

Practice Authorization Requests

IdentifiSM

evolentTM
HEALTH 



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Job Aids

IdentifiSM

Practice

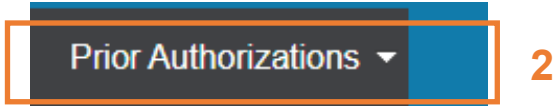
Authorization

Requests

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Single Sign On (SSO)

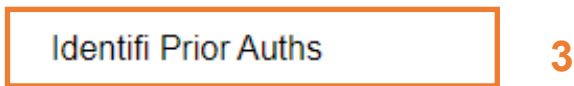
1. **Sign-in** to **Identifi Practice** directly via Prior Auth (Identifi) SSO link
2. From the menu bar in the Provider Portal, **Select** the **Prior Authorizations** dropdown
3. **Select** from the dropdown list: **Identifi Prior Auths** to launch to your Prior Authorizations landing page



Prior Authorization Form

Prior Authorization List

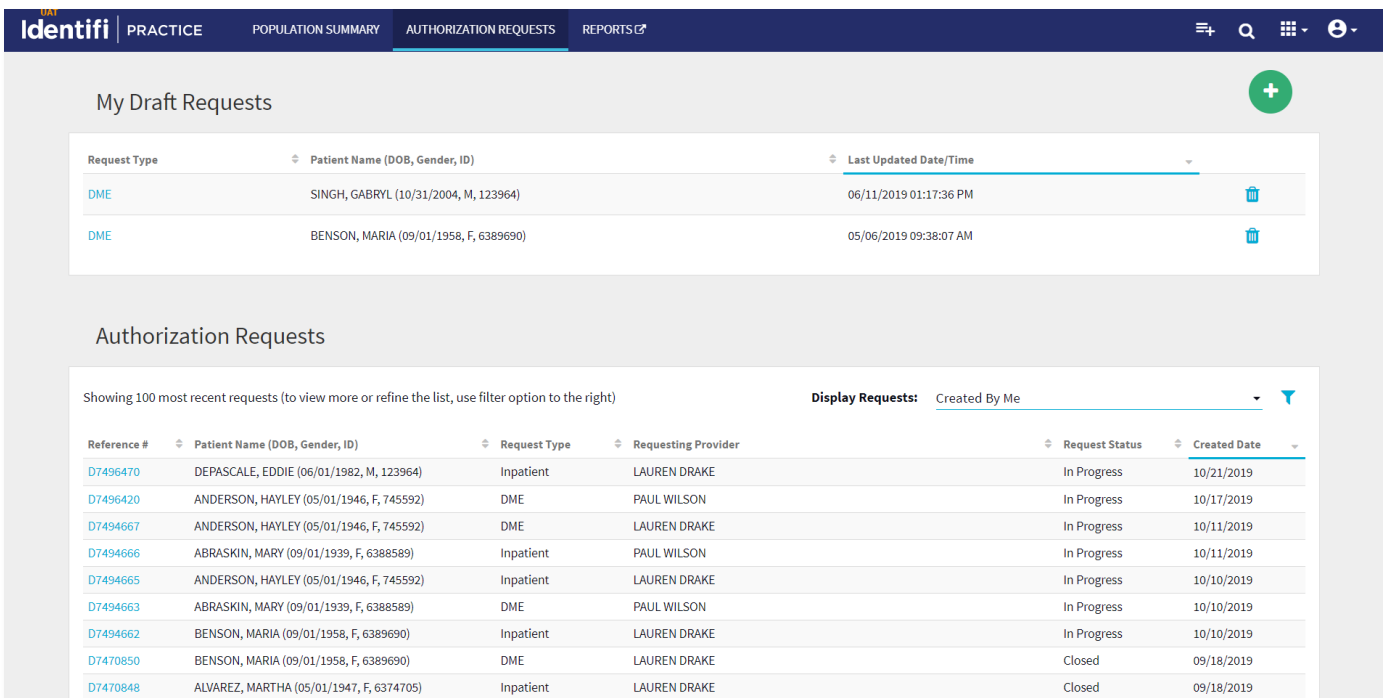
Prior Auth Resources



AIM Specialty Health

InterQual Transparency

4. From the landing page authorization requests can be created, edited, or reviewed



Identifi PRACTICE POPULATION SUMMARY AUTHORIZATION REQUESTS REPORTS

My Draft Requests

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM	
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM	

Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right) **Display Requests:** Created By Me

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7496470	DEPASCALE, EDDIE (06/01/1982, M, 123964)	Inpatient	LAUREN DRAKE	In Progress	10/21/2019
D7496420	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	PAUL WILSON	In Progress	10/17/2019
D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/11/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/11/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	Closed	09/18/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

Add Request (from Authorization Requests homepage)

1. Select **AUTHORIZATION REQUESTS** from navigation bar
2. Click the green **+** button
3. Select **ADD AUTHORIZATION REQUEST** in the dropdown

Identifi | PRACTICE | POPULATION SUMMARY | **AUTHORIZATION REQUESTS** | REPORTS

My Draft Requests

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
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D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

4. **Search for a Patient** using First Name, Last Name and Date of Birth (Preferred search method)
or **Search** members by Member ID; if unable to find exact match for Member ID, attempt adding the **Relationship Code** (001, 002, or 003) to the end of the member's ID number and search again. **Relationship Code** can be found on the member's details page in the Provider Portal.
5. Click **Search**
6. Locate the correct member from the list of matches. Click to open the member's record.
7. Click **Add** dropdown and select Request type

Search for a Patient

FIRST NAME: Dione LAST NAME: Laman PATIENT ID: 15721312175001 DATE OF BIRTH: 12/05/1959

CLEAR SEARCH

LAMAN, DIONE (Active)
12/05/1959 | 15721312175001
800 N GLEBE ROAD, ARLINGTON, Virginia 22203

ADD

1-1 of 1

Process

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Practice

Authorization

Requests

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Complete the 3-Step Process

Complete the **Add Request** process by selecting the appropriate choice from the dropdown list. Enter information for each required field (marked with an *). In this guide, an explanation is included for fields requiring such; many fields are self-evident.

An indicator at the top of each step orients you to the step you are on in the entry process.

TRAINING
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LUNDQUIST, DIANA (07/09/1944, Female, 200204781-01)

1 Step 1
Enter Request
Details 2 Step 2
Add Inpatient
Review(s) 3 Step 3
Enter Supporting
Documentation

Add Inpatient Request		
REQUESTOR NAME * Enter Requestor Name	REQUESTOR TYPE * Select Requestor Type	REQUESTOR PHONE *
REQUESTOR EMAIL Enter Requestor Email	PLACE OF SERVICE * Select Place of Service	SERVICE TYPE * Select Service Type

Process 2



To gain efficiency, use the Type-Ahead feature when comfortable with dropdown choices for each field. (Reference B)



Once you select the request type - DME, Inpatient, or Outpatient/Home, and begin building the Request, you may not change to a different request type. You must cancel the build and begin again by selecting the intended request type.

Add Request

Step 1: Enter Request Details (Cont)

A. The “Requestor Type” field.

You may wait until you have entered the “Requesting Provider” in the “Providers” section. If the provider shows as **In-Network** or is on contract to provide service, select “**Contracted Provider**”. If the Provider shows as **Out-of-Network**, select “**Non-Contracted Provider**”.

B. For Inpatient Requests, use **Reference A (Inpatient Build Request Reference)** to guide some of your selections for “**Admit Type**”.

C. “**Pre-Determination**”, in **Identifi™**, is whether the service requested is to occur in the future.

- For Pre-Certification or Prior Authorization (service in the future), select Yes.
- For service now (Concurrent) or in the past (Retro), select No.

Process
3



See Reference A for dropdown selections

REQUESTOR TYPE *

Select Requestor Type

Contracted Provider **A**

Member

Member's Representative

Non-Contracted Provider

LUNDQUIST, DIANA (07/09/1944, Female, 200204781-01)

Add Inpatient Request

1 Step 1 Enter Request Details | 2 Step 2 Add Inpatient Review(s) | 3 Step 3 Enter Supporting Documentation

REQUESTOR NAME * Enter Requestor Name	REQUESTOR TYPE * Select Requestor Type	REQUESTOR PHONE * Enter Requestor Phone	REQUESTOR EMAIL Enter Requestor Email
PLACE OF SERVICE * Select Place of Service	SERVICE TYPE * Select Service Type	ADMIT TYPE * Select Admit Type B	PREDETERMINATION * Select Predetermination C
AOR REQUIRED Select AOR Required value	ENCOUNTER ID Enter Encounter Id	EMR ACCOUNT NUMBER Enter EMR Account Number	



A request for authorization of SNF admission when the member is in the hospital should be classified as urgent concurrent review (i.e. Review Priority is Urgent and Pre-Determination = Yes)



A parent is considered a member representative for a minor child. This does not require legal documentation to be on record.

(Continued next page)

Add Request

Step 1: Enter Request Details (Cont)

TRAINING
Identifi PRACTICE AUTHORIZATION REQUESTS

LUNDQUIST, DIANA (07/09/1944, Female, 200204781-01)

Add Inpatient Request

1 Step 1 Enter Request Details 2 Step 2 Add Inpatient Review(s) 3 Step 3 Enter Supporting Documentation

REQUESTOR NAME * Enter Requestor Name	REQUESTOR TYPE * Select Requestor Type	REQUESTOR PHONE *	REQUESTOR EMAIL Enter Requestor Email
PLACE OF SERVICE * Select Place of Service	SERVICE TYPE * Select Service Type	ADMIT TYPE * Select Admit Type	PREDETERMINATION * Select Predetermination value
AOR REQUIRED Select AOR Required value	ENCOUNTER ID Enter Encounter Id	EMR ACCOUNT NUMBER Enter EMR Account Number	

Providers

REQUESTING PROVIDER *
+ ADD REQUESTING PROVIDER

FACILITY *
+ ADD FACILITY

ATTENDING PROVIDER *

Process
4



D Add Requesting Provider

1 [Select From Patient's Contacts](#) 2 [Search All Providers](#)

Please verify the TIN for the Out of Network NPPES provider. If not valid, perform a new search and select the Out of Network provider record, if available, to avoid delays in claims processing.

CARL SCHLAGETER UM Provider NPI: 1750612503 • TIN: 890989098 (618) 443-3234 • 612 E BROADWAY ST, SPARTA, IL, 62286-1818	Out of Network NPPES
SPARTA COMMUNITY HOSPITAL UM Provider • GENERAL ACUTE CARE HOSPITAL - CRITICAL ACCESS NPI: 1548216476 • TIN: 890890808 (618) 443-1337 • 818 E BROADWAY ST, SPARTA, IL, 62286-0297	Out of Network NPPES

1-2 of 2

Add Requesting Provider

[Select From Patient's Contacts](#) [Search All Providers](#)

SERVICE START DATE *	PROVIDER NAME	NPI	TIN
07/14/2016	Hanson		
SPECIALTY			
CITY	STATE	ZIP	
	Montana		

CLEAR SEARCH

SORT BY TIER

HANSON PHARMACY AND WELLNESS CENTER PHARMACY - COMMUNITY/RETAIL PHARMACY NPI: 1255301646 • TIN: Not Available (270) 322-1234 • 7455 HANSON RD, HANSON, MT, 42413-9481	Out of Network NPPES
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------

TIN * _____

4 [SELECT & SAVE AS CONTACT](#) 5

1-7 of 14 < 1 2 >

(Continued next page)

Add Request

Step 1: Enter Request Details (cont'd)

- D. Select or search for Providers (see previous page). “**Requesting Provider**” may be any type of service provider including a facility, DME vendor, physician, dentist, etc. The “**Requesting Provider**” and the “**Facility**” or “**Vendor**” may be the same.
1. Providers, facilities, and vendors already associated with the member through a previous UM request are retained in a list called “**Patient’s Contacts**”. These may easily be selected again when needed.
 2. You may also “**Search All Providers**” to find a provider. The **NPI** is the single best search parameter. You are searching the **National Data Warehouse** of all providers, facilities, and vendors who have an **NPI number**. There are often multiple results under the same name. Be careful to select the one with the correct **NPI** and **address**.
 3. The list of matched providers is sorted into 3 categories in order of preference: **In Network** first, then **Out of Network** (these include the **Tax ID Number**), then **Out of Network NPPES** (No TIN included)
 4. Selecting an **Out of Network NPPES** provider from the matches requires you to obtain and enter the **Tax ID Number (TIN)** to proceed.
 5. Any provider “**Selected & Saved as Contact**” during the search will be available in **Patient’s Contacts** (No. 1) for selection in the future.
- E. Enter “**Third Party Liability**” information if known (see below). The Claims Department will follow up as needed. This information may be added at any time by editing the Request.
- F. Enter diagnoses.
1. Begin typing either the **diagnosis (ICD 9 or 10) code** or **diagnosis**. Select the diagnosis from the list of corresponding matches.
 2. Use the “**Add Diagnosis**” option if multiple diagnoses are provided.
 3. The button that indicates **Primary Diagnosis** may be moved to any one of multiple diagnoses entered.

If the **diagnosis (code)** provided is not effective (i.e. outside the **DOS**), follow your standard procedure.

E Third Party Liability

MOTOR VEHICLE ACCIDENT EMPLOYMENT (WORKER'S COMPENSATION) ANOTHER PARTY RESPONSIBLE

F Diagnoses

Primary	Type	Diagnosis Description
<input type="checkbox"/>	ICD-10	Select a Description

3 **+** ADD DIAGNOSIS **2**

1

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

To gain efficiency once comfortable with the dropdown menus, use the Type-Ahead feature.



Add Request

Step 2: Add Review(s)

Reviews appear below the Request and contain details of what is being requested (ie. CPTcode, length of stay, frequency, bed type, etc.). There may be multiple Reviews for Request.

Step 2: **Add the Review(s)** (See next page.)

- A. The “**Source**” of the Request is always **Web**.
- B. “**Review Type**” is always “**Initial**” when entering a new Request.
- C. “**Review Priority**” is a “**Right Time**” field. The entry goes into the formula that calculates the time allotted for the utilization management process.

Select **Routine** when:

1. Service has started in the past and will continue into the future (-- regardless of how soon the next date of service is).
2. Service is taking place totally in the future.

Select **Urgent** when:

1. If a physician, member, or member rep. indicates urgent then enter it as such. When a provider uses terminology including but not limited to “**Expedite(d), Rush, Today, ASAP, Urgent, Immediate, or Fast**” –any language that would indicate that haste is needed in the review process. The member’s life or limb is in jeopardy if we do not complete review within next 72 hours.

Select **Retro** when the service was completed entirely in the past.

- D. The “**Receipt of Complete Clinical Review**” is the “**trump-card**” of the “**Right Time**” fields. **NCQA** regulations require completion of the UM process within a specified amount of time after receipt of sufficient clinical information to make the medical necessity determination.

**Complete this field if you receive clinical information (Nurse Reviewer can remove this if more info or time is needed)*

- E. The “**Bed Type**” field determines what type of bed the patient will be admitted.
- F. The “**To Start On**” field requires you to enter the date the admission will begin.
- G. Selecting the “**For Requested LOS**” button allows you to choose the specific amount of days.
- H. The “**Thru Date**” field will auto-populate if you have selected the “**For Requested LOS**” button or if the “**Thru Date**” button was selected you will have to manually enter the **Thru Date**.
- I. Use “**Add Procedure**” and/ or “**Add Inpatient Days**” to enter all additional procedures (equipment) and/or inpatient days from the incoming source. This process builds each additional Review that will appear below the Request.

Process
6



Add Request

Step 2: Add Review(s) (Cont.)

The screenshot shows the 'Add Inpatient Request' form with the following fields and callouts:

- Step 1:** Enter Request Details (Completed)
- Step 2:** Add Inpatient Review(s) (Current Step)
- Step 3:** Enter Supporting Documentation
- A:** SOURCE * Web
- B:** REVIEW TYPE * Initial
- C:** REVIEW PRIORITY * Urgent
- D:** RECEIPT OF COMPLETE CLINICAL REVIEW 10/02/2019 02:18 pm
- E:** BED TYPE * Med/Surg/GYN
- F:** FOR REQUESTED LOS * 3
- G:** TO START ON * 10/02/2019
- H:** THRU DATE * 10/05/2019
- I:** + ADD INPATIENT

Buttons at the bottom: BACK, CANCEL REQUEST, SAVE DRAFT AND CLOSE, CONTINUE.



Dept. Standard Procedure for completing the "Review Received Date/Time" field.



A request for authorization of SNF admission when the member is in the hospital should be classified as urgent concurrent review (i.e. Review Priority is Urgent: Pre-Determination = No)

Review Priority "Urgent"



Select "Urgent" from the Review Priority dropdown menu when a caller or fax uses terminology including but not limited to "Expedite(d), Rush, Today, ASAP, Urgent, Immediate, or Fast" --any language that would indicate that haste is needed in the Review process. The Request will be allotted the urgent allowance.

(Continued next page)

Process

7



Add Request

Step 3: Enter Supporting Documentation

This step documents the **Enter Supporting Documentation** section.

- A. The **Add Care Note** is optional
- B. The **Upload Received Document** entry is optional

*(*If you have clinical information we highly recommend you include it to expedite the UM process)*

Add DME Request Step 1 Enter Request Details Step 2 Add DME Review(s) 3 Step 3 Enter Supporting Documentation

A Add Care Note (Optional)

ACTIVITY DATE * 11/05/2019 11:09 am

ACTIVITY CATEGORY * Select Activity Category

ACTIVITY ACTION Select Activity Action

ACTIVITY WITH Select Activity with

RESPONSE Select response

TIME SPENT ON ACTIVITY hour(s) minute(s)

CARE NOTES

Signature

B Upload Received Document (Optional)

RELATED TO Patient

RECEIVED DATE/TIME * SENDER * Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *

Choose File No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

BACK CANCEL REQUEST SAVE DRAFT AND CLOSE SAVE REQUEST



Use a standardized and safe naming convention for documents saved electronically on a computer for upload into Identifi. Verify correct member by using three identifier before saving. Once uploaded, a document entered in error may not be voided.

Add Request

Step 3: Enter Supporting Documentation

Add Care Note

A Care Note documents clinical or utilization management provided with or on behalf of the member. A Care Note may be added to a Request or Review at any time...even after the Request is Closed. A Care Note appears in the “Care Notes and Communications” section of the Request or Review respectively when saved.

A. Add a Care Note

1. Check “**Add Care Note**” box to open the window.
2. Required fields are marked with an asterisk (*) and change depending on which **Activity Category** is selected.
3. Enter documentation text into the note’s body, the “**Care Notes:**” section.
4. The **Signature** box is default checked automatically.
5. Click **Save Request**

The screenshot shows the 'Add Inpatient Request' form in the Identifi system. The form is titled 'Add Inpatient Request' and has a progress indicator showing three steps: Step 1 (Enter Request Details), Step 2 (Add Inpatient Review(s)), and Step 3 (Enter Supporting Documentation). The 'Add Care Note (Optional)' checkbox is checked. The form contains several fields: 'ACTIVITY DATE *' (09/15/2017 04:12 pm), 'ACTIVITY CATEGORY *' (Select Activity Category), 'ACTIVITY ACTION' (Select Activity Action), 'ACTIVITY WITH' (Select Activity with), 'RESPONSE' (Select response), and 'TIME SPENT ON ACTIVITY' (hour(s) and minute(s)). There is a large text area for 'CARE NOTES' and a 'SIGNATURE' checkbox. At the bottom, there are buttons for 'BACK', 'CANCEL REQUEST', 'SAVE DRAFT AND CLOSE', and 'SAVE REQUEST'. Red circles with numbers 1 through 5 are overlaid on the form to indicate the steps described in the text.



Add Request

Step 3: Enter Supporting Documentation

Upload Received Document

You can “Upload a Received Document” to the Review.

B. Upload Received Document

1. Check the “**Upload Received Document**” box.
2. Complete the required fields (noted with an *). Time must include exact minute of receipt.
3. Select the **Sender** from the dropdown list of active contacts and providers.
4. Browse in your computer files to the saved communication to be uploaded. Select it.
5. Enter **Document Comments** to describe or reference the form.
6. Click **Save Request**, if no additional information needs to be recorded.

**The “Upload Received Document” is optional: (If you have clinical information we highly recommend you include it to expedite the UM process)*

The screenshot shows the 'Add DME Request' form in the Identifi system. At the top, there are navigation tabs: PRACTICE, POPULATION SUMMARY, AUTHORIZATION REQUESTS, and REPORTS. Below the navigation, the patient information 'SINGH, GABRYL (10/31/2004, Male, 123964-03)' is displayed. The main form area is titled 'Add DME Request' and shows a progress bar with three steps: Step 1 (Enter Request Details), Step 2 (Add DME Review(s)), and Step 3 (Enter Supporting Documentation). Step 3 is currently active. The form contains several fields and options: 'Add Care Note (Optional)' with an unchecked checkbox; 'Upload Received Document (Optional)' with a checked checkbox; 'RELATED TO Patient' field; 'RECEIVED DATE/TIME *' field; 'DOCUMENT (UP TO 50 MB, SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *' field with a 'Choose File' button; 'DOCUMENT COMMENTS' text area; and 'SENDER *' dropdown menu. At the bottom right, there are buttons for 'CANCEL REQUEST', 'SAVE DRAFT AND CLOSE', and 'SAVE REQUEST'. A 'BACK' button is located at the bottom left.



Use a standardized and safe naming convention for documents saved electronically on a computer for upload into Identifi. Verify correct member by using three identifier before saving. Once uploaded, a document entered in error may not be voided.

Draft Authorization Request

1. Click on the **Save Draft and Close** button, if all required fields are not known at the time of creation.

You can save a **Draft Request during any of the steps.*

**Please Note: Any attached documentation will not be saved upon saving the request as a draft.*

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LUNDQUIST, DIANA (07/09/1944, Female, 200204781-01)

Add Inpatient Request ✓ Step 1 Enter Request Details ✓ Step 2 Add Inpatient Review(s) 3 Step 3 Enter Supporting Documentation

Add Care Note (Optional)

Upload Received Document (Optional)

RELATED TO Patient

RECEIVED DATE/TIME * SENDER * Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *
Choose File | No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

BACK CANCEL REQUEST **SAVE DRAFT AND CLOSE** SAVE REQUEST

2. Users will land on the **Authorization Request** homepage, described in the next section, after the draft request has been saved.

3. Any draft requests will be saved with a pop up message to indicate that it has been saved as a draft:

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My Draft Requests

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
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2 Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right) Display Requests: Created By Me

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D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	In Progress	10/10/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

3 Your draft has been saved.

4 1 Review(s) were auto-approved for this request.

4. A pop up message will appear at the bottom right if the request qualifies for auto-approval.

5. Click on the **Draft Request** link to view it. You will be taken to ✓ Step 1 Enter Request Details to review all fields before completing the request.

6. Users can click on the trashcan icon, if they no longer need the **Draft Request** and want to remove it.

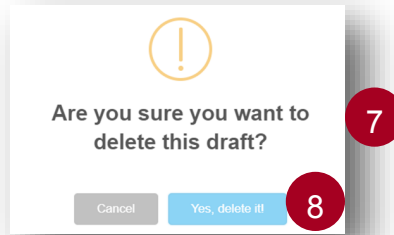
Process

11

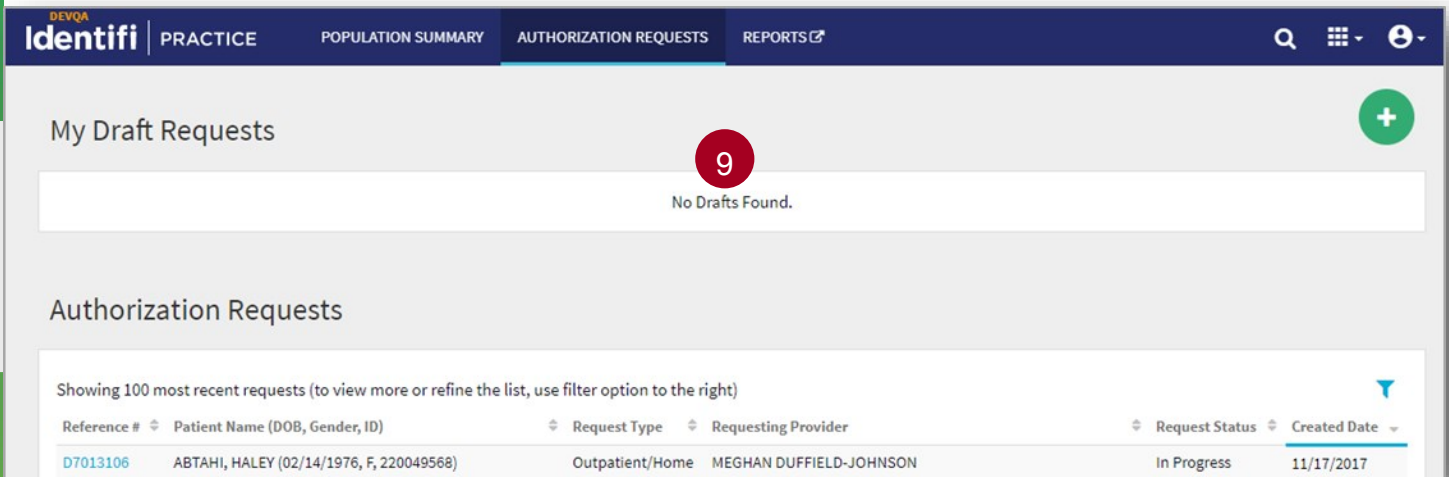


Draft Authorization Request (Cont.)

7. The following confirmation message will display :
8. Click **Yes, Delete it** to delete the Draft Request.



9. If there are no draft requests, then users will see the following message:



The screenshot shows the Identifi software interface. The top navigation bar is dark blue with the Identifi logo and menu items: PRACTICE, POPULATION SUMMARY, AUTHORIZATION REQUESTS (highlighted), and REPORTS. A search icon, a grid icon, and a user profile icon are on the right. Below the navigation bar, the main content area is light grey. The first section is titled "My Draft Requests" and contains a large white box with the text "No Drafts Found." A red circle with the number "9" is placed over this text. To the right of the title is a green plus icon. The second section is titled "Authorization Requests" and contains a table of requests. Above the table, it says "Showing 100 most recent requests (to view more or refine the list, use filter option to the right)". The table has columns for Reference #, Patient Name (DOB, Gender, ID), Request Type, Requesting Provider, Request Status, and Created Date. A blue filter icon is on the right side of the table header.

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7013106	ABTAHI, HALEY (02/14/1976, F, 220049568)	Outpatient/Home	MEGHAN DUFFIELD-JOHNSON	In Progress	11/17/2017



After Request Creation

IdentifiSM


Practice

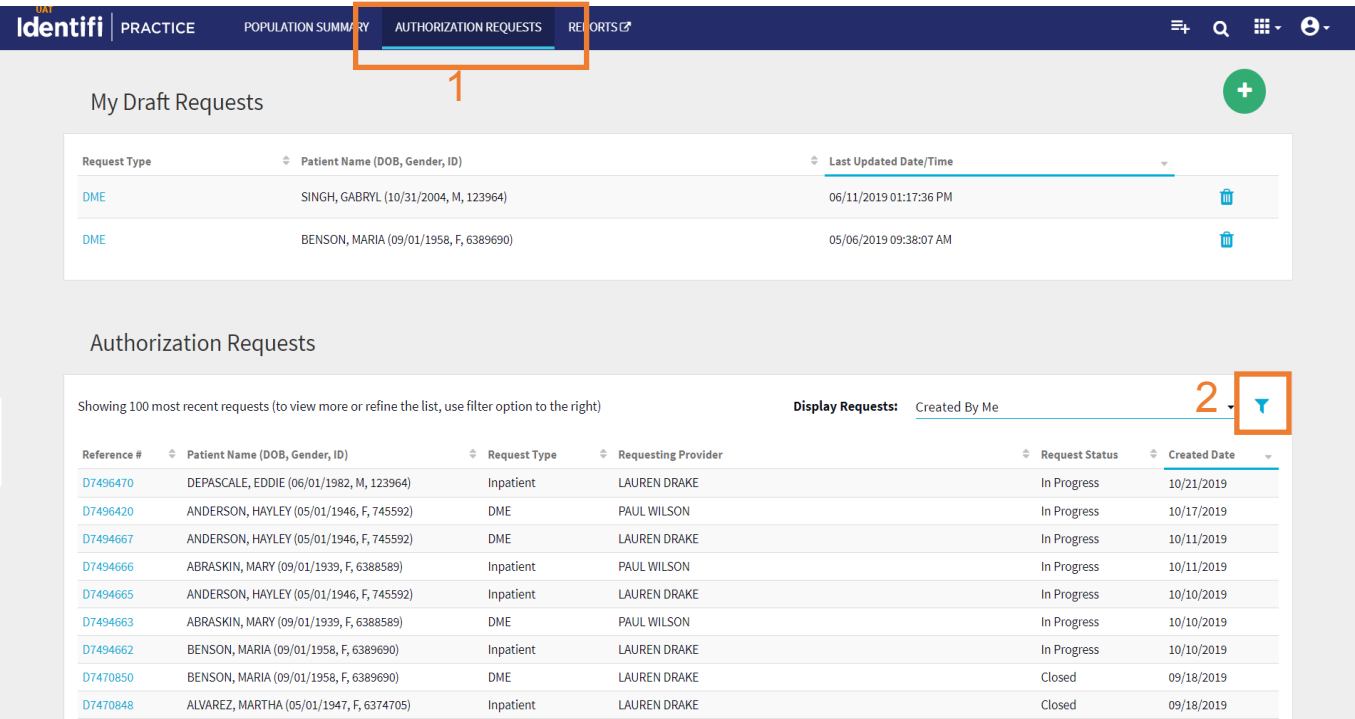
Authorization

Requests

evolentTM
HEALTH 

Search for Authorization Request

1. Go to **Authorization Requests** homepage
2. Click on the Filter  icon

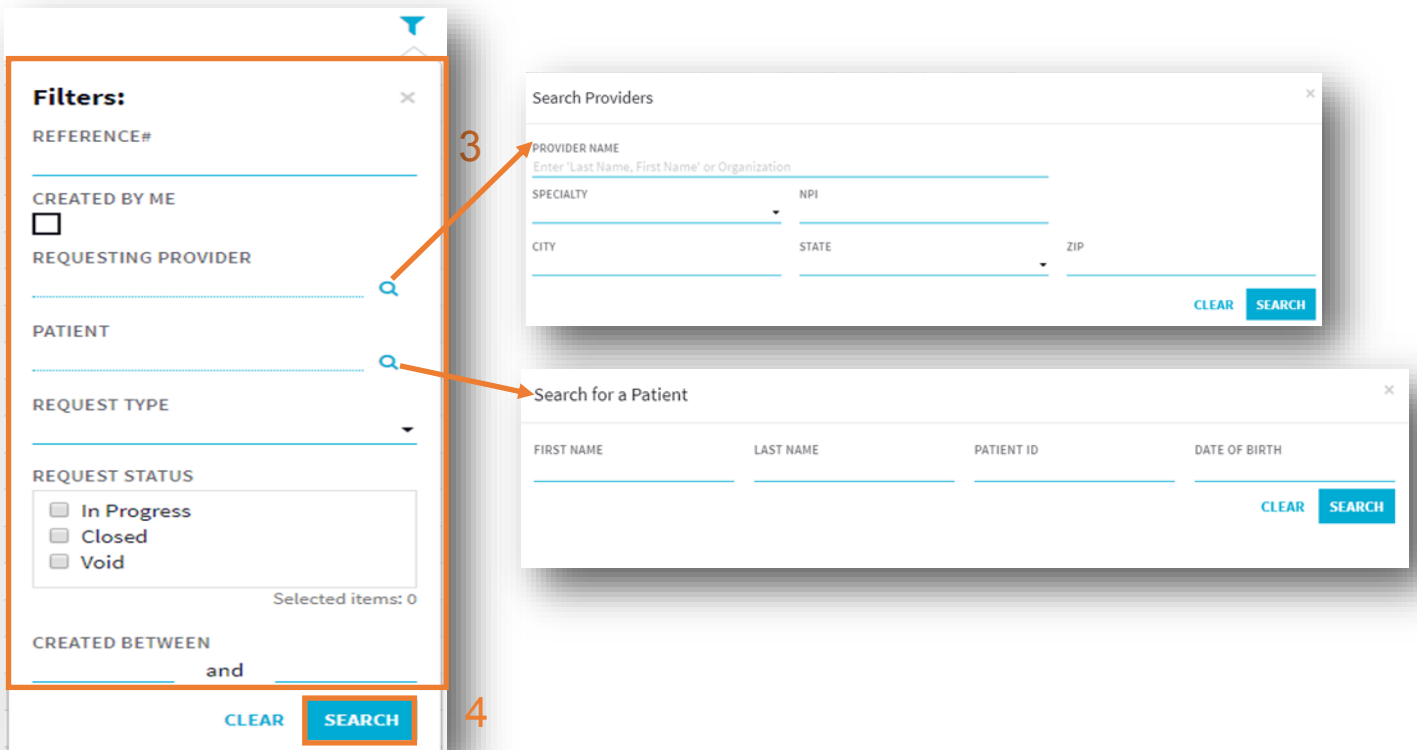


The screenshot shows the 'Identifi' software interface. The top navigation bar includes 'PRACTICE', 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS' (highlighted with a red box and a '1'), and 'REPORTS'. Below the navigation bar, there is a section for 'My Draft Requests' with a table containing two rows of draft requests. Below that is a section for 'Authorization Requests' with a table showing 100 most recent requests. The table has columns for Reference #, Patient Name (DOB, Gender, ID), Request Type, Requesting Provider, Request Status, and Created Date. A red box with a '2' highlights the 'Display Requests' dropdown menu, which is currently set to 'Created By Me'.

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM	
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM	

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7496470	DEPASCALE, EDDIE (06/01/1982, M, 123964)	Inpatient	LAUREN DRAKE	In Progress	10/21/2019
D7496420	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	PAUL WILSON	In Progress	10/17/2019
D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/11/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/11/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	Closed	09/18/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

3. Enter Filter parameters (Ref. #, Req. Provider, Patient, etc.)
4. Click **Search**



The screenshot shows two modal windows. The left window is titled 'Filters:' and contains several filter categories: 'REFERENCE#' (text input), 'CREATED BY ME' (checkbox), 'REQUESTING PROVIDER' (text input with a search icon), 'PATIENT' (text input with a search icon), 'REQUEST TYPE' (dropdown menu), 'REQUEST STATUS' (checkboxes for 'In Progress', 'Closed', 'Void'), and 'CREATED BETWEEN' (date range selector). A red box with a '3' highlights the 'REQUESTING PROVIDER' and 'PATIENT' fields. The right window is titled 'Search Providers' and contains fields for 'PROVIDER NAME' (text input), 'SPECIALTY' (dropdown), 'NPI' (text input), 'CITY' (text input), 'STATE' (dropdown), and 'ZIP' (text input). Below these fields are 'CLEAR' and 'SEARCH' buttons. A second window titled 'Search for a Patient' is also visible, with fields for 'FIRST NAME', 'LAST NAME', 'PATIENT ID', and 'DATE OF BIRTH', and 'CLEAR' and 'SEARCH' buttons. A red box with a '4' highlights the 'SEARCH' button in the 'Filters:' modal.

Search for Authorization Request (Cont.)

5. **Authorization Request** results will display

The screenshot shows the 'Authorization Requests' page. At the top, it says 'Showing 1 request(s)'. Below this is a filter bar with 'Reference#: 7010875', 'Created By: Me', and 'Requesting Provider: BENTINGANAN, LES...', along with a 'CLEAR ALL' button and a notification badge with the number '5'. A table below lists the request details, with the first row highlighted by a red box and a red '6' next to it.

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
7010875	BARRETT, MAKAYLA (10/21/1940, F, M0000237800)	Outpatient/Home	LESLIE ANNE BENTINGANAN	In Progress	08/09/2017

6. Click on the **Reference #** in the results to view a specific **Authorization Request**

7. The **Authorization Request** will display with the Patient's Name, DOB, Patient I.D. and Reference #.

The screenshot shows the 'Identifi PRACTICE AUTHORIZATION REQUESTS' interface. The patient information 'UNDERHILL, LOGAN (10/17/1974, Male, 220190577-01)' is highlighted with a red box. Below this, the request details for 'Reference # D7002252 - In Progress' are displayed. The interface includes a table of request details, a list of providers, and a table of diagnoses.

REQUESTOR NAME	REQUESTOR TYPE	REQUESTOR PHONE	REQUESTOR EMAIL
Yoda	Non-Contracted Provider	(800) 980-9808	Not Provided
PRIMARY STAFF	PLACE OF SERVICE	SERVICE TYPE	PREDETERMINATION
Simon, Mary	Outpatient Hospital	Surgical	Yes
AOR REQUIRED	ENCOUNTER ID	EMR ACCOUNT NUMBER	
Not Provided	Not Provided	Not Provided	

Providers

REQUESTING PROVIDER

AMISH PATEL INTERNAL MEDICINE
 NPI: 1083938906 • TIN: 311185270
 (937) 208-8394 • ONE WYOMING ST, STE NW 3300, DAYTON, OH, 45409-2939
 In Network - TIER 1

FACILITY/VENDOR

MIAMI VALLEY - OUTPATIENT PAIN SERVICE PROGRAM GENERAL ACUTE CARE HOSPITAL
 NPI: 1073688354 • TIN: 310537504
 (937) 208-8000 • 30 E APPLE ST, DAYTON, OH, 45409
 In Network - TIER 1

RENDERING PROVIDER
 Not Available

Third Party Liability

MOTOR VEHICLE ACCIDENT	EMPLOYMENT (WORKER'S COMPENSATION)	ANOTHER PARTY RESPONSIBLE
No	No	No


Diagnoses

Primary	Type	Code	Description
✓	ICD-10	G56.02	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB
	ICD-10	M67.44	GANGLION HAND

Care Notes and Communications for Request

Sort by Date | Sort by Type | EXPAND ALL | COLLAPSE ALL

Edit Authorization Request

1. Click the pencil  icon to edit a specific **Authorization Request**

Note: *Predetermination field is not editable after a decision on review*

Identifi PRACTICE AUTHORIZATION REQUESTS
UNDERHILL, LOGAN (10/17/1974, Male, 220190577-01)

Reference # D7002252 - In Progress

REQUESTOR NAME * Yoda
REQUESTOR TYPE * Non-Contracted Provider
REQUESTOR PHONE * (890)-980-9808
REQUESTOR EMAIL Enter Requestor Email

PRIMARY STAFF * Simon, Mary
PLACE OF SERVICE * Outpatient Hospital
SERVICE TYPE * Surgical
PREDETERMINATION * Yes

AOR REQUIRED Select AOR Required value
ENCOUNTER Enter Encou

Providers

REQUESTING PROVIDER *

AMISH PATEL INTERNAL MEDICINE
NPI:1083938906

ADDRESS 1 * ONE WYOMING ST
ADDRESS 2 STE NW 3300
CITY * DAYTON
TIN 311185270

ATTENDING PROVIDER *

BRIAN A. ADAMS FAMILY PRACTICE PCP
NPI:1013927904 In Network

ADDRESS 1 * 2516 E Dupont Rd
ADDRESS 2
CITY * Fort Wayne STATE * Indiana ZIP 46825-1608
TIN 264213839 PHONE NUMBER (260)-478-5155

Discharge Information

DISCHARGE DATE DISCHARGE DISPOSITION Discharged/Transferred to Another Short-Term General Hospital

Third Party Liability

MOTOR VEHICLE ACCIDENT EMPLOYMENT (WORKER'S COMPENSATION) ANOTHER PARTY RESPONSIBLE

Diagnoses

Primary	Type	Diagnosis Description
<input checked="" type="radio"/>	ICD-10	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC (R93.1)

+ ADD DIAGNOSIS

CANCEL SAVE

ARC
4

Edit Review

1. Click the pencil  icon to **Edit Review**

Note: *Reviews with decisions are not editable*

Review 03: Aug 9, 2017 - Aug 10, 2017 In Progress 35d OVERDUE
Bed Type: OB • Total Requested: 1

SOURCE Web
REVIEW RECEIVED DATE/TIME * 08/01/2017 04:55 pm
REVIEW TYPE * Extension
REVIEW PRIORITY *
RECEIPT OF COMPLETE CLINICAL REVIEW

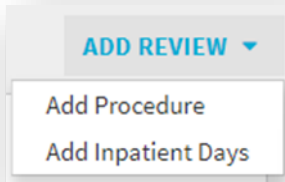
Bed Type
BED TYPE FOR REQUESTED Days
FOR REQUESTED
Procedure
PROCEDURE DESCRIPTION *
MODIFIER 1 Select MODIFIER 2 Select
REVENUE DESCRIPTION
BILLED AMOUNT

Review 04: Aug 16, 2017 - In Progress 34d OVERDUE
ABLATE HEART DYSRHYTHM FOCUS (33251) • Total Requested: 1

SOURCE Mail
REVIEW RECEIVED DATE/TIME * 08/02/2017 11:35 am
REVIEW TYPE * Extension
REVIEW PRIORITY * Routine
PROCEDURE DESCRIPTION *
MODIFIER 1 Select MODIFIER 2 Select
REVENUE DESCRIPTION
BILLED AMOUNT

Add Additional Reviews

1. Click **Add Review** dropdown in **Review** section to add reviews

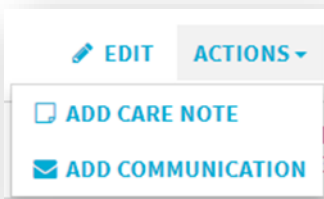


Note: Reviews can be created after the request is already created

A screenshot of a form titled 'Review : Aug 10, 2017 - New'. The form has a 'Bed Type:' label. It contains several fields: 'SOURCE *' (Web), 'REVIEW TYPE *' (Select), 'REVIEW PRIORITY *' (Select), 'REVIEW RECEIVED DATE/TIME *', 'RECEIPT OF COMPLETE CLINICAL REVIEW', 'Bed Type', 'BED TYPE', 'FOR REQUESTED TYPE Days', 'TO START ON *', 'FOR REQUESTED LOS *', and 'THRU DATE *'. At the bottom, there are two checkboxes: 'Add Care Note (Optional)' and 'Upload Received Document (Optional)'. The form has 'CANCEL' and 'SAVE' buttons at the bottom right.


Add Care Note

1. Click **Actions** dropdown in specific request and select **Add Care Note**

A screenshot of a form titled 'Add Care Note for UNDERHILL, LOGAN'. The form has a close button (X) in the top right corner. It contains several fields: 'ACTIVITY DATE *' (09/14/2017 03:43 pm), 'ACTIVITY CATEGORY *' (Select Activity Category), 'ACTIVITY ACTION' (Select Activity Action), 'ACTIVITY WITH' (Select Activity with), 'RESPONSE' (Select response), and 'TIME SPENT ON ACTIVITY' (hour(s) minute(s)). Below these fields is a large text area labeled 'CARE NOTES'. At the bottom left, there is a checked checkbox for 'SIGNATURE'. The form has 'CANCEL' and 'SAVE' buttons at the bottom right.

Add Communication

1. Click **Actions** dropdown in request and select **Add Communication**

 **EDIT** **ACTIONS** ▾

ADD CARE NOTE

ADD COMMUNICATION

Add Communication ✕

Upload Received Document

RELATED TO
Patient

RECEIVED DATE/TIME * SENDER *
Select a contact ▾

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *

No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

Reference

IdentifiSM

Practice

Authorization

Requests

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HEALTH 

REFERENCE A

Inpatient Request Build Reference

Skilled Nursing		
Step 1	Place of Service	Skilled Nursing
	Service Type	Skilled Nursing Facility
	Admit Type	Transfer-SNF
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Admit Notification		
Step 1	Place of Service	Inpatient Hospital
	Service Type	Medical Care
	Admit Type	Urgent
	Pre-D	NO
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Rehab.		
Step 1	Place of Service	Comprehensive Inpt Rehab Facility
	Service Type	Rehabilitation
	Admit Type	Transfer- Acute
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Elective (Scheduled Procedure)		
Step 1	Place of Service	Inpatient Hospital
	Service Type	Medical or Surgical (depending on request)
	Admit Type	Elective
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent or Routine (as requested)

Long Term Acute Care (LTAC)		
Step 1	Place of Service	LTAC
	Service Type	Medical Care
	Admit Type	Transfer - Acute
	Pre-D	Yes
Step 2	Review Type	Initial
	Review Priority	Urgent

*Review Priority—Urgent = Expedited (current terminology)

*Review Escalation=Courtesy Expedited (current terminology)

* Additional Inpatient Stays—create a new review (not adding Service Extensions)

* PT, OT—will add a new Request