Practice Authorization Requests

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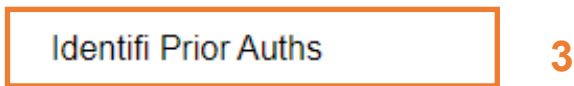# Single Sign On (SSO)

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
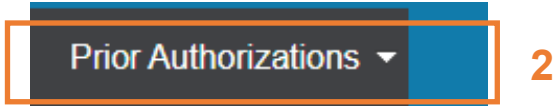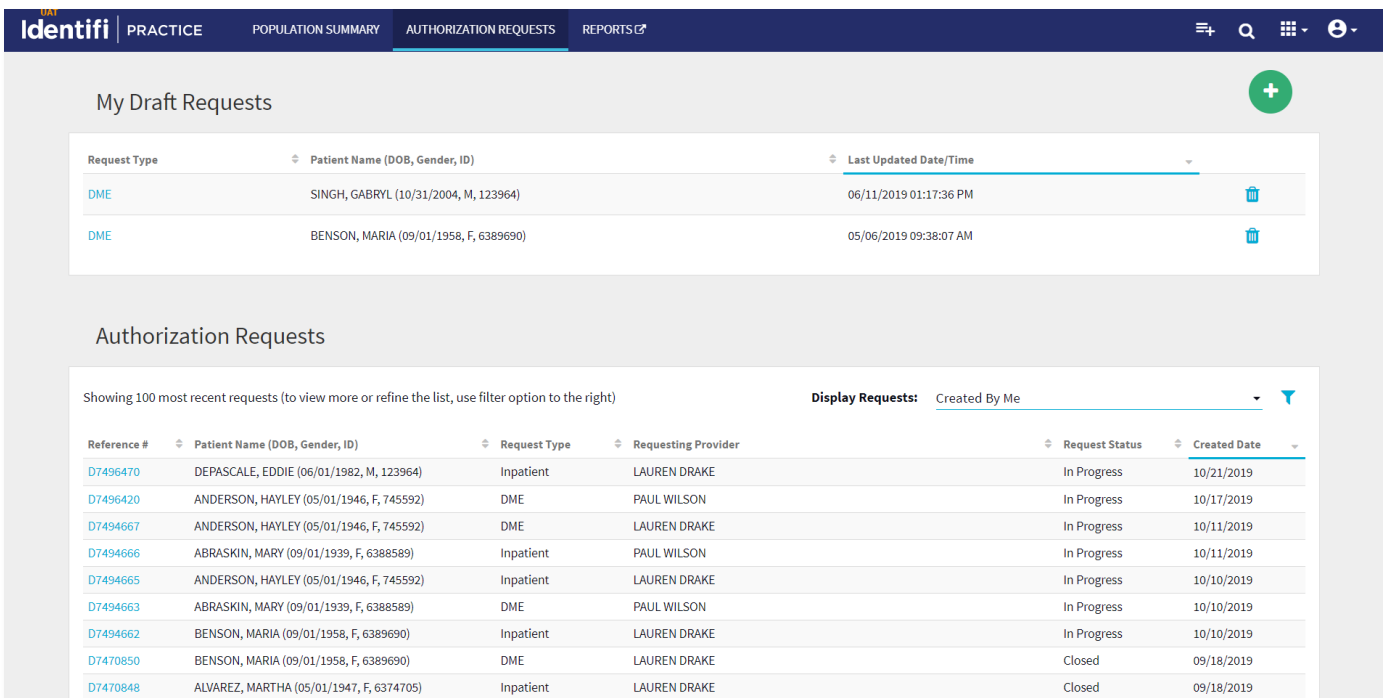

4. From the landing page authorization requests can be created, edited, or reviewed

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

Job Aid 3

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

Process

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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.

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.

REQUESTOR TYPE ✶

Select Requestor Type

Contracted Provider (A)

Member

Member's Representative

Non-Contracted Provider

See Reference A for dropdown selections

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 ✶	REQUESTOR TYPE ✶	REQUESTOR PHONE ✶	REQUESTOR EMAIL
Enter Requestor Name	Select Requestor Type		Enter Requestor Email

PLACE OF SERVICE ✶	SERVICE TYPE ✶	ADMIT TYPE ✶ (B)	PREDETERMINATION ✶ (C)
Select Place of Service	Select Service Type	Select Admit Type	Select Predetermination

AOR REQUIRED	ENCOUNTER ID	EMR ACCOUNT NUMBER	
Select AOR Required value	Enter Encounter Id	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)

(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** <u>and</u> **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.

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**, **Urgen**t, **Immediate**, or **Fast**" –any language that would indicate that haste in 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.

Add Request

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

Add Inpatient Request

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

SOURCE * **(A)**
Web

REVIEW TYPE * **(B)**
Initial   × ▾

REVIEW PRIORITY * **(C)**
Urgent   × ▾

RECEIPT OF COMPLETE CLINICAL REVIEW **(D)**
10/02/2019 02:18 pm

⊖ **Review 01**
Bed Type: Med/Surg/GYN   🗑

BED TYPE * **(E)**
Med/Surg/GYN   × ▾

FOR REQUESTED TYPE
Days **(F)**

FOR REQUESTED LOS *
◉   3

TO START ON * **(G)**
10/02/2019

THRU DATE * **(H)**
○   10/05/2019

➕ **ADD INPATIENT**   **(I)**   ➕ **ADD PROCEDURE**

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)

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*)*

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 <u>not</u> 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**

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)

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 <u>not</u> 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.

2. Users will land on the **Authorization Request h**omepage, 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:

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.
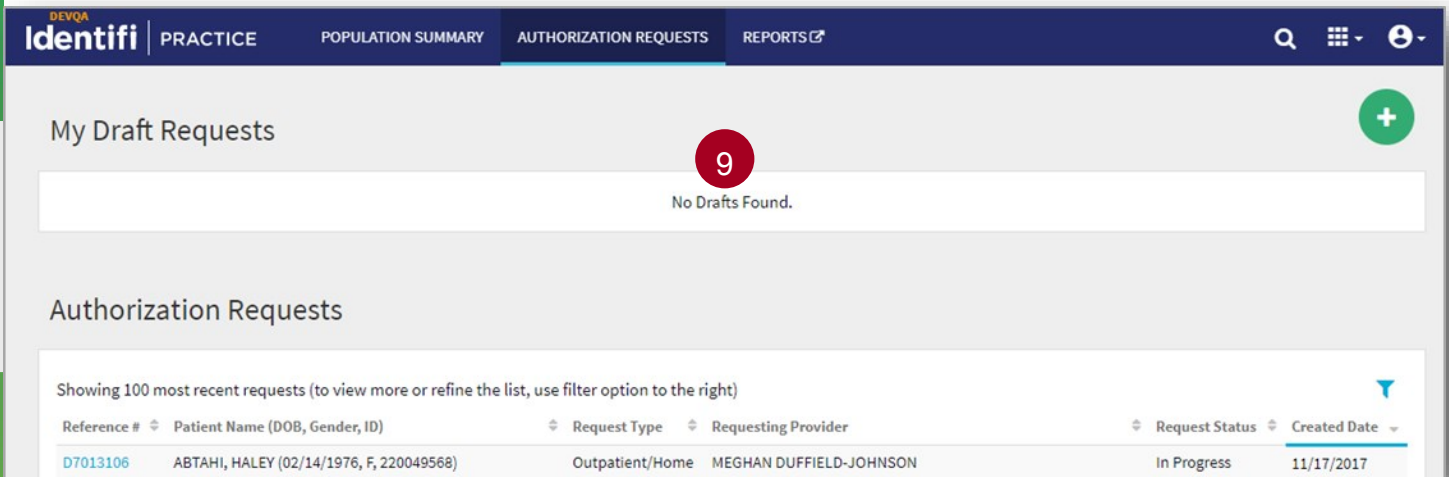
Draft Authorization Request (Cont.)

7. The following confirmation message will display :

8. Click **Yes, Delete it** to delete the Draft Request.
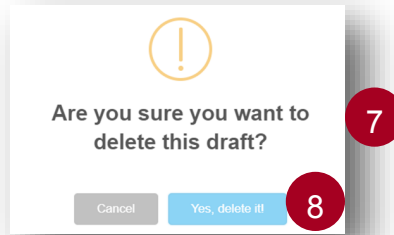
9. If there are no draft requests, then users will see the following message:

After Request Creation

Identifi
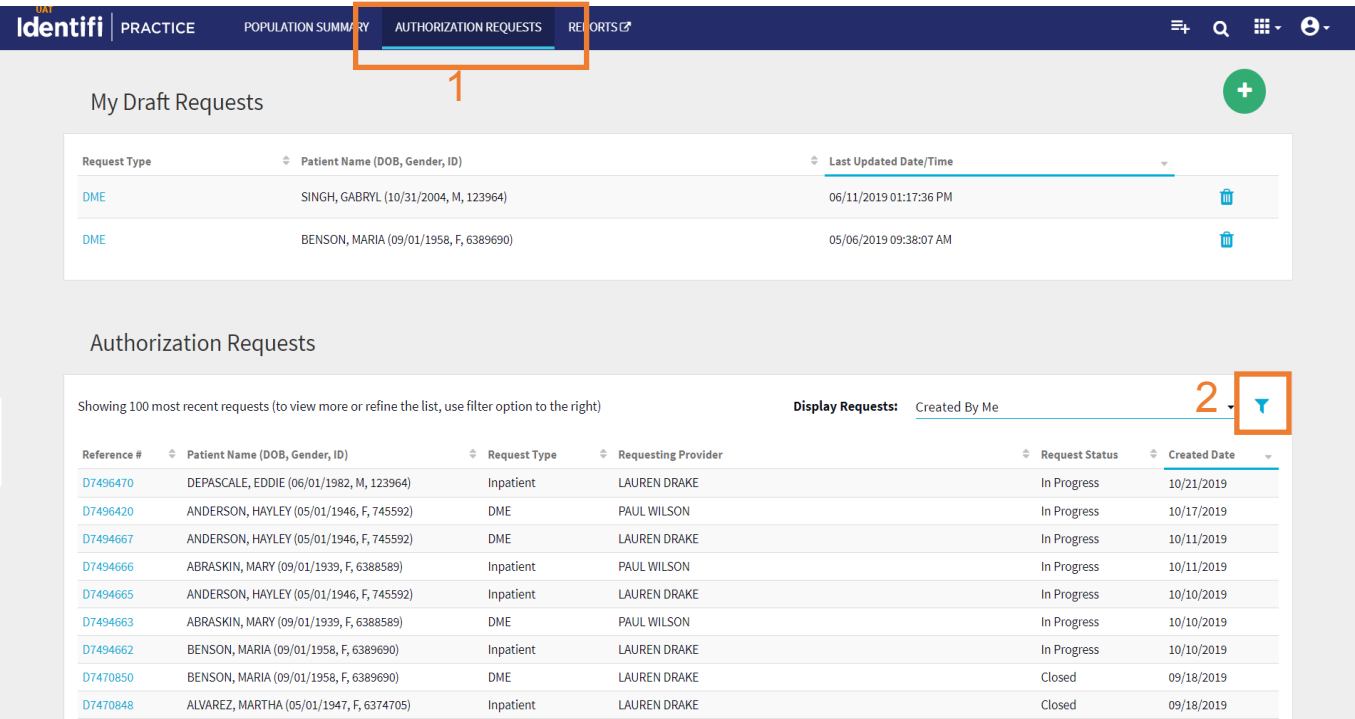
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Search for Authorization Request

1. Go to **Authorization Requests** homepage

2. Click on the Filter ▼ icon

3. Enter Filter parameters (Ref. #, Req. Provider, Patient, etc.)

4. Click **Search**

Search for Authorization Request (Cont.)

5. **Authorization Request** results will display

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 #.

Edit Authorization Request

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

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

ARC 4

Edit Review

Note: Reviews with decisions are not editable

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

Add Additional Reviews

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

ADD REVIEW ▾

Add Procedure

Add Inpatient Days
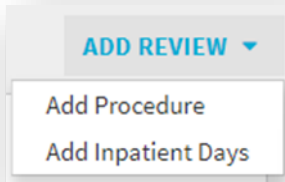
Note: Reviews can be created after the request is already created

Review : Aug 10, 2017 -   New
Bed Type:

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 *

THRU DATE *

☐ Add Care Note (Optional)

☐ Upload Received Document (Optional)

CANCEL   SAVE

Add Care Note

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

✏ EDIT   ACTIONS ▾

📄 ADD CARE NOTE

✉ ADD COMMUNICATION
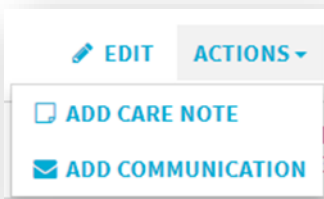
Add Care Note for UNDERHILL, LOGAN   ✕

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

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

CARE NOTES

☑ SIGNATURE

CANCEL   SAVE

Add Communication

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

Reference

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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