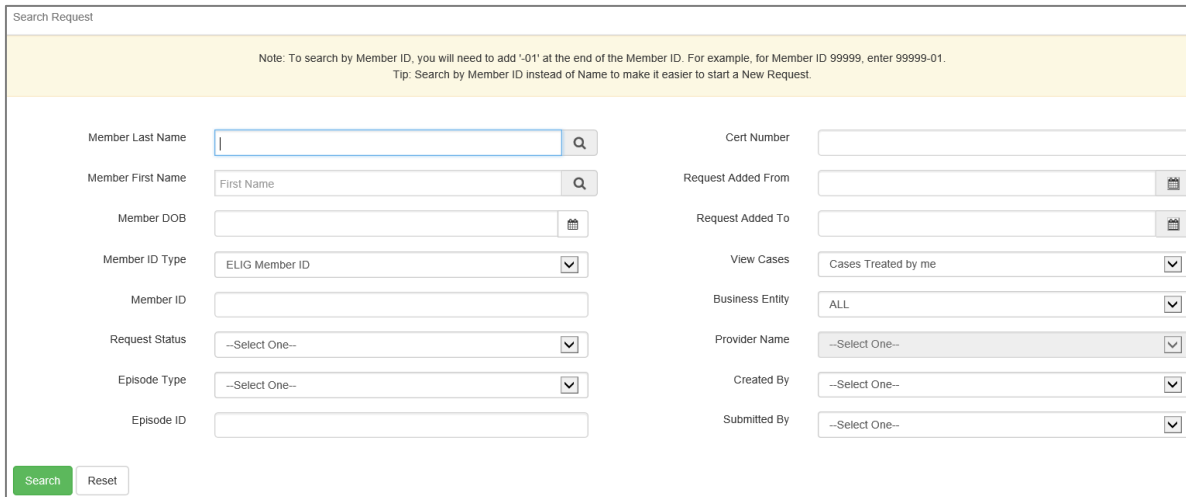


8 ADD CLINICAL TO AN EXISTING OP NON-CLINICAL REQUEST

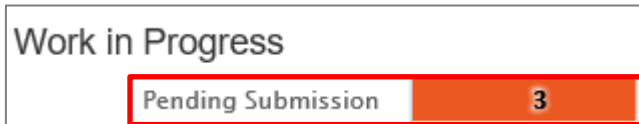
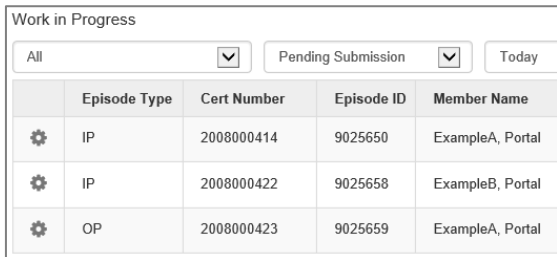
Adding Clinical Information to an Existing OP Non-clinical Request

There are three options for accessing the non-clinical request.

Option #1: Search Request

Step	Action
1.	<p>Click on Menu and select Search Request</p> 
2.	<p>Enter the appropriate search criteria and click on the Search button.</p> 
3.	<p>What results display will be based on the refinement of the search criteria.</p> <p>Note: Only those episodes for which you are either the Treating or Attending will be displayed.</p>

Option #2: Dashboard – Work in Progress Widget

Step	Action
1.	<p>Click on the Pending Submission hyperlink bar in the <i>Work in Progress</i> widget</p> 
2.	<p>All Pending Submission requests, regardless of Episode Type, will be displayed.</p> 

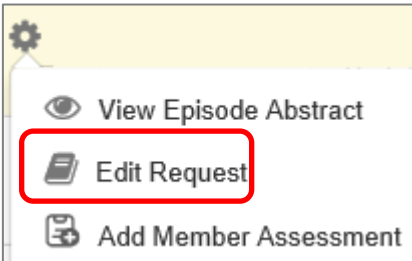
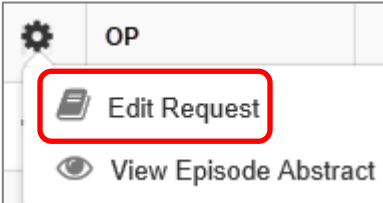
Adding Clinical Information to Existing OP Non-Clinical Request, continued

Option #3: Dashboard – Requests by Type Widget

Step	Action													
1.	<p>Click on the Pending Submission hyperlink bar in the <i>Request by Type</i> widget</p> <div><p>Requests by Type</p><div><div>Processed</div><div>Pending Submission</div><div>Further Information Required</div><div>Pending Decision</div></div><table><tr><td>IP</td><td colspan="4">5</td><td colspan="2">2</td></tr><tr><td>OP</td><td>1</td><td>1</td><td></td><td></td><td></td></tr></table></div>	IP	5				2		OP	1	1			
IP	5				2									
OP	1	1												
2.	<p>All Pending Submission requests for that Episode Type will be displayed.</p> <div><p>Work in Progress</p><div><div>All</div><div>Pending Submission</div><div>Today</div></div><table><tr><th></th><th>Episode Type</th><th>Cert Number</th><th>Episode ID</th><th>Member Name</th></tr><tr><td></td><td>OP</td><td>2008000423</td><td>9025659</td><td>ExampleA, Portal</td></tr></table></div>		Episode Type	Cert Number	Episode ID	Member Name		OP	2008000423	9025659	ExampleA, Portal			
	Episode Type	Cert Number	Episode ID	Member Name										
	OP	2008000423	9025659	ExampleA, Portal										

Adding Clinical Information to Existing OP Non-Clinical Request – Edit Request

Follow these steps to open the request for editing.

Step	Action
1.	<p>Click on the ⚙ icon to the left of the episode and select Edit Request.</p> <div></div> <p>Note: Depending on how you accessed the episode, you may see different options under the gear.</p>
2.	<p>The request will open and is read to be updated.</p>


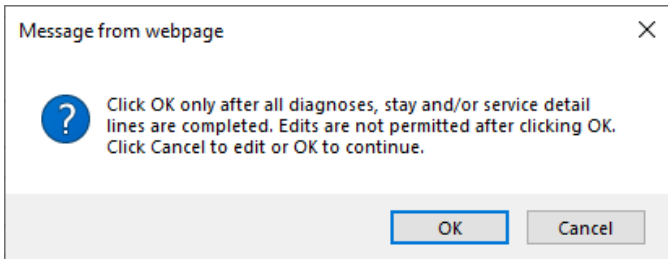
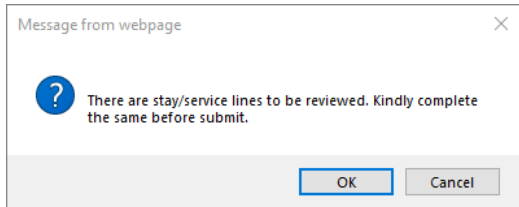
Adding Clinical Information to Existing OP Non-Clinical Request – InterQual

Access and complete InterQual Connect Clinical Criteria



If you need training or have questions regarding the use of InterQual Connect criteria, please contact your facility InterQual trainer or contact your Change HealthCare account representative.

The health plan is certified to conduct training for internal associates only.

Step	Action
1.	<p>Click the Check for Review button.</p> 
2.	<p>You will receive the following message. Click OK <u>only</u> if you completed the items listed.</p>  <p>Result: The system will run a diagnostic review of the request to determine if a Stay Request and/or a Service Request is associated with it.</p> <p>Note: The Check for Review button is disabled in the following scenarios:</p> <ul style="list-style-type: none"> When stay and service lines can be processed by Sentinel rules. Based on the sentinel auto-approval rule, the Decision and Reason for Decision are as follows: <ul style="list-style-type: none"> Pending and Auto Pended Approved and Auto Approval <p>When medical review is not supported based on the service code, diagnosis code, and episode type, the decision is displayed as Pending and the Reason for Decision is displayed as Medical Review Not Required. Manual review is required in this case.</p>
3.	<p>Once determined that one or both exists, you will receive the following pop-up message. Click OK.</p> 

Adding Clinical Information to Existing OP Non-clinical Request – InterQual, cont.

Step	Action																		
4.	<p>Click the Review button.</p> <div><div>Review</div><div>Service Request</div><table><tr><th>Action</th><th></th><th>Service Code</th><th>Requested#</th><th>Start Date</th><th>End Date</th><th>Service Type</th><th>Place of Service</th><th>Review Status</th></tr><tr><td></td><td><input checked="" type="checkbox"/></td><td>93352(CPT)</td><td>1</td><td>08/12/2020</td><td>08/13/2020</td><td>Inpatient</td><td>Medical</td><td></td></tr></table></div>	Action		Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status		<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical	
Action		Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Review Status											
	<input checked="" type="checkbox"/>	93352(CPT)	1	08/12/2020	08/13/2020	Inpatient	Medical												
5.	<p>The system will connect with InterQual and determine if there is a matching guideline.</p> <table><tr><th>If there is...</th><th>Then...</th></tr><tr><td>Matching Guideline</td><td><p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <i>Proceed to Step 6 in this section.</i></p><div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : 150.9, G0493</div><div>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q & A <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q & A</div><div>OkCancel</div></div></div></td></tr><tr><td>No Matching Guideline</td><td><p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p><div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div></div></td></tr></table>	If there is...	Then...	Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <i>Proceed to Step 6 in this section.</i></p> <div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : 150.9, G0493</div><div>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q & A <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q & A</div><div>OkCancel</div></div></div>	No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p> <div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div></div>												
If there is...	Then...																		
Matching Guideline	<p>You will receive this pop-up similar to this where you may select the appropriate guideline and click on OK. <i>Proceed to Step 6 in this section.</i></p> <div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : 150.9, G0493</div><div>Guideline : <input checked="" type="radio"/> Home Care Services, Adult, LOC:Home Care Q & A <input type="radio"/> Home Care Services, Pediatric, LOC:Home Care Q & A</div><div>OkCancel</div></div></div>																		
No Matching Guideline	<p>You will receive this pop-up. Click OK to close the window and you will be returned to the request screen. <i>Proceed to Adding Documents.</i></p> <div><div>Select Guideline</div><div><div>InterQual Guideline Selection</div><div>Code : J40</div><div>Guideline : No matching guideline was found.</div><div>OkCancel</div></div></div>																		

Adding Clinical Information to Existing OP Non-clinical Request – InterQual, cont.

Step	Action						
6.	After answering the review questions, the Recommendations page will display either Criteria Met or Criteria Not Met .						
7.	<div>From the Recommendations page:</div> <table><tr><th>If you click...</th><th>Then...</th></tr><tr><td>Save</td><td>The review will be saved and can be updated, if needed, prior to submitting the request.</td></tr><tr><td>Complete</td><td>The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.</td></tr></table>	If you click...	Then...	Save	The review will be saved and can be updated, if needed, prior to submitting the request.	Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.
If you click...	Then...						
Save	The review will be saved and can be updated, if needed, prior to submitting the request.						
Complete	The review will be saved and closed. It cannot be updated even if you have not yet submitted the request.						
8.	Close the InterQual tab to return to the Provider Portal						
9.	The request line will now display a status in the Decision column.						

Adding Clinical Information to Existing OP Non-Clinical Request – Assessments

If an assessment is associated with the request, an **Assessment** section will be displayed where you may access and complete the associated assessment.

Assessment Title	Identified On	Assessment Added By
Sample Assessment	11/23/2020	Sentinel

Assessment Score 0 of 9

Provider Portal Delivery Screening Assessment

Timer 00:00:09

Sample Question...

Step	Action
1.	In the New Tab of the Assessment section, click on the gear icon to the left of the Assessment and click on Start .
2.	Answer the questions. Note - Questions in red are mandatory.
3.	Click the Complete button to complete the assessment. Note - This will trigger any auto approval rules (if configured.) The Save button will not trigger the auto approval rules.

Adding Clinical Information to Existing OP Non-Clinical Request – Adding Documents

When submitting an **OP Clinical Request**, you must attach the clinical information. Follow these instructions to add a **Document**.

Step	Action
1.	<p>Complete the following:</p> <ul style="list-style-type: none">f. Document Title: enter the title of the documentg. Document Type: defaults to Medical Document, update as needed.h. Document Description: optional fieldi. Click the Browse button to search for the document you wish to upload<ul style="list-style-type: none">vi. Click the desired document and click the Open buttonj. You will see the document name listed next to the Browse button. <div><div>Documents</div><div><div>Document Title *</div><div>Clinical Information</div><div>Document Description</div><div>Can enter a document description here.</div><div>Document Type</div><div>Medical Document</div><div>Select Document</div><div>Browse</div><div>PP Example Document.docx</div></div></div>

Adding Clinical Information to Existing OP Non-Clinical Request – Adding Notes

Notes

Note Type

--Select One--

Note Encounter Date

08/13/2020

Note Encounter Time

08

49

Note Text

File Edit View Format Tools

B

I

U

ABC

Step	Action
1.	Select the appropriate Note Type from the drop-down menu.
2.	Enter the appropriate notes in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.



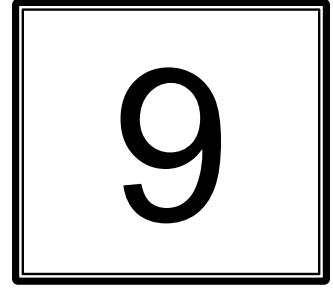
This is a shared note field. Notes can be viewed and entered by both you and the Plan.

Adding Clinical Information to Existing OP Non-Clinical Request – Submitting Request

Once all required sections are completed, you are ready to submit the request.

Step	Action
1.	<p>Click on the Submit button to submit your request.</p> <div> Submit Save as Draft Delete Cancel </div> <p>Note: The Submit button will not be active until a clinical review has been completed.</p>
2.	<p>The Request Details information will be displayed, including the Cert Number.</p> <p>Note: If the request is programmed to auto-approve, you will see Approved in the Decision column.</p>

Request Details										
Episode Abstract										
<p>Expected Decision Date : 08/15/2020 Authorization Type OP Episode Number : 9025648 Episode Status : OpenRequest Cert Number 2008000412</p>										
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12548538	27428(CPT)	1	0	0			Inpatient	Per Day	Pending



9 ADDITIONAL PROCESSES

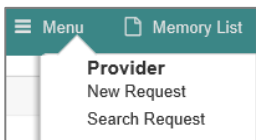
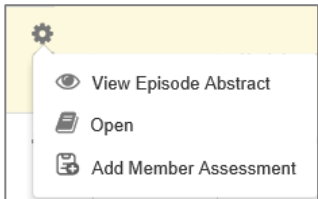
Search for Determination

Search Request

Note: To search by Member ID, you will need to add '-01' at the end of the Member ID. For example, for Member ID 99999, enter 99999-01.
Tip: Search by Member ID instead of Name to make it easier to start a New Request.

Member Last Name	<input type="text" value="Last Name"/>	Q	Cert Number	<input type="text"/>
Member First Name	<input type="text" value="First Name"/>	Q	Request Added From	<input type="text"/>
Member DOB	<input type="text"/>	📅	Request Added To	<input type="text"/>
Member ID Type	<input type="text" value="ELIG Member ID"/>	▼	View Cases	<input type="text" value="Cases Treated by me"/>
Member ID	<input type="text"/>		Business Entity	<input type="text" value="ALL"/>
Request Status	<input type="text" value="--Select One--"/>	▼	Provider Name	<input type="text" value="--Select One--"/>
Episode Type	<input type="text" value="--Select One--"/>	▼	Created By	<input type="text" value="--Select One--"/>
Episode ID	<input type="text"/>		Submitted By	<input type="text" value="--Select One--"/>

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason
⚙️	9026508	ExampleA, Portal	IP	09/14/2020	92009000160	J40 (Bronchitis, not specified as acute or chronic)	Westre, Kristi	Westre, Kristi		Pending Decision	Pending	
⚙️	9026454	ExampleA, Portal	IP	09/10/2020	92009000124	R69 (Illness, unspecified)	Westre, Kristi			Pending Submission		
⚙️	9025648	ExampleA, Portal	IP	08/13/2020	2008000412	M13.169 (Monoarthritis, not elsewhere classified, unspecified knee)	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval

Step	Action
1.	Click Menu and select Search Request 
2.	Enter the “certification number” in the Cert Number field. Note – You can also search using the member ID or name/DOB.
3.	Select “ Cases Treated By Me ” from the View Cases drop down box.
4.	Verify that “ All ” is in the Business Entity field.
5.	Click the Search button.
6.	The determination will be in the Decision column (Approved, Pending or Denied).
7.	Clicking on the gear icon in the Action column will allow you to do the following: 

Extending an Existing Request

Closed Episodes will be accessible in a ‘view only’ format. If you would like to extend the request or add notes to a closed case, you will need to contact the Utilization Management Department to request to have the case reopened.

If the case is **Open**, you may follow the instructions below.

Search Request

Note: To search by Member ID, you will need to add '-01' at the end of the Member ID. For example, for Member ID 99999, enter 99999-01.
Tip: Search by Member ID instead of Name to make it easier to start a New Request.

Member Last Name

Last Name

Q

Member First Name

First Name

Q

Member DOB

Member ID Type

ELIG Member ID

Member ID

Request Status

--Select One--

Episode Type

--Select One--

Episode ID

Cert Number

Request Added From

Request Added To

View Cases

Cases Treated by me

Business Entity

ALL

Provider Name

--Select One--

Created By


--Select One--

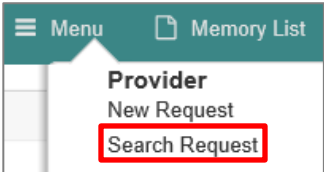
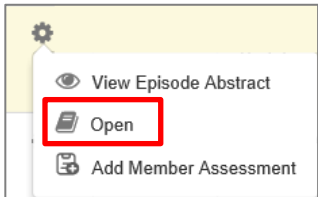
Submitted By

--Select One--

Search

Reset

Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason
	9026532	ExampleB, Portal	IP	09/15/2020	92009000176	I50.9 (Heart failure, unspecified)	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval

Step	Action
1.	<p>Click Menu and select Search Request</p> 
2.	<p>Enter the “certification number” in the Cert Number field.</p> <p>Note – You can also search using the member ID or name/DOB.</p>
3.	Select “ Cases Treated By Me ” from the View Cases drop down box.
4.	Verify that “ All ” is in the Business Entity field.
5.	Click the Search button.
6.	<p>Click the gear icon in the Action column and select Open</p> 

Extending an Existing Request, cont.

Member Overview > IP(9026529)

Status: OpenRequest Primary Dx: J40 Assigned To: Westre, Kristi Assigned Reviewer: Cert Number: 92009000173 Auth Coverage: Keystone First - Adult Medicaid 21 and Over

Review Extension Add

Stay Request Discharge

	Treatment Type	Due Date	Decision	Reason for Decision	Auth Start Date	Auth End D
<input checked="" type="checkbox"/>	Initial	Medical	09/17/2020 09:03	Approved	Clinical Reviewer Approval	09/14/2020 09/15/2020

Page 1 of 1

Note

Diagnosis

Primary Dx	Code Type	Diagnosis
★	ICD10	J40--Bronchitis, not specified as acute or chronic

Step	Action
1.	Select the line that needs to be extended. Note: You can only select one line at a time.
2.	Click the Extension button
3.	Complete the required fields with the appropriate information and click Save
4.	After clicking Save, you will be returned to the episode where you will now see the Extension line.

Save Cancel

Treatment Setting	Treatment Type	Level of Care	LOS Requested #	Admit Date
Hospital - Inpatient	Medical		1	09/14/2020

Requested Date * 09/15/2020

Request Received Time * 09 27

Request Type * --Select One--

Request Priority * --Select One--

Time Request

Due Date

LOS Requested # * 0

Requested Level Of Care --Select One--

Save Cancel

Member Overview > IP(9026532)

Status: OpenRequest Primary Dx: I50.9 Assigned To: IP Pending Cases Assigned Reviewer: Cert Number: 92009000176 Auth Coverage:

Add

Stay Request Discharge

	Treatment Type	Due Date	Decision	Reason for Decision
<input type="checkbox"/>	Initial	Medical	09/17/2020 10:05	Approved
<input type="checkbox"/>	Extension	Medical	09/16/2020 10:11	-

Note

Diagnosis

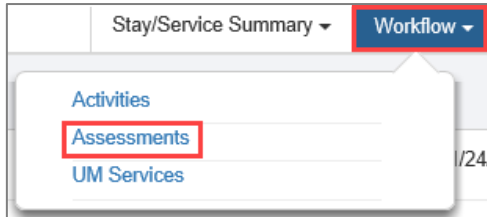
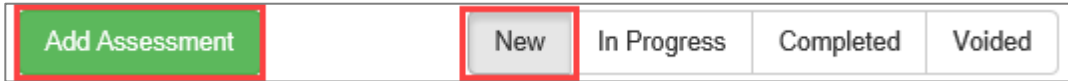
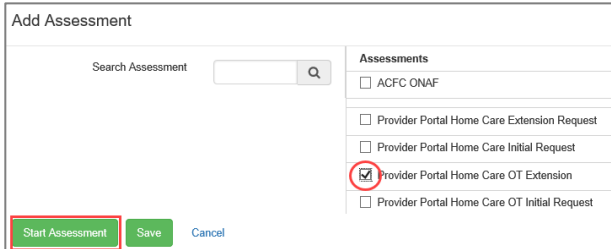
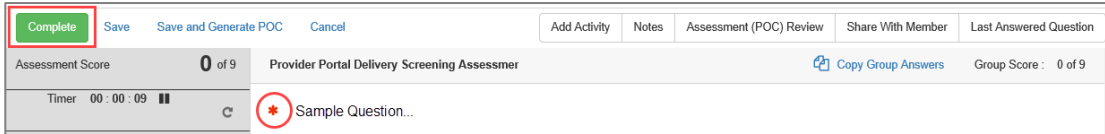
Primary Dx	Code Type	Diagnosis
★	ICD10	I50.9--Heart failure, unspecified



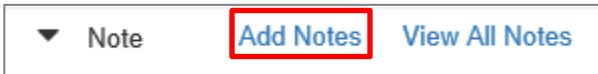
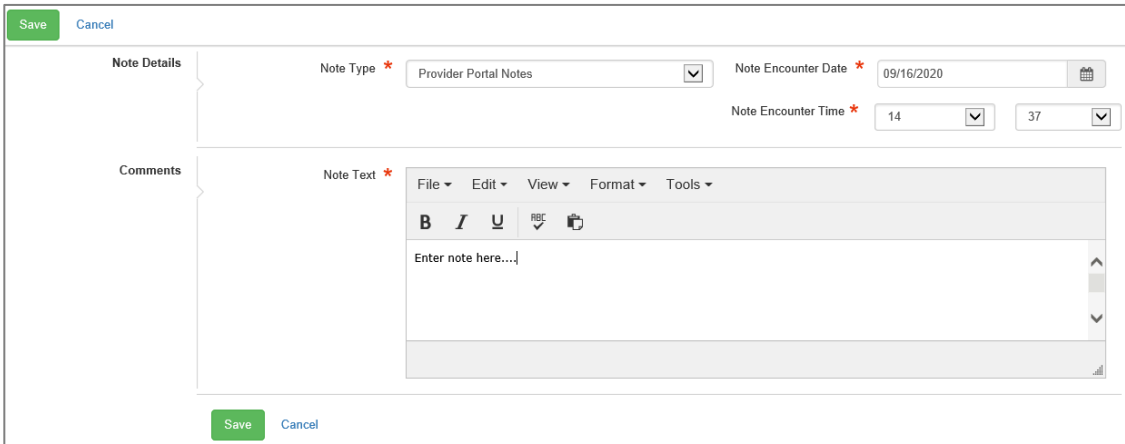

Clicking Save will submit your extension request. However, you must enter a note and attach any appropriate documentation to support the extension request.

Extending an Existing Request – Adding Assessments

If an assessment is to be completed, you will need to follow the guidelines below.

Step	Action
1.	<p>Click on Workflows in the upper right corner of the episode and click on the Assessments hyperlink.</p> 
	<p>In the New Tab of the Assessment section, click on the Add Assessment button.</p> 
	<p>Select the appropriate assessment and click on the Start Assessment button.</p> 
2.	<p>Answer the questions.</p>  <p>Note - Questions in red are mandatory.</p>
3.	<p>Click the Complete button to complete the assessment.</p>

Extending an Existing Request – Adding Notes

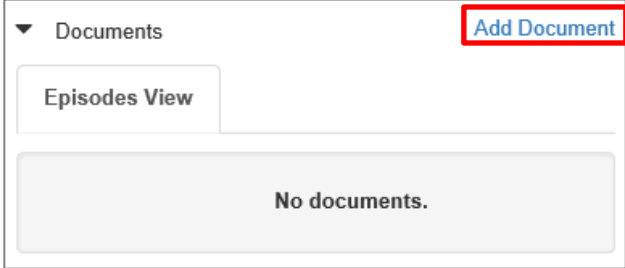
Step	Action
1.	<p>Within the Note widget on the right side of the episode screen, click on Add Notes</p> 
2.	<p>Enter the appropriate notes for the extension in the notes section. Be sure to include your name and contact information in the event the Plan needs to contact you.</p> 
3.	<p>Click the Save button</p> <p>Your note will now be displayed in the Notes widget.</p> 



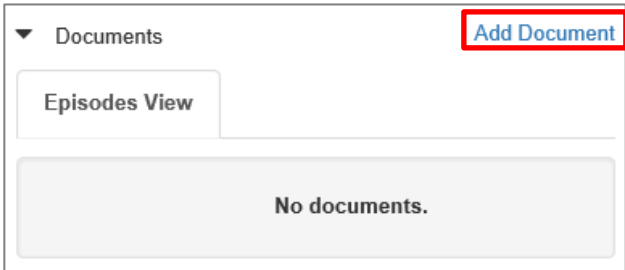
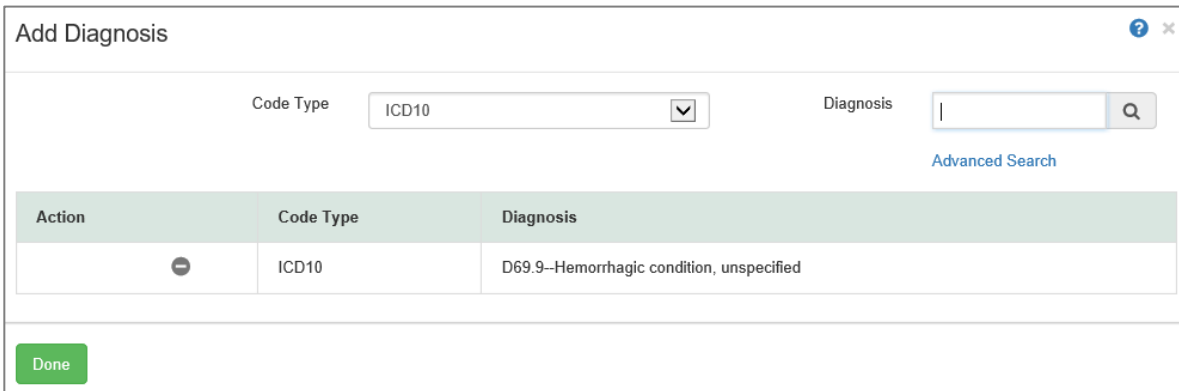
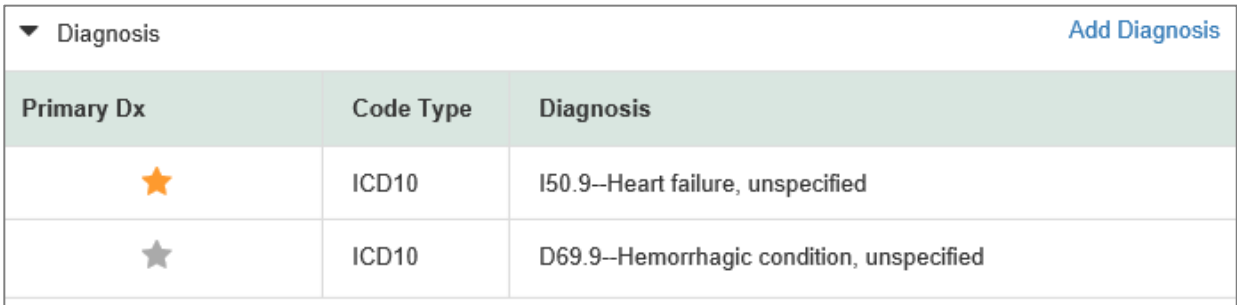
This is a shared note field. Notes can be viewed and entered by both you and the plan.

Extending an Existing Request – Adding Documents

IMPORTANT: Be sure to attach any clinical documentation to support the request for extension


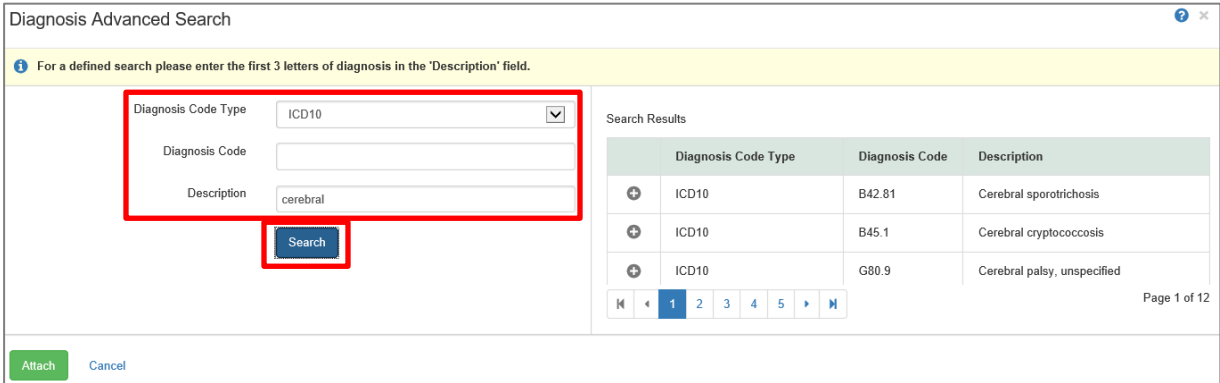
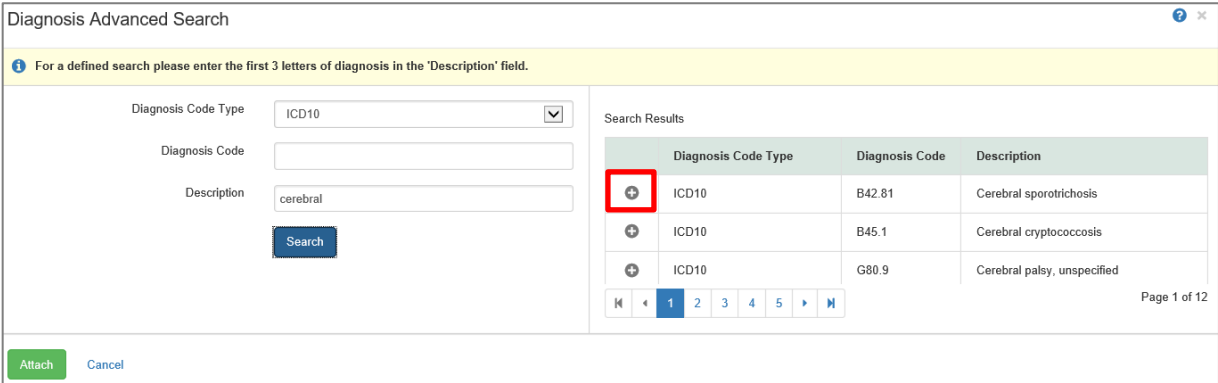
Step	Action
1.	<p>Within the Documents widget on the right side of the episode screen, click on Add Document</p> 
2.	<p>Upload any clinical documentation to support the request for extension</p>

Add Additional Diagnoses to an Existing Request








Step	Action
1.	Locate and open the appropriate episode.
2.	<p>Within the Diagnosis widget on the right side of the episode screen, click on Add Diagnosis</p> 
3.	<p>From the Add Diagnosis screen, search for the appropriate diagnosis by either entering the code or using the Advanced Search, and attach to the episode.</p> 
4.	<p>The new diagnosis will now be displayed in the Diagnosis widget</p> 

Favorite Diagnosis List – How to Create

The **Favorites Diagnosis** function will allow you to create and manage a list of frequently used diagnoses. The list is unique to the provider's account.


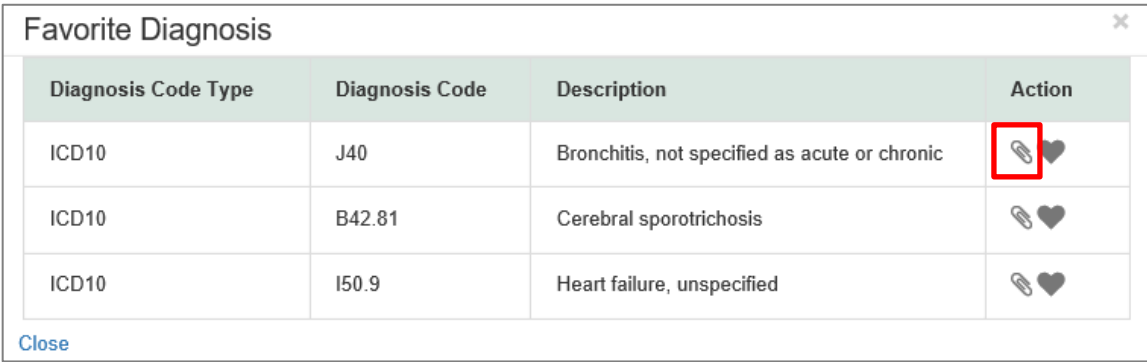
Step	Action
1.	<p>When creating an episode, click on the Advanced Search hyperlink to search for a diagnosis</p> 
2.	<p>Type the code or description in the appropriate field and click on Search</p> 
3.	<p>Click on the + sign next to the appropriate diagnosis code</p> 

Favorite Diagnosis List – How to Create (cont.)

Step	Action																
4.	<p>The diagnosis will then appear in the Selected Diagnosis List at the bottom of the Search window.</p> <p><i>Tip: You may need to enlarge the search window or scroll down to see the Selected Diagnosis List section.</i></p> <div><div>Selected Diagnosis List </div><table><thead><tr><th></th><th>Diagnosis Code Type</th><th>Diagnosis Code</th><th>Description</th><th>Action</th></tr></thead><tbody><tr><td></td><td>ICD10</td><td>B42.81</td><td>Cerebral sporotrichosis</td><td></td></tr></tbody></table><div><div>Attach</div><div>Cancel</div></div></div> <table><thead><tr><th>If...</th><th>Then...</th></tr></thead><tbody><tr><td>You wish to add the diagnosis to your Favorite Diagnosis list</td><td>Click on the heart icon in the Action column</td></tr><tr><td>You wish to add the diagnosis to the episode</td><td>Click the Attach button</td></tr></tbody></table>		Diagnosis Code Type	Diagnosis Code	Description	Action		ICD10	B42.81	Cerebral sporotrichosis		If...	Then...	You wish to add the diagnosis to your Favorite Diagnosis list	Click on the heart icon in the Action column	You wish to add the diagnosis to the episode	Click the Attach button
	Diagnosis Code Type	Diagnosis Code	Description	Action													
	ICD10	B42.81	Cerebral sporotrichosis														
If...	Then...																
You wish to add the diagnosis to your Favorite Diagnosis list	Click on the heart icon in the Action column																
You wish to add the diagnosis to the episode	Click the Attach button																
5.	<p>Repeat steps 1-4 as needed or desired</p> <p>Note: You may add diagnoses to your Favorite Diagnosis list through this method even if you do not need to attach them to this given request.</p>																

Favorite Diagnosis List – Utilizing the List

Once your **Favorite Diagnosis** list is set up, you do not need to search for these diagnoses in order to add them to the request.

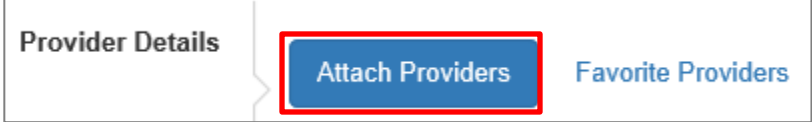

Step	Action
1.	<p>When creating an episode, click on the Favorite Diagnosis hyperlink</p> 
2.	<p>Click on the Attach Icon (paperclip) to add the diagnosis to the request.</p> 



Click the heart icon  to remove a diagnosis from your **Favorite Diagnosis** list.

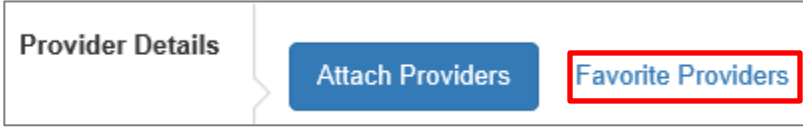
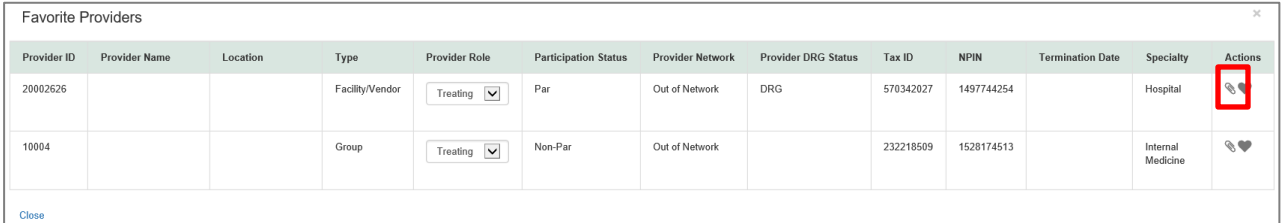
Favorite Providers List – How to Create

The **Favorite Provider** functionality will allow you to create and manage a list of frequently used providers. The list is unique to the provider's account.

Step	Action
1.	<p>When creating an episode, click on the Attach Providers button</p> 
2.	<p>Enter the appropriate criteria from the Basic Search screen or from the Advanced Search screen and click on Search</p>
3.	<p>The Provider will then appear in the Search Results section</p> <p>To add the provider as a favorite:</p> <ol style="list-style-type: none"> Click on the gear icon Click on Set as Favorite 

Favorite Providers List – Utilizing the List

Once your **Favorites List** is set up, you do not need to search for those providers in order to add them to the request.

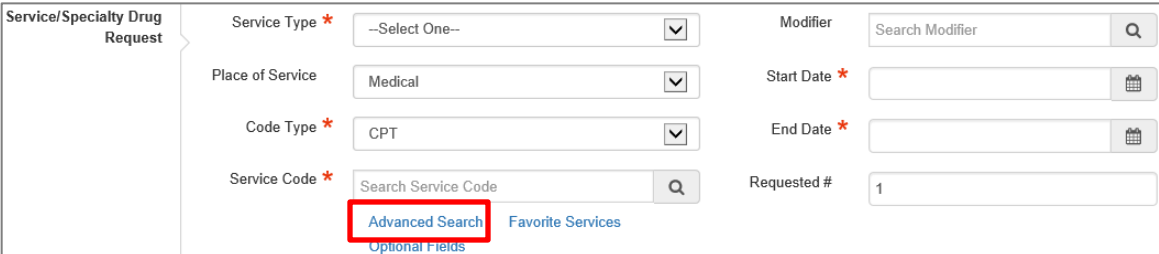
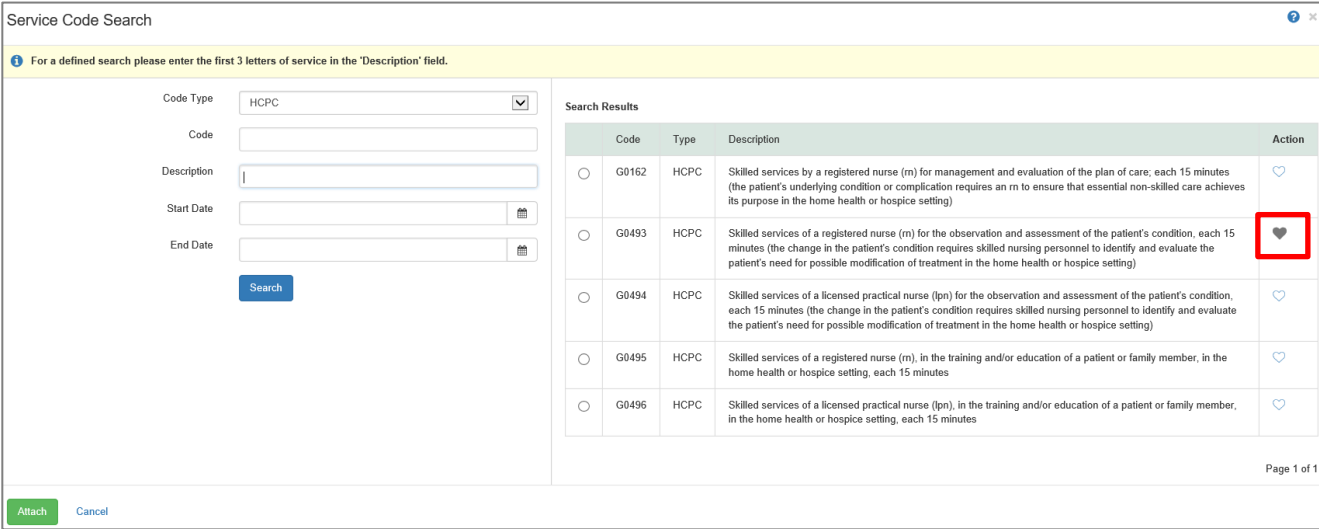
Step	Action
1.	<p>When creating an episode, click on the Favorite Providers hyperlink</p> 
2.	<p>Click on the Attach Icon (paperclip) to add the provider to the request.</p> 



Click the heart icon  to remove a Provider from your **Favorite Providers** list.



















Favorite Services List – How to Create

The **Favorite Services** functionality will allow you to create and manage a list of frequently used services. The list is unique to the provider's account.


Step	Action
1.	<p>When creating an episode, click on the Advanced Search hyperlink</p> 
2.	<p>Enter the appropriate criteria from the Basic Search screen or from the Advanced Search screen and click on Search</p>
3.	<p>The service(s) will then appear in the Search Results section Click on the heart icon to add the service as a favorite.</p> 

Favorite Services List – Utilizing the List

Once your **Favorites List** is set up, you do not need to search for those services in order to add them to the request.

Step	Action																
1.	<p>When creating an episode, click on the Favorite Services hyperlink</p> <div><div>Service/Specialty Drug Request</div><div><div>Service Type *</div><div>--Select One--</div><div>Modifier</div><div>Search Modifier</div><div>Q</div></div><div><div>Place of Service</div><div>Medical</div><div>Start Date *</div><div></div><div></div></div><div><div>Code Type *</div><div>CPT</div><div>End Date *</div><div></div><div></div></div><div><div>Service Code *</div><div>Search Service Code</div><div>Q</div><div>Requested #</div><div>1</div></div><div><div>Advanced Search</div><div>Favorite Services</div><div>Optional Fields</div></div></div>																
2.	<p>Click on the Attach Icon (paperclip) to add the service code to the request.</p> <div><div>Favorite Services</div><div><table><tr><th>Service Code</th><th>Service Code Type</th><th>Description</th><th>Action</th></tr><tr><td>76825</td><td>CPT</td><td>Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;</td><td></td></tr><tr><td>93308</td><td>CPT</td><td>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study</td><td></td></tr><tr><td>G0493</td><td>HCPC</td><td>Skilled services of a registered nurse (m) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)</td><td></td></tr></table><div>Close</div></div></div>	Service Code	Service Code Type	Description	Action	76825	CPT	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	 	93308	CPT	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	 	G0493	HCPC	Skilled services of a registered nurse (m) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	 
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Click the heart icon  to remove a service from your **Favorite Services** list.