Identifi

Identifi Authorization Request User Guide

June 2022

About this Guide

Identifi Practice Auth is a web-based provider portal that allows users to submit and track authorization requests directly at the point of care. With Practice Auth, users can create new requests, edit details, and view activity on the requests, including real-time response on auto-authorization. The integration of Identifi Practice Auth and Identifi Review supports an Electronic Authorization Workflow that helps to reduce the volume of paper-based authorization requests and increase practice-wide transparency.

This document includes an overview of the web-based authorization request portal, plus implementation tips to help you get started, and best practices to ensure continued success.

Identifi | PRACTICE

Table of Contents

Authorization Requests

Access the Identifi Practice web-based application by entering the following address into the browser: https://www.myidentifi.com/.

Next, enter the username and password and select **SIGN IN**:

System Requirements

There is no system requirement if machines meet the browser's minimum requirements. The performance of older machines running on XP/Vista, with 2 GB or less RAM, are subject to the number of open tabs and other applications running on the machine.

Browser Requirements

The application is supported on Google Chrome, Mozilla Firefox, and Internet Explorer 11+.

Access the Auto Auth Rules web-based application by entering the URL into the browser that you would have received from support@evolenthealth.com.

Authorization Requests in Identifi Practice

Users can submit and track authorization requests directly at the point of care. The web-based tool reduces the volume of paper-based authorization requests and increases practice-wide transparency. Providers can create new requests and review lines, edit details, and view activity on the requests directly within the Practice application.

Users with access to the authorization request feature can see the navigation tab in the Practice header that allows them to navigate to the Authorization Requests Home Page, as seen below:

User Roles

Only users who have been provisioned as an Authorization Intake user have access to this feature. Authorization Intake users have access to all functionalities within the scope of authorization requests within Identifi Practice.

Overview: Authorization Requests and Reviews

An authorization request is submitted to provide diagnostic and treatment services for inpatient and outpatient procedures, as well as Durable Medical Equipment (DME). Authorization requests include individual line items, called reviews. The reviews include more details about the specific materials or services being requested.

Authorization Requests Home Page

The authorization requests home page serves as the primary point of reference for authorization requests. The home page includes the 100 most recently submitted authorization requests, organized from newest to oldest, as well as any requests that were started but unfinished. In the Authorization Request section, users can view the authorization requests they created, plus all authorization requests associated with a provider (listed as Requesting, Rendering or Attending) that are within the user's NPI access. Also, users can create a new authorization request or navigate to an existing request from this page.

A definition of each field within the authorization requests home page is included below:

FIELD	DESCRIPTION
Reference Number (#)	Indicates the unique identifier of the authorization request. This is a hyperlink to navigate to the completed request.
Patient Name (DOB, Gender, ID)	Indicates the name, date of birth, gender, and unique ID of the patient for which the authorization request has been created.
Request Type	Indicates a description of the request. There are three request types available: • Durable Medical Equipment (DME) • Inpatient • Outpatient/Home This is a hyperlink to navigate to the request in draft status.
Requesting Provider	Indicates the name of the provider requesting the service.
Request Status	There are three statuses, which display the progression of authorization requests over time: 1. In Progress: The authorization request is actively being managed 2. Closed: The authorization request does not have any outstanding tasks 3. Void: The authorization request is invalid
Created Date	Indicates the date on which the authorization request was created.
Last Updated Date/Time	Indicates the date and time at which the authorization request was last changed by a user.
Trashcan Icon	Removes the draft authorization request.
Display Requests	Indicates the drop-down menu that allows the user to display the following requests: 1. Associated with my Requesting Providers 2. Associated with my Rendering Providers 3. Associated with my Attending Providers 4. Created by Me

Sort the List of Authorization Requests

The list of authorization requests can be sorted by clicking on the column header. Requests are sorted in ascending order when the header is clicked once. Requests are sorted in descending order when the header is clicked twice.

Users can also sort the list of auth requests by selecting the **Display Requests drop-down menu**:

Select the appropriate requests to display from the drop-down menu:
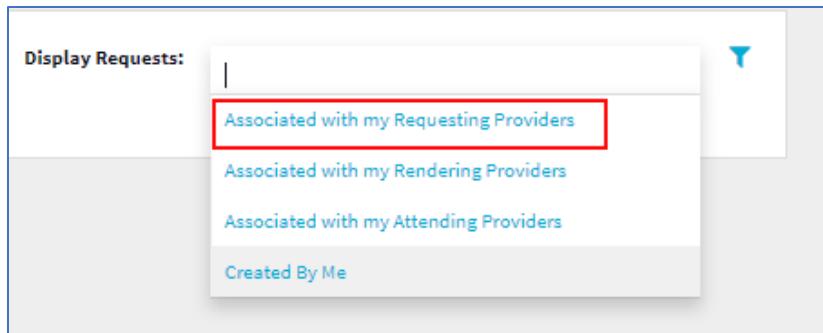
The list of authorization requests refreshes automatically to display auths that reflect the option chosen in the drop-down menu.

Create a New Authorization Request

There are two places where users can create a new authorization request:

- The Authorization Requests Home Page
- The Patient Details Page

Create an Authorization Request from the Home Page

Any user can create a new authorization request from the home page.

1. Click the green plus button and select **Add Authorization Request**:
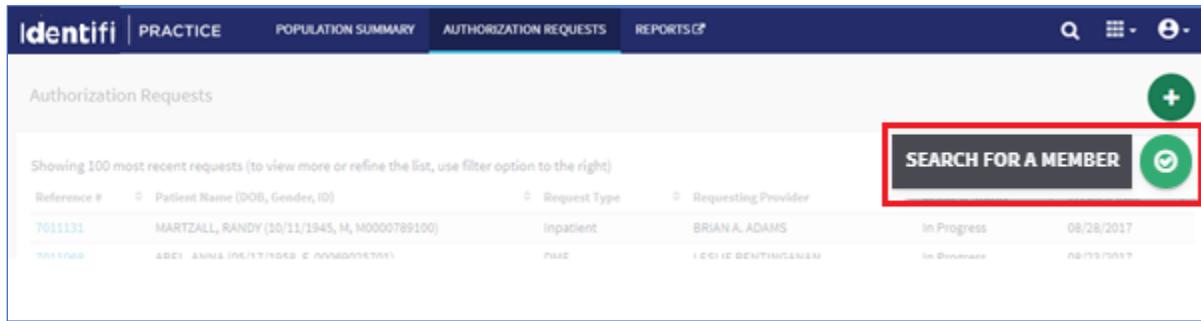
2. Search for the patient associated with the new authorization request. To begin the search, users must enter the patient's First Name, Last Name, and Date of Birth or Patient ID.
3. Select **Search:**
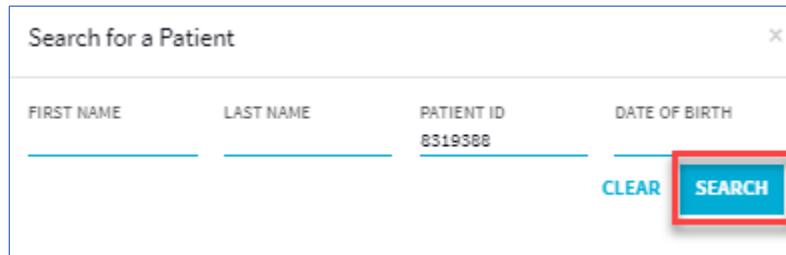
* Note: The First Name and Last Name fields are classified as search; users do not need to type the patient's entire name to initiate the search. However, the Patient ID is an exact search, and users need to enter the exact ID.

4. After identifying the patient, select **Add**, and select the type of authorization request from the drop-down menu:

5. Complete the authorization request form by filling out the following fields:
   - Request Details
   - Review Details
   - Supporting Documentation Details

Note: A description of each field, with detailed instructions, are included in the next section.

Requests

In Identifi Practice Auth, a request is a prospective, concurrent, or retrospective request for a service or procedure. All users can add, edit, copy, close, and void a request within the system.

Add a Request

To add a request, navigate to the member's record and select the **plus icon:**

By clicking the member name and the **Eligibility** tab, eligibility details can be viewed that are same as in the Identifi Review application. This tab can also be used to view the eligibility details while creating an auth request.


There are three different kinds of requests in Identifi Practice:

- DME Request
- Inpatient Request
- Outpatient/Home Request

Adding a DME Request

Select **ADD DME REQUEST** from the drop-down menu:

An **Add DME Request** screen generates with a 3-step process, as seen below:

Save progress any time by utilizing the **SAVE DRAFT AND CLOSE** feature.

Below is a brief description of each field in Step 1 of adding a DME request:

FIELD	DESCRIPTION
Requestor Name*	Displays the name of the person initiating the authorization request.
Requestor Type*	Indicates the role of the person requesting the authorization request including: Contracted Provider, Member, Member's Representative, Non-Contracted Provider.
Requestor Phone*	Displays the phone number of the requestor.
Requestor Email	Displays the email of the requestor.
Place of Service*	Indicates the setting where the service can be performed.
Service Type*	Displays the category of the service.
Predetermination*	Whether the authorization request is being submitted prior to the service.
AOR Required	Whether an Assignment of Representative (AOR) is required for the processing of authorization request. *Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas*
Encounter ID	Displays the external system's encounter ID.
EMR Account Number	Displays the patient's account number in an EMR.
Requesting Provider*	Indicates the provider requesting the service.
Facility/Vendor*	Indicates the facility or vendor where the service takes place.
Motor Vehicle Accident	Whether the service involves a motor vehicle accident.
Country	Indicates the country in which the motor vehicle accident occurred.
State	Indicates the state in which the motor vehicle accident occurred.
Accident Date	Displays the date on which the motor vehicle accident occurred.
Employment (Worker's Compensation)	Whether the service involves a worker's compensation benefit.
State	Displays the state related to worker's compensation benefit.
Another Party Responsible	Whether there is a related third-party liability.

Primary Diagnosis Indicator*	Indication of the primary diagnosis.
Diagnosis Type*	Affiliated ICD-9 and ICD-10 code of the diagnosis. Note: By default, the ICD-10 code is selected
Diagnosis Description*	Description of the conditions for which services are requested. **Note**: Enter at least three characters to search

** **Note**: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.*

Step 1: Enter Request Details

The request details provide more information about the patient or individual requesting services, as well as the requesting provider. Any fields marked with an asterisk (*) are required to continue to the next step.

1. Complete the Requestor Name field.
2. Then, select the **Requestor Type** drop-down menu**:**

3. Depending on the person entered in the Requestor Name field, choose the appropriate **type** from the drop-down menu:

4. Enter the Requestor Phone (required) and Email (optional).
5. Select the **Place of Service drop-down menu:**

6. Select a **PLACE OF SERVICE** from the list:

7. Select **Service Type drop-down menu.**

Users may need to utilize the scroll bar to access additional options.

8. Select the appropriate **SERVICE TYPE:**

The predetermination field in Identifi indicates whether the service occurs in the future.

9. Select the **Predetermination drop-down menu:**

16

a. For Pre-Certification, or Prior-Authorization (service in the future), select **Yes.**
b. For service now (current), or in the past (retro), select **No.**

10. Complete the remaining optional fields.
11. Then, select **+Add Requesting Provider:**

A **requesting provider** can be any type of service provider including a facility, physician, dentist, etc. Note that the Requesting Provider and Vendor entities may be the same.

An **Add Requesting Provider** window generates, as seen below:

Select From Patient's Contacts

If the patient has providers listed in their contacts on Identifi, these are listed under the **Select From Patient's Contacts** tab. Results listed in this section are sorted into three categories: In Network (first), Out of Network, and Out of Network NPPES (no TIN included).

To select a provider, hover over the provider and click **SELECT:**

Search All Providers

If the patient's provider is not listed in their contacts in Identifi, select the **Search All Providers tab:**

From here, users can conduct a search in the National Data Warehouse of all providers, facilities, and vendors who have an NPI number.

18

Complete the required field, indicated by an asterisk (*). However, it is important to include as much information as possible during this search, as there may be several results under the same name.

Enter the date or select the **SERVICE START DATE field** to activate a calendar:

Enter the Provider Name, Specialty, NPI, TIN, City, State, and/or Zip code. Note that the NPI is the single best search parameter for returning an accurate result.

If users don't enter enough information, users are asked to try the search again, as seen below:

Also, if the search returns more than 50 results, users are asked to refine their search, as seen below:

Enter as much information as possible and select **SEARCH:**

The results listed in this section are sorted into three categories: In Network, Out of Network, and Out of Network NPPES (no TIN included).

The users may need to utilize the scroll bar or page numbers to access additional options. Users can also sort their search results by utilizing the SORT BY feature.

Select a **provider** from the search results:

Selecting the provider exposes their TIN number, and Fax Number (if available). If there isn't a fax number provided and the user wants to add one, the Fax Number field can be entered manually.

Then, click **SELECT & SAVE AS CONTACT:**

Upon selecting a provider, users can be redirected back to the main DME Request page.

12. Complete any additional fields that were not auto populated in the Requesting Provider section.

13. Next, select **+Add Vendor:**
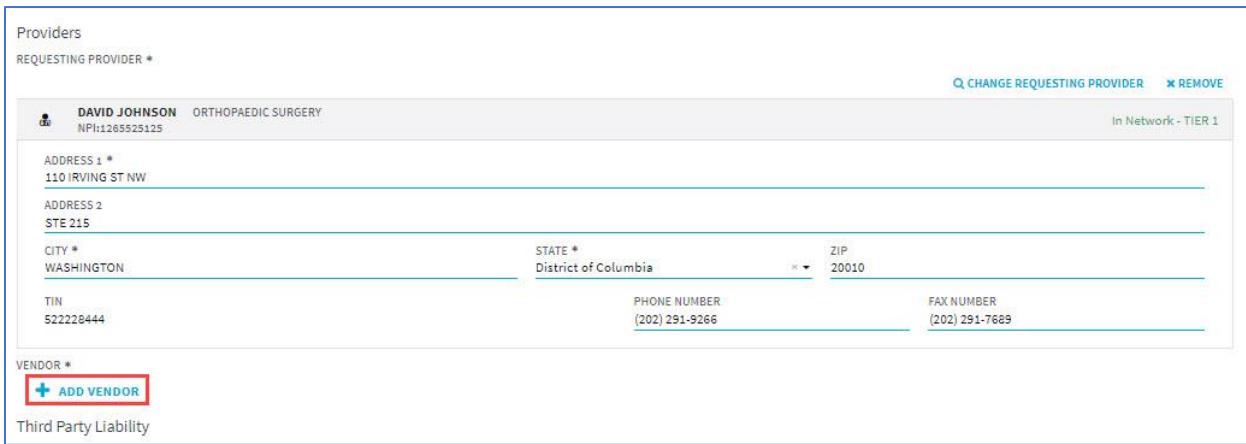
Repeat the same steps as the requesting provider process and select from the patient's contacts or search all providers.

Remember that the Requesting Provider and the Facility or Vendor entities may be the same.

14. Complete the Third-Party Liability section by selecting the corresponding checkboxes to indicate if there was a motor vehicle accident, employment (worker's compensation), and/or another party responsible, depicted below. The Claims Department follows up, as needed.

15. Next, complete the **diagnosis** section by entering or selecting a diagnosis number and description.

Note that the description field is required.

Users can utilize the **+Add Diagnosis** feature to include multiple diagnoses.

If there is more than one diagnosis, indicate which one is the primary diagnosis by selecting the corresponding button.

16. Select **Continue:**

Step 2: Add DME Review(s)

In this step users are asked to complete a **DME Review**, shown below:

The review details provide more information about the services being requested.

Below is a brief description of each field in Step 2 of adding a DME request:

FIELD	DEFINITION
Source*	Indicates the method of submission for auth request.
Review Type*	Indicates the type of review (For example- Initial, Extension).
Review Priority*	Displays the priority of the review.
Receipt of Complete Clinical Review	Indicates the date and time the complete clinical information was received for the authorization request.
Procedure Description*	Displays the description of the procedure.
Modifier 1	Displays the code to further describe a procedure description.
Modifier 2	Displays the code to further describe a procedure description.
Revenue Description	Displays the description of the dollar amount to be billed for service.
Billed Amount	Indicates the total dollar amount to be billed for service.
Requested Amount*	Indicates the requested number of units.
Frequency	Indicates the number of days, weeks, or months the equipment is requested.
To Start On*	Indicates the date the use of the requested equipment begins.
Duration*	Indicates the number of days, weeks, months, or years the equipment is requested.
Drug Information	Free-text box to capture information about the patient's medications.

Note: Any fields marked with an asterisk (*) are required to continue to the next step.

Note that the Source field pre-populates.

Initial is the default Review Type, however, users can change the review type by selecting the **x** and selecting another option from the drop-down menu.

1. Select the **Review Priority drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

2. Select the appropriate **Priority:**
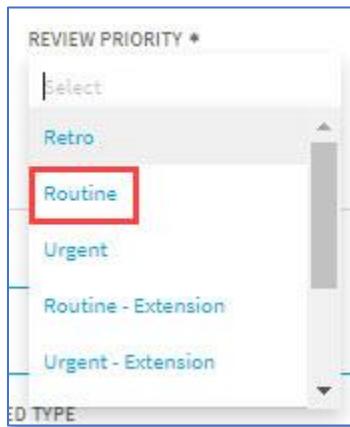
Routine – Extension and **Urgent – Extension** are available if a formal extension is taken by the reviewer to allow requested information to be received.

The Procedure Description receives a CPT, dental code, J-code, or a Healthcare Common Procedure Coding System (HCPC) code.

Note: In case of **Urgent,** user gets the following prompt.

The federal regulations define an urgent request as:

- Requires immediate action to prevent a serious deterioration of a member's health that results from an unforeseen illness or an injury, or
- Could jeopardize the ability of the individual to regain maximum function based upon a prudent layperson's judgment, or
- In the opinion of the treating physician, would subject the individual to severe pain that cannot be adequately managed without the treatment being requested. An urgent condition is a situation that has the potential to become an emergency in the absence of treatment.

Requests not meeting the conditions for an urgent request will be considered non-urgent/routine.

Does this request classify as Urgent per the federal regulations above?

No   Yes

3. Enter a number or keyword and select the appropriate **description:**

4. Enter any **Modifiers**, **Revenue Description**, and **Billed Amount**.

The Request Amount field defaults to **1**; however, users can edit the field to enter the appropriate number, if needed.

5. Include a **Frequency**.
6. Enter a **Duration** or **End Date** by selecting the corresponding **button:**

7. Select the **To Start On field** to activate a calendar.
8. Then, select the appropriate **date** from the calendar:
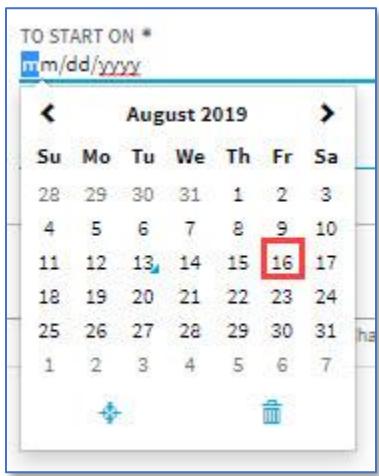
Depending on whether the Duration or End Date radio button is marked, users need to complete the Duration field, or select the **End Date field** to activate a calendar and choose a date.

9. Enter any Drug Information, if applicable.

10. Utilize the **+Add Procedure** feature to include additional procedures. When adding multiple procedures, make sure to indicate the Primary Procedure, indicated below:

11. Finally, select **Continue:**

Utilize the **Previous** feature to navigate back to the previous step at any time.

Step 3: Enter Supporting Documentation

Users have the option to add supporting details to the request. Types of details include:

- Care Notes
- Documents

Add DME Request

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

Add Care Note (Required)

ACTIVITY DATE *
02/08/2022 03:52:46 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

⚠ Please provide any additional information in a care note and indicate if additional clinical records for this request will be faxed to the UM department

☐ Upload Received Document (Optional)

PREVIOUS   CANCEL   SAVE REQUEST

Ensure that relevant clinical information is added to the request to minimize outreach efforts between utilization management staff and providers. This helps prevent delays when deciding about a request.

Adding a Care Note

A care note allows users to summarize any care-related information that is relevant to the request.

1. Enter information in **CARE NOTES** free-form text box:

A care note generates, shown below:

A description of each field is provided below:

FIELD	DESCRIPTION
Activity Date*	Indicates the date on which the activity occurred.
Activity Category*	Displays the category of the activity. *Recommended option: Note*
Activity Action**	Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value). *Recommended option: Case Note*
Activity With	Indicates the patient or patient's contact involved with the activity.
Response**	Displays the outcome of activity (this field is enabled and/or required depending on the selected Activity Category value).
Time Spent on Activity	Indicates the duration of activity.
Care Notes	Displays the notes related to patient's care.
Signature	Indication that the care note is reviewed and finalized.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

** Note: The Activity Action and Response fields are enabled and/or required depending on specific Activity Category values.

2. Select the **Activity Category:**

Users may need to utilize the scroll bar to access additional options.

3. Select the appropriate **category:**

4. Then, select the **Activity Action** drop-down menu:

Users may need to utilize the scroll bar to access additional options.

5. Select the appropriate **action.**
6. Select the **Activity With drop-down menu:**

7. Select the **patient** or patient's **contact** that was involved from the drop-down menu:

8. Next, select the **Response drop-down menu** to indicate the outcome of the activity:

9. Select the appropriate **response.**
10. Enter any notes in the Care Note free-form text box, like below:

It is important to note that once the care note is signed, users can not edit the care note.

11. Select the checkbox to upload a received document (optional) and follow the steps listed in the Uploading a Received Document section.

12. Otherwise, select **SAVE REQUEST:**

Uploading a Received Document

A Received Document can be any material(s) relevant to the authorization request.

1. Select the **Upload Received Document** check box:

A document form generates, like below;

A description of each field is provided below:

FIELD	DESCRIPTION
Related To	By default, this read-only field can be prepopulated with the **Patient**.

Received Date/Time*	Indicates the date and time at which document related to authorization request is uploaded.
Sender*	Displays the patient or patient's contact who provided document.
Document*	Displays the document to be uploaded.
Document Comments	Displays the notes related to uploaded document.

Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

2. Select the **Received Date/Time field** to activate a calendar:

3. Select the appropriate **date** from the calendar.
4. Select the **Sender drop-down menu.**

Users may need to utilize the scroll bar to access additional contacts.

5. Select the person who sent the document from the drop-down menu:

6. Select **Choose File:**

A browser window appears.

7. Find the document and double-click it to upload.
8. Enter any comments in the Document Comments free-form text box.
9. Then, select **Save Request:**

Documents can be removed by selecting the **x.**

It is important to note that if users plan to use the 'Save Draft and Close' feature instead of saving the request in this step, any attached *documentation* cannot be saved.

After the authorization request has been saved, users can be redirected to the authorization request details page. Any draft requests can be saved with a pop-up message to indicate that it has been saved as a draft, like below:

A pop-up message appears at the bottom right if the request qualifies for auto-approval, like below:

Identifi | PRACTICE

Reference # D9354361 - In Progress   ACTIONS ▾ ✎

REQUESTOR NAME	REQUESTOR TYPE
neha	Member

REQUESTOR PHONE
(121) 212-1212

REQUESTOR EMAIL
Not Provided

PRIMARY STAFF
WebRequestQA, Coordinator

PLACE OF SERVICE
Home

SERVICE TYPE
Medical Care

PREDETERMINATION
Yes

AOR REQUIRED
Not Provided

ENCOUNTER ID
Not Provided

EMR ACCOUNT NUMBER
Not Provided

Providers

REQUESTING PROVIDER

AZEB TESFALIDET   INTERNAL MEDICINE
NPI: 1487687521 · TIN: 800719005
110 Baughmans Ln, Frederick, MD, 21702-4059 · Phone: (838) 008-3102 · Fax: (777) 777-7777   In Network

VENDOR

AZEB TESFALIDET   INTERNAL MEDICINE
NPI: 1487687521 · TIN: 800719005
110 Baughmans Ln, Frederick, MD, 21702-4059 · Phone: (838) 008-3102 · Fax: (777) 777-7777   In Network

Third Party Liability

MOTOR VEHICLE ACCIDENT
No

EMPLOYMENT (WORKER'S COMPENSATION)
No

ANOTHER PARTY RESPONSIBLE
No

Diagnoses

Primary	Type	Code	Description
✔	ICD-10	B60.03	BABESIOSIS DUE TO BABESIA DIVERGENS

Care Notes and Communications for Request

◉ Sort by Date   ○ Sort by Type   EXPAND ALL   COLLAPSE ALL

Care Note   Clinical Information: 1st Outreach
Notes: Add care note test   02/25/2022 08:38:48 AM

Adding an Inpatient Request
Select **ADD INPATIENT REQUEST** from the drop-down menu:

An Add Inpatient Request screen generates with a 3-step process, as seen below:

Save progress any time by utilizing the **SAVE DRAFT AND CLOSE** feature.

Below is a brief description of each field in Step 1 of adding an inpatient request:

FIELD	DESCRIPTION
Requestor Name*	Displays the name of the person initiating the authorization request.
Requestor Type*	Indicates the role of the person requesting the authorization request including: Contracted Provider, Member, Member's Representative, Non-Contracted Provider.
Requestor Phone*	Displays the phone number of the requestor.
Requestor Email	Displays the email of the requestor.
Place of Service*	Indicates the setting where the service is performed.
Service Type*	Indicates the category of the service.
Admit Type*	Displays the way the patient was admitted into healthcare facility.

Predetermination*	Whether the authorization request is being submitted prior to the service
AOR Required	Whether an Assignment of Representative (AOR) is required for the processing of authorization request. *Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas*
Encounter ID	Indicates the external system's encounter ID.
EMR Account Number	Displays the patient's account number in an EMR.
Requesting Provider*	Displays the provider requesting the service.
Facility/Vendor*	Displays the facility or vendor where the service takes place.
Attending/Rendering Provider*	Displays the provider performing the service. Note: Not required for Outpatient; not available for DME.
Discharge Date	Indicates the date on which the patient was/will be discharged.
Discharge Disposition	Setting to which the patient was discharged.
Motor Vehicle Accident	Whether the service involves a motor vehicle accident.
Country	Displays the country where the motor vehicle accident occurred.
State	Displays the state where the motor vehicle accident occurred.
Accident Date	Indicates the date on which the motor vehicle accident occurred.
Employment (Worker's Compensation)	Whether the service involves a worker's compensation benefit.
State	Indicates the state related to worker's compensation benefit.
Another Party Responsible	Whether there is a related third-party liability.
Primary Diagnosis Indicator*	Indicates the primary diagnosis.
Diagnosis Type*	Affiliated ICD-9 and ICD-10 code of the diagnosis. Note: By default, the ICD-10 code can be selected.
Diagnosis Description*	Description of the conditions for which services are requested. Note: Enter at least three characters to search.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

Step 1: Enter Request Details

1. Begin by completing the Requestor Name field.
2. Enter the name of the person requesting the service.
3. Then, select the **Requestor Type drop-down menu:**

4. Depending on the person entered in the Requestor Name field, choose the appropriate **type** from the drop-down menu:

5. Enter the Requestor Phone (required) and Email (optional).
6. Next, select the **Place of Service drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

7. Select the appropriate **place:**

8. Next, select the **Service Type drop-down menu.**

Users may need to utilize the scroll bar to access additional options.

9. Select the appropriate **type** from the list:

10. Then, select the **Admit Type drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

11. Select the appropriate **type:**
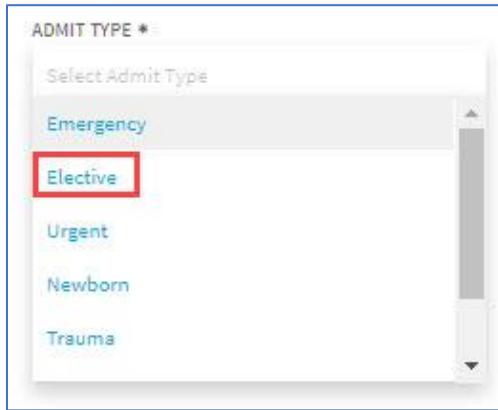
The predetermination field in Identifi indicates whether the service occurs in the future.

12. Select the **Predetermination drop-down menu:**
    a. For Pre-Certification, or Prior-Authorization (service in the future), select **Yes.**
    b. For service now (current), or in the past (retro), select **No.**

13. Complete the remaining optional fields.
14. Then, select **+Add Requesting Provider:**

A **Requesting Provider** can be any type of service provider including a facility, physician, dentist, etc. Note that the requesting provider, facility, and attending provider entities may be the same.

An Add Requesting Provider window generates, as seen below:

Select From Patient's Contacts

If the patient has providers listed in their contacts on Identifi, these can be listed under the **Select From Patient's Contacts** tab. Results listed in this section are sorted into three categories: In Network (first), Out of Network, and Out of Network NPPES (no TIN included).

To select a provider, hover over the provider and click **SELECT:**

Search All Providers

If the patient's provider is not listed in their contacts in Identifi, select the **Search All Providers tab:**

From here, users can conduct a search in the National Data Warehouse of all providers, facilities, and vendors who have an NPI number.

Complete the required field, indicated by an asterisk (*). However, it is important to include as much information as possible during this search, as there may be several results under the same name.

Enter the date or select the **SERVICE START DATE field** to activate a calendar**:**

Enter the Provider Name, Specialty, NPI, TIN, City, State, and/or Zip code. Note that the NPI is the single best search parameter for returning an accurate result.

If users don't enter enough information, they are asked to try the search again, as seen below:

Also, if the search returns more than 50 results, they are asked to refine their search, as seen below:

Enter as much information as possible and select **SEARCH:**

Results listed in this section are sorted into three categories: In Network, Out of Network, and Out of Network NPPES (no TIN included).

Users may need to utilize the scroll bar or page numbers to access additional options. Users can also sort their search results by utilizing the SORT BY feature.

Select a **provider** from the search results:

Selecting the provider exposes their TIN number, and Fax Number (if available). If there isn't a fax number provided and the user wants to add one, the Fax Number field can be entered manually.

Then, click **SELECT & SAVE AS CONTACT:**

15. Then, select **+Add Facility:**

Repeat the same steps as the requesting provider process and select from the patient's contacts or search all providers. Remember that the Requesting Provider, Facility, and Attending Provider entities may be the same.

Note that users can change or remove the facility by selecting the corresponding features.

16. Select **+ADD ATTENDING PROVIDER:**

Repeat the same steps as the requesting provider process and select from the patient's contacts or search all providers. If applicable, complete the Discharge Information section.

17. Select the **Discharge Date field** to activate a calendar:

18. Select the appropriate **date** from the calendar.
19. Next, select the **Discharge Disposition drop-down menu**:

Users may need to utilize the scroll bar to access additional options.

20. Select the appropriate **DISCHARGE DISPOSITION** from the drop-down menu:

Then, continue to the Third Party Liability section.

21. Select the corresponding checkboxes to indicate if there was a motor vehicle accident, employment (worker's compensation), and/or another party responsible, depicted below. The Claims Department follows up, as needed.

22. Next, complete the Diagnosis section by entering or selecting a diagnosis number and description. Note that the description field is required.

Utilize the +ADD DIAGNOSIS feature to include multiple diagnoses.

If there is more than one diagnosis, indicate which one is the primary diagnosis by selecting the corresponding button.

23. Select **Continue** to proceed to Review Details:

If all required fields are not known at the time of creation, utilize the **Save Draft and Close** feature.

Step 2: Add Inpatient Review(s)

In this step, users are asked to complete an Inpatient Review, shown below:

Below is a brief description of each field in Step 2 of adding an inpatient request:

FIELD	DESCRIPTION
Source*	Displays the mode of authorization request initiation. Note: This is always defaulted to Web.
Review Type*	Displays the type of service requested. The types of service include: Initial, Extension, Pharmacy PBM.
Review Priority*	Indicates the urgency of service.
Receipt of Complete Clinical Review	Indicates the date and time at which clinical information was received.
Bed Type*	Displays the description of the bed type for the service being requested.
For Requested Type*	Indicates the units of requested amount. Note: This is always defaulted to Days.
To Start On*	Indicates the date on which service is expected to begin.
For Requested LOS (length of stay) or Thru Date*	Indicates the length of stay or date on which the service is expected to be completed.

* **Note:** The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

Extension is available if a formal extension is taken by the reviewer to allow requested information to be received.

1. Select the appropriate **priority** from the drop-down menu:
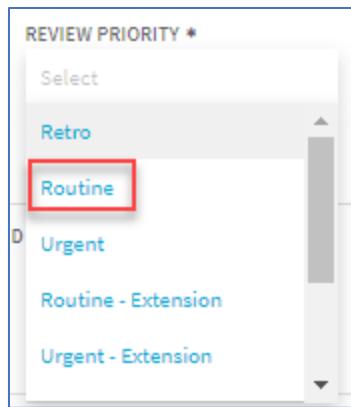
2. Next, select the **Bed Type drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

3. Select the appropriate **bed type**:
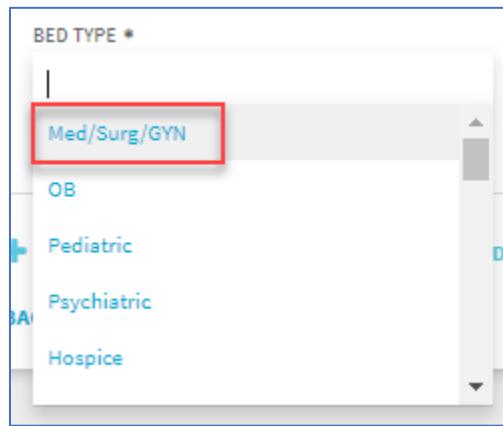
4. Then, select the **To Start On field** to activate a calendar.
5. Select the appropriate **date.**
6. Set the number for the LOS by utilizing the **up** and **down arrows:**

Alternatively, users can select the **Thru Date button** to set the end date instead of the length of stay.

Add inpatient days or procedures by selecting the corresponding features, as seen below:

Access the previous step by utilizing the Previous feature.

7. To move on, select **Continue:**

Adding a Care Note

A care note allows users to summarize any care-related information that is relevant to the request.

1. Enter Step 3 to the **Add Care Note**:

A care note generates, shown below:

A description of each field is provided below:

FIELD	DESCRIPTION
Activity Date*	Indicates the date on which the activity occurred.
Activity Category*	Displays the category of the activity. *Recommended option: Note*
Activity Action**	Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value). *Recommended option: Case Note*
Activity With	Displays the patient or patient's contact involved with the activity.

Response**	Indicates the outcome of activity (this field is enabled and/or required depending on the selected Activity Category value).
Time Spent on Activity	Indicates the duration of activity.
Care Notes	Indicates the notes related to patient's care.
Signature	Indication that the care note is reviewed and finalized.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

** Note: The Activity Action and Response fields are enabled and/or required depending on specific Activity Category values.

2. Select the **Activity Category:**

Users may need to utilize the scroll bar to access additional options.

3. Select the appropriate **category:**

4. Then, select the **Activity Action drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

5. Select the appropriate **action.**
6. Select the **Activity With drop-down menu:**

7. Select the **patient** or patient's **contact** that was involved from the drop-down menu:

8. Next, select the **Response drop-down menu** to indicate the outcome of the activity:

9. Select the appropriate **response.**
10. Enter any nots in the Care Note free-form text box, like below:

Notice that the Signature box is already checked, by default. It is important to note that once the care note is signed, users are not able to edit the care note. To return to this document later and make changes, *do not* select the signature checkbox. If the box is checked by mistake, users can uncheck prior to saving the document.

11. Select the checkbox to upload a received document (optional) and follow the steps listed in the Uploading a Received Document section.
12. Otherwise, select **Save Request:**

Uploading a Received Document

A Received Document can be any material(s) relevant to the authorization request.

1. Select the **Upload Received Document checkbox**:

A description of each field is provided below:

FIELD	DESCRIPTION
Related To	By default, this read-only field can be prepopulated with **Patient**.
Received Date/Time*	Indicates the date and time at which document related to authorization request is uploaded.

Sender*	Displays the patient or patient's contact who provided document.
Document*	Displays the document to be uploaded.
Document Comments	Displays the notes related to uploaded document.

*Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

2. Select the **Received Date/Time field** to activate a calendar:

3. Select the appropriate **date** from the calendar.
4. Select the **Sender drop-down menu.**

Users may need to utilize the scroll bar to access additional contacts.

5. Select the person who sent the document from the drop-down menu:

6. Select **Choose File:**

A browser window appears.

7. Find the document and double-click it to upload.
8. Enter any comments in the Document Comments free-form text box.

9. Then, select **Save Request:**

Documents can be removed by selecting the **x.**

It is important to note that if users plan to use the 'Save Draft and Close' feature instead of saving the request in this step, any attached documentation is not saved.

After the authorization request has been saved, users are redirected to the authorization request details page. Any draft requests can be saved with a pop-up message to indicate that it has been saved as a draft, like below:
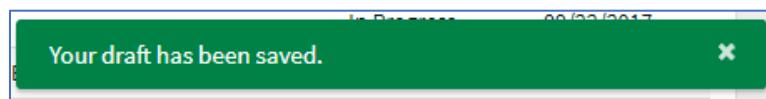
A pop-up message appears at the bottom right if the request qualifies for auto-approval, like below:
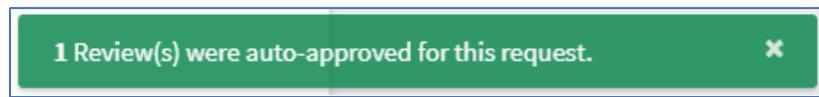
Adding an Outpatient/Home Request

Select **ADD OUTPATIENT/HOME REQUEST** from the drop-down menu:

An Add Outpatient/Home Request screen generates with a 3-step process, as seen below:

Save progress any time by utilizing the SAVE DRAFT AND CLOSE feature.

Below is a brief description of each field in Step 1 of adding an inpatient request:

FIELD	DESCRIPTION
Requestor Name*	Displays the name of the person initiating the authorization request.
Requestor Type*	Displays the role of the person requesting the authorization request including: Contracted Provider, Member, Member's Representative, Non-Contracted Provider.
Requestor Phone*	Indicates the phone number of the requestor.
Requestor Email	Displays the email of the requestor.
Place of Service*	Setting where the service can be performed.
Service Type*	Indicates the category of the service.
Predetermination*	Whether the authorization request is being submitted prior to the service.
AOR Required	Whether an Assignment of Representative (AOR) is required for the processing of authorization request. *Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas*
Encounter ID	Indicates the external system's encounter ID.
EMR Account Number	Indicates the patient's account number in an EMR.
Requesting Provider*	Displays the provider requesting the service.
Facility/Vendor*	Indicates facility or vendor where the service takes place.
Attending/Rendering Provider*	Displays the provider performing the service. Note: Not required for Outpatient; not available for DME.
Motor Vehicle Accident	Whether the service involves a motor vehicle accident.
Country	Indicates country where the motor vehicle accident occurred
State	Indicates the State where the motor vehicle accident occurred.
Accident Date	Indicates the date on which the motor vehicle accident occurred.
Employment (Worker's Compensation)	Whether the service involves a worker's compensation benefit.
State	Indicates the state related to worker's compensation benefit.

Another Party Responsible	Whether there is a related third-party liability
Primary Diagnosis Indicator*	Indication of the primary diagnosis
Diagnosis Type*	Affiliated ICD-9 and ICD-10 code of the diagnosis. Note: By default, the ICD-10 code can be selected
Diagnosis Description*	Description of the conditions for which services are requested Note: Enter at least three characters to search

***Please Note:** The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

Step 1: Enter Request Details

1. Begin by completing the Requestor Name field.
2. Enter the name of the person requesting the service.
3. Then, select the **Requestor Type drop-down menu:**

4. Depending on the person entered in the Requestor Name field, choose the appropriate **type** from the drop-down menu:

5. Enter the Requestor Phone (required) and Email (optional).

6. Next, select the **Place of Service drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

7. Select the appropriate **place:**

8. Next, select the **Service Type drop-down menu.**

Users may need to utilize the scroll bar to access additional options.

9. Select the appropriate **type** from the list:

The predetermination field in Identifi indicates whether the service occurs in the future.

10. Select the **Predetermination drop-down menu:**
    a. For Pre-Certification, or Prior-Authorization (service in the future), select **Yes.**
    b. For service now (current), or in the past (retro), select **No.**

11. Complete the remaining optional fields.
12. Then, select **+Add Requesting Provider:**

A Requesting Provider can be any type of service provider including a facility, physician, dentist, etc. Note that the Requesting Provider, Facility, and Attending Provider entities may be the same.

An Add Requesting Provider window generates, as seen below:

Select From Patient's Contacts

If the patient has providers listed in their contacts on Identifi, these can be listed under the 'Select From Patient's Contacts tab. Results listed in this section can be sorted into three categories: In Network (first), Out of Network, and Out of Network NPPES (no TIN included).

To select a provider, hover over the provider and click **SELECT:**

Search All Providers

If the patient's provider is not listed in their contacts in Identifi, select the **Search All Providers tab:**

From here, users can conduct a search in the National Data Warehouse of all providers, facilities, and vendors who have an NPI number.

Complete the required field, indicated by an asterisk (*). However, it is important to include as much information as possible during this search, as there may be several results under the same name.

Enter the date or select the **SERVICE START DATE field** to activate a calendar**:**

Enter the Provider Name, Specialty, NPI, TIN, City, State, and/or Zip code. Note that the NPI is the single best search parameter for returning an accurate result.

If users don't enter enough information, they are asked to try the search again, as seen below:

Also, if the search returns more than 50 results, users are asked to refine their search, as seen below:

Enter as much information as possible and select **SEARCH:**

Results listed in this section are sorted into three categories: In Network, Out of Network, and Out of Network NPPES (no TIN included).

Users may need to utilize the scroll bar or page numbers to access additional options. Users can also sort their search results by utilizing the SORT BY feature.

Select a **provider** from the search results:

Selecting the provider exposes their TIN number, and Fax Number (if available). If there isn't a fax number provided and the user wants to add one, the Fax Number field can be entered manually.

Then, click **SELECT & SAVE AS CONTACT:**

13. Then, select **+Add Facility/Vendor:**

Repeat the same steps as the requesting provider process and select from the patient's contacts or search all providers. Remember that the Requesting Provider, Facility, and Attending Provider entities may be the same.

Note that users can change or remove the facility by selecting the corresponding features.

14. Select **+ADD RENDERING PROVIDER:**

Repeat the same steps as the requesting provider process and select from the patient's contacts or search all providers. Then, continue to the Third Party Liability section.

15. Select the corresponding checkboxes to indicate if there was a motor vehicle accident, employment (worker's compensation), and/or another party responsible, depicted below. The Claims Department follows up, as needed.

16. Next, complete the Diagnosis section by entering or selecting a diagnosis number and description. Note that the description field is required.

Utilize the +ADD DIAGNOSIS feature to include multiple diagnoses.

If there is more than one diagnosis, indicate which one is the primary diagnosis by selecting the corresponding button.

17. Select **Continue** to proceed to Review Details:

If all required fields are not known at the time of creation, utilize the **Save Draft and Close** feature.

Step 2: Add Outpatient/Home Review(s)

In this step, users are asked to complete an Outpatient/Home Review, shown below:

Below is a brief description of each field in Step 2 of adding an outpatient request:

FIELD	DESCRIPTION
Source*	Displays the mode of authorization request initiation. Note: This is always defaulted to Web.
Review Type*	Displays the type of service requested. The types of service include: Initial, Extension, Pharmacy PBM.
Review Priority*	Indicates the urgency of service.
Receipt of Complete Clinical Review	Indicates the date and time at which clinical information was received.
Procedure Description*	*Displays the description of the procedure.* *Note: Enter at least three characters to search*
Modifier 1	Further description of procedure code
Modifier 2	Further description of procedure code
Revenue Code and Description	Description of the dollar amount to be billed for service Note: Enter at least three characters to search

Billed Amount	Displays the total dollar amount to be billed for service.
Requested Amount*	Indicates the quantity of service.
For Requested Type*	Displays the units of requested amount, such as: Day(s), Unit(s), Hour(s), Visit(s).
Frequency	Indicates the Number of occurrences of requested service.
To Start On*	Indicates the date on which service is expected to begin.
Duration or End Date*	Indicates the length of stay or date on which the service is expected to be completed.
Drug Information	Displays the medication-related notes.
Primary Procedure Indicator*	Displays the designate the primary procedure.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

1. Begin by selecting the **Review Priority drop-down menu**:

Users may need to utilize the scroll bar to access additional options.

Routine - Extension and Urgent – Extension are available if a formal extension is taken by the reviewer to allow requested information to be received.

2. Select the appropriate **priority** from the drop-down menu:
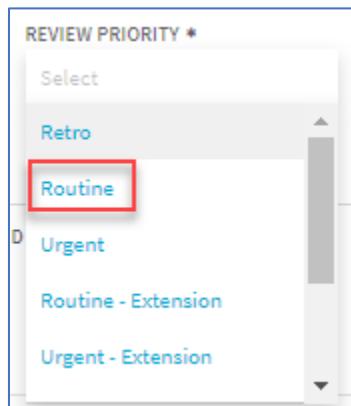
3. Next, enter 3 or more characters in the Procedure Description field to generate a drop-down menu.
4. Select the appropriate **procedure description** from the drop-down menu:
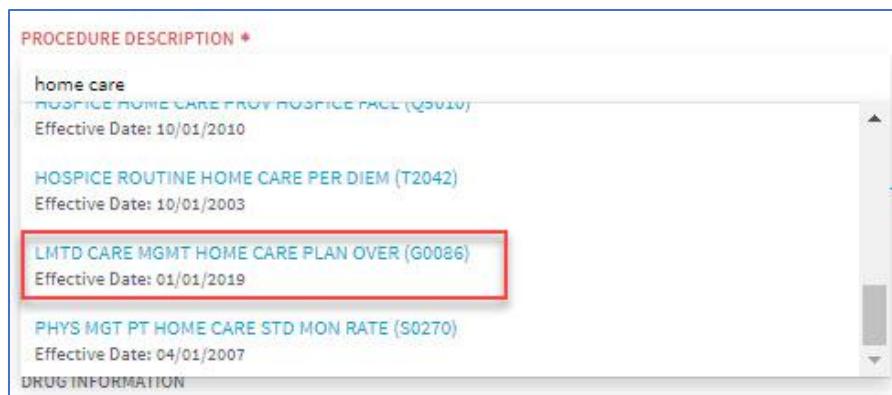
5. Complete any additional optional fields.

6. Then, select the **For Requested Type drop-down menu:**

7. Select the appropriate **type** from the drop-down menu:

8. Utilize the **up** or **down arrows** to set the frequency:
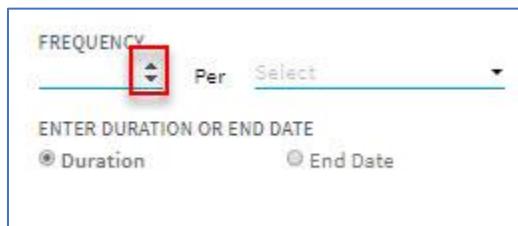
9. Then, select the **Per drop-down menu.**

10. Select a **value**:
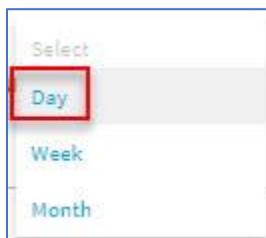
11. Select the **TO START ON field** to activate a drop-down menu calendar.
12. Then, select the appropriate **date** from the calendar:
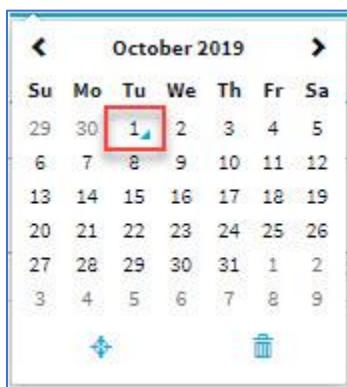
13. Utilize the **up** or **down arrows** to set the duration:

14. Select the **drop-down menu:**

15. Select a **value**:
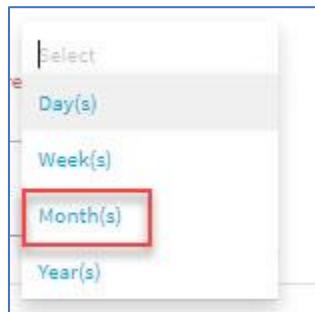
16. Alternatively, select the **End Date button** to set an end date rather than a duration:

17. Select the **END DATE field** to activate a calendar:

18. Select the appropriate **end date.**

19. To move on, select **CONTINUE:**

Access the previous step by utilizing the Back feature.

Adding a Care Note

A care note allows users to summarize any care-related information that is relevant to the request.

1. Select step 3 to enter the **Add Care Note**:

A care note generates, shown below:

Add Outpatient/Home Request

✓ **Step 1**
Enter Request Details

✓ **Step 2**
Add Outpatient/Home Review(s)

3 **Step 3**
Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE *	ACTIVITY CATEGORY *	ACTIVITY ACTION *
03/07/2022 06:17:34 pm	Select Activity Category	Select Activity Action

ACTIVITY WITH	RESPONSE	TIME SPENT ON ACTIVITY
Select Activity with	Select response	_____ hour(s) _____ minute(s)

CARE NOTES

☑ Signature

⚠ Please provide any additional information in a care note and indicate if additional clinical records for this request will be faxed to the UM department

☐ Upload Received Document (Optional)

PREVIOUS　　　　　　　　　　　　　　　　　　　CANCEL　**SAVE REQUEST**

A description of each field is provided below:

FIELD	DESCRIPTION
Activity Date*	Indicates the date on which the activity occurred.
Activity Category*	Indicates the category of the activity *Recommended option: Note*
Activity Action**	Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value) *Recommended option: Case Note*
Activity With	Displays the patient or patient's contact involved with the activity.
Response**	Displays the outcome of activity (this field is enabled and/or required depending on the selected Activity Category value).
Time Spent on Activity	Indicates the duration of activity.
Care Notes	Displays the notes related to patient's care.
Signature	Indication that the care note is reviewed and finalized.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

** Note: The Activity Action and Response fields are enabled and/or required depending on specific Activity Category values.

2. Select the **Activity Category:**

Users may need to utilize the scroll bar to access additional options.

3. Select the appropriate **category:**

4. Then, select the **Activity Action drop-down menu:**

Users may need to utilize the scroll bar to access additional options.

5. Select the appropriate **action.**
6. Select the **Activity With drop-down menu:**

7. Select the **patient** or patient's **contact** that was involved from the drop-down menu:

8. Next, select the **Response drop-down menu** to indicate the outcome of the activity:

9. Select the appropriate **response.**
10. Enter any nots in the Care Note free-form text box, like below:

Notice that the Signature box is already checked, by default. It is important to note that once the care note is signed, users can not edit the care note. To return to this document later and make changes, do not select the signature checkbox. If the box is checked by mistake, users can uncheck prior to saving the document.

11. Select the checkbox to upload a received document (optional) and follow the steps listed in the Uploading a Received Document section.
12. Otherwise, select **Save Request:**

Uploading a Received Document

A Received Document can be any material(s) relevant to the authorization request.

1. Select the **Upload Received Document checkbox**:

A description of each field is provided below:

FIELD	DESCRIPTION
Related To	By default, this read-only field is prepopulated with **Patient**.
Received Date/Time*	Indicates the date and time at which document related to authorization request is uploaded.
Sender*	Displays the patient or patient's contact who provided document.
Document*	Displys the document to be uploaded.
Document Comments	Indicates the notes related to uploaded document.

* Note: The asterisk (*) indicates a required field. Users must complete this field to move on to the next step in the request.

2. Select the **Received Date/Time field** to activate a calendar:

3. Select the appropriate **date** from the calendar.
4. Select the **Sender drop-down menu.**

Users may need to utilize the scroll bar to access additional contacts.

5. Select the person who sent the document from the drop-down menu:

6. Select **Choose File:**

A browser window appears.

7. Find the document and double-click it to upload.
8. Enter any comments in the Document Comments free-form text box.
9. Then, select **Save Request:**

Documents can be removed by selecting the **x.**

It is important to note that if users plan to use the 'Save Draft and Close' feature instead of saving the request in this step, any attached documentation can not be saved.

After the authorization request has been saved, users are redirected to the authorization request details page. Any draft requests can be saved with a pop-up message to indicate that it has been saved as a draft, like below:

A pop-up message appears at the bottom right if the request qualifies for auto-approval, like below:

Draft Authorization Requests

Any authorization requests that users create but do not finish is available in the authorization requests homepage, shown below:

It is important to note that only the requests that are created by the user accessible.

If there are no draft requests, users can see the following message:

To open a saved draft of an authorization request, select the **Request Type hyperlink:**

Upon navigating to the draft request, users always land on step 1 of the request creation process (request details), regardless of the steps completed upon saving the request. This is to ensure that users review all fields before completing the request.

From here, follow the steps in one of the following sections: Step 1: Enter Request Details (DME), Step 1: Enter Request Details (Inpatient), or Step 1: Enter Request Details (Outpatient/Home) depending on the type of Auth Request.

Alternatively, if users no longer need the draft request and want to remove it, they can select the **trash can icon:**

A confirmation message appears, asking the user to confirm they want to delete the draft.

To continue, select **Yes, delete it!:**
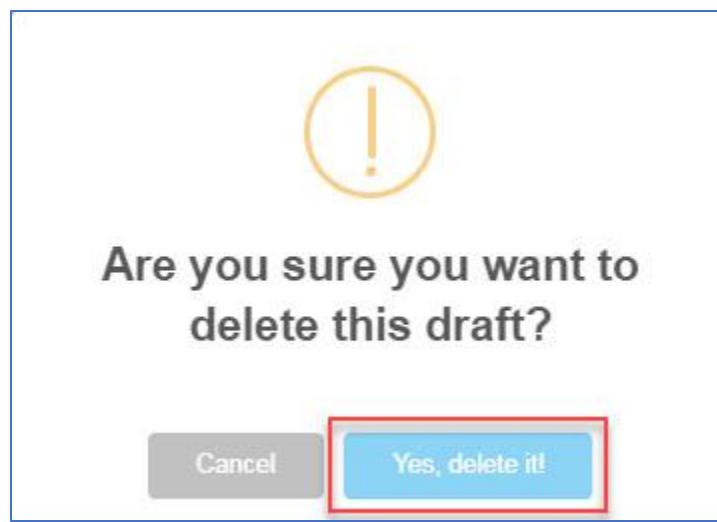
Authorization Request Details Page

The authorization request details page displays comprehensive information about the patient's authorization request, such as: details about the requestor, providers, diagnoses, care notes and communications, plus any associated reviews are accessible from this page.

Reference # D9354361 - Void

REQUESTOR NAME neha	REQUESTOR TYPE Member	REQUESTOR PHONE (121) 212-1212	REQUESTOR EMAIL Not Provided
PRIMARY STAFF WebRequestQA, Coordinator	PLACE OF SERVICE Home	SERVICE TYPE Medical Care	PREDETERMINATION Yes
AOR REQUIRED Not Provided	ENCOUNTER ID Not Provided	EMR ACCOUNT NUMBER Not Provided	

Providers

REQUESTING PROVIDER

AZEB TESFALIDET   INTERNAL MEDICINE
NPI: 1487687521 • TIN: 800719005
110 Baughmans Ln, Frederick, MD, 21702-4059 • Phone: (838) 008-3102 • Fax: (777) 777-7777   In Network

VENDOR

AZEB TESFALIDET   INTERNAL MEDICINE
NPI: 1487687521 • TIN: 800719005
110 Baughmans Ln, Frederick, MD, 21702-4059 • Phone: (838) 008-3102 • Fax: (777) 777-7777   In Network

Third Party Liability

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

Diagnoses

Primary	Type	Code	Description
✔	ICD-10	B60.03	BABESIOSIS DUE TO BABESIA DIVERGENS

Request

Request Details
Providers
Third Party Liability
Diagnoses

Reviews

Initial - 02/24/2022

Reviews

Primary   Review 01: Feb 24, 2022 - Mar 23, 2022   Void
INJECTION ABCIXIMAB 10 MG (J0130) • Total Requested: 1

In addition to viewing detailed information about the authorization request, users can take the following actions:

- Quickly Navigate to a Section
- Edit Authorization Request Details
- Add an Additional Review
- View Review Details
- Edit a Review
- Add Communication
- Add a Care Note
- Designate a Primary Procedure
- Navigate to Patient's Information Page

Quickly Navigate to a Section

Links that correspond to each section of the request are displayed on the right side of the authorization request details page, like below:

Request

Request Details
Providers
Third Party Liability
Diagnoses

Reviews

Initial - 02/24/2022
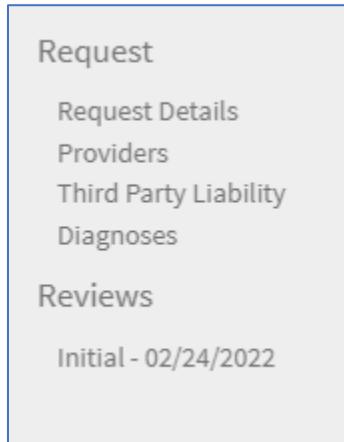
Select the corresponding **hyperlink** to navigate directly to the corresponding section:

Request

Request Details
Providers
Third Party Liability
Diagnoses

Reviews

Initial - 02/24/2022
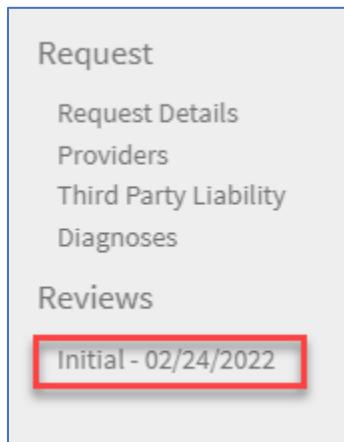
Edit Authorization Request Details

All details regarding the authorization request can be changed or updated before a decision is made. However, after a decision is made, the Predetermination field cannot be edited. For reference, the Primary Staff field cannot be modified because it identifies the utilization management staff responsible for the authorization request and its tasks.

1. Navigate to the authorization request details page.
2. Select the **pencil icon**:

Reference # 7010880 - In Progress   ACTIONS ▾ 🖉
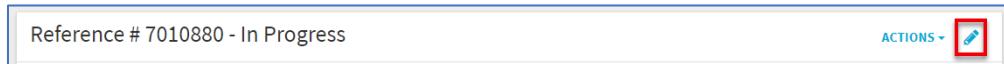
3. Edit and save the request details.

All required fields are designated with an asterisk (*****), and they must be filled out before any changes can be saved.

Add an Additional Review

At least one review must be created during the initial authorization request process. Additional reviews can be added as needed, unless the request is voided. A review can be added to a closed request to reopen the original case.

1. Navigate to the authorization request details page.
2. Within the reviews, select the **Add Review** drop-down menu.
3. Select the **type* of review** from the available options.

Reviews

ADD REVIEW ▾

Review 01: Aug 28, 2017 - Aug 29, 2017   In Progress
Bed Type: Med/Surg/GYN • Total Requested: 1

Add Procedure
Add Inpatient Days

1-1 of 1
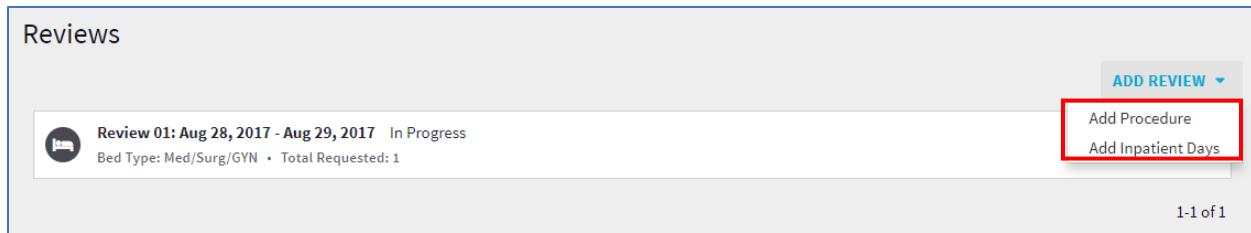
* Note: The Add Inpatient Days option is only available for Inpatient requests.

4. Complete the review details, as described in the Review Details section.

All required fields are designated with an asterisk (*****) to indicate they must be filled out before saving any changes.

View Review Details

The review header displays a summary of information:

For a procedure type review, the summary displays the following:

- Procedure icon
- Primary procedure indication
- System generated review number
- Start and end dates
- Review status
- Procedure code and description
- Requested/approved/denied amounts
- Time remaining or overdue on a review related task, based on established service level agreements (SLAs)

For a bed type review, the summary displays:

- Bed type icon
- System generated review number
- Start and end dates
- Bed type
- Review status
- Requested/approved/denied days
- Time remaining or overdue on a review related task, based on established service level agreements (SLAs)

To review-level details, select the **review**:

The review expands to expose additional details, as seen below:

Edit a Review

Prior to submission, all fields within the review can be edited.

1. Navigate to the authorization request details page.
2. Within the reviews, select **Edit**:

3. Edit and save the review details.

All required fields are designated with an asterisk (*****), and they must be filled out before saving any changes.

Add Communication

Users can include additional documents to an authorization request for reference.

1. From the Actions drop-down menu within a request or review, select **Add Communication**:
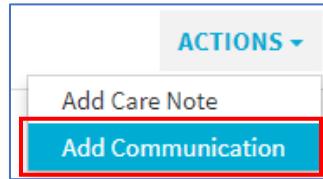
A pop-up window appears, which enables users to upload a related document, as described in the Supporting Documentation Details section.

2. Click **Upload**.

The uploaded document is available within the Care Notes and Communications for Request section:

3. View additional details by clicking the header and expanding the communication. *****
4. Download the document by clicking **View**:

Please Note: The Expand All and Collapse All buttons are available to open or close all sections at once.

Add a Care Note

Users can include an additional care note for reference.

1. Open a request or review.
2. Select the **Actions** drop-down menu and select **Add Care Note**, as seen below:
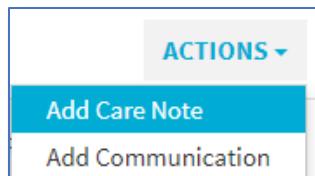
A pop-up window appears, which enables users to enter the required information, as described in the Supporting Documentation Details section.

3. Click **OK**.

The care note is available within the Care Notes and Communications for Request or the Care Notes and Communications for Review sections, depending on whether it was added from the request or review level:

4. View additional details by clicking the **header.**
5. The care note expands, as seen below:

6. If the care note has not be signed and is not related to a decision, users can select **Edit** to make changes. *****

For reference, a list of care note decisions includes:

- Activity Category: Note
- Activity Action: Denial Note, Partial Approval Note, Approval Note, Appeal Decision Note

* Note: only the creator of a care note can take actions on it, which includes editing, signing, and voiding a care note.

7. Finalize the care note by selectin **Sign Care Note**.
8. If the care note is no longer relevant, users can **void** the care note.

Designate a Primary Procedure

When there are two or more procedure type reviews, users can indicate the primary procedure for the authorization request.

1. Navigate to an authorization request.
2. Scroll down to the reviews and find a non-primary procedure.
3. From the **Actions** drop-down menu, select **Set as Primary**:
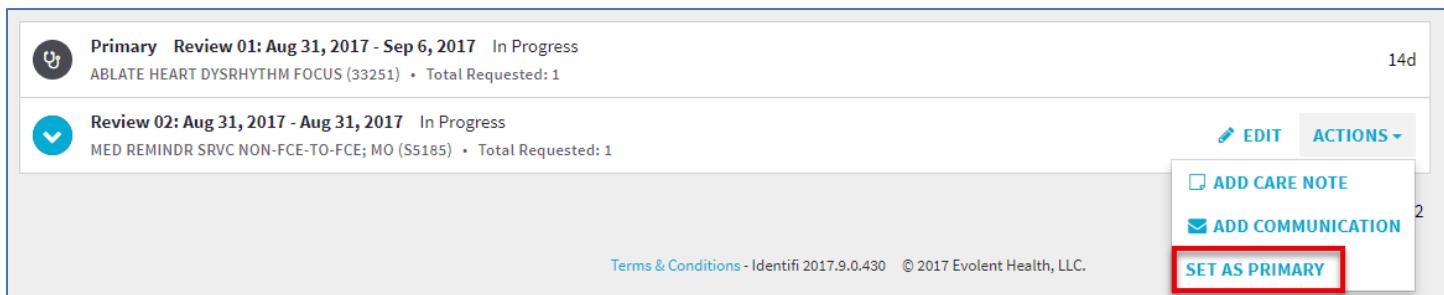
Navigate to Patient's Information Page

Users can quickly navigate to the patient's information page to access more detailed information about his/her care plan, risk adjustment opportunities, and gaps in care. This feature is only available to users with access to patient details, in addition to authorization requests.

1. Navigate beyond the authorization requests home page to create or view an authorization request for a patient.
2. Click the **patient details** hyperlink:

3. View the patient's information page, shown below:

Search for an Authorization Request

Utilize the search filter to find a specific authorization request.

1. Navigate to the Authorization Request home page and click the **filter** icon.
2. Enter criteria based on desired search results. For more information about completing a search, refer to the Requesting Provider Lookup and Patient Lookup sections.
3. Select **Apply**:
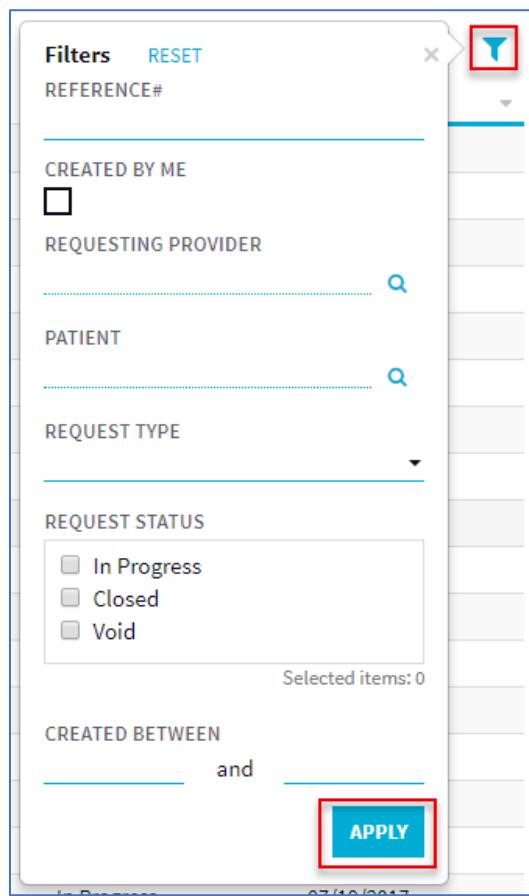
4. Review the list of search results.

A description of each search field is provided below:

FIELD	DESCRIPTION
Reference #	Displays the unique identifier of an authorization request.
Created By Me	Whether the authorization request was created by the user.
Requesting Provider	Indicates the requesting provider of an authorization request.
Patient	Indicates the patient for which the authorization request was created
Request Type	A description of the request. There are three request types available: • DME • Inpatient • Outpatient/Home
Request Status	There are three statuses, which display the progression of authorization requests over time: 1. In Progress: the authorization request is actively being managed 2. Closed: the authorization request does not have any remaining tasks 3. Void: the authorization request is invalid
Created Between	Indicates the date range in which the authorization request was created.
Reset	Reset the search form.

Requesting Provider Lookup

Users can search for authorization requests that were submitted by a specific provider. Ensure that accurate and complete provider details are captured, prior to searching authorization requests by the provider.

1. Within the filter screen, click on the Requesting Provider **magnifying glass**:
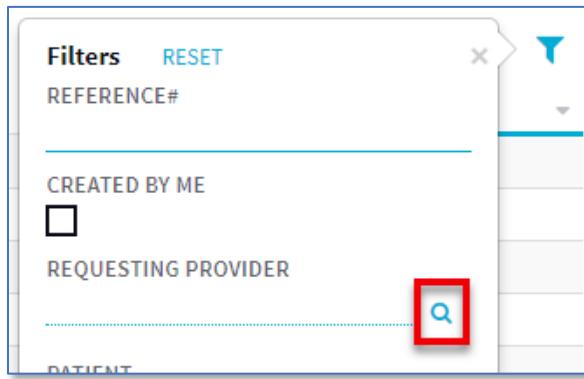
2. Begin the search by entering the provider's name*****, NPI, Zip Code, or a combination of his or her Specialty/City/State:
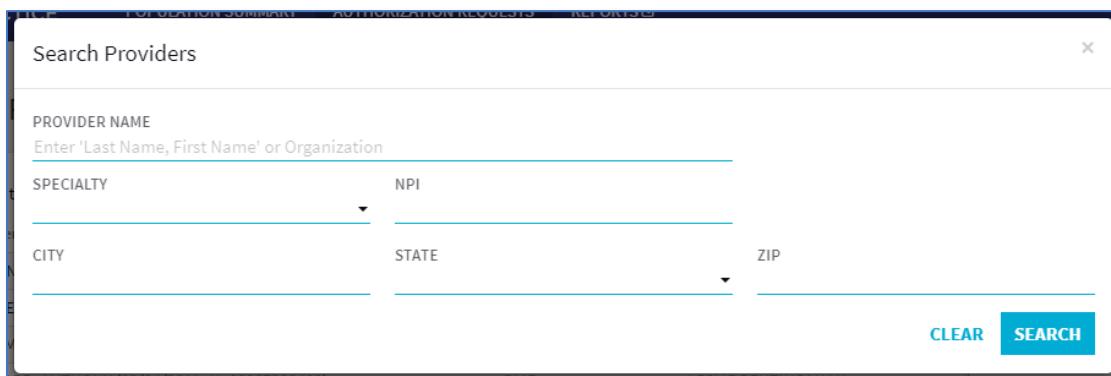
* Note: if users would like to search by the provider's full name, format the keyword search accordingly: 'last name' + comma + 'first name'.

3. Select **Search:**
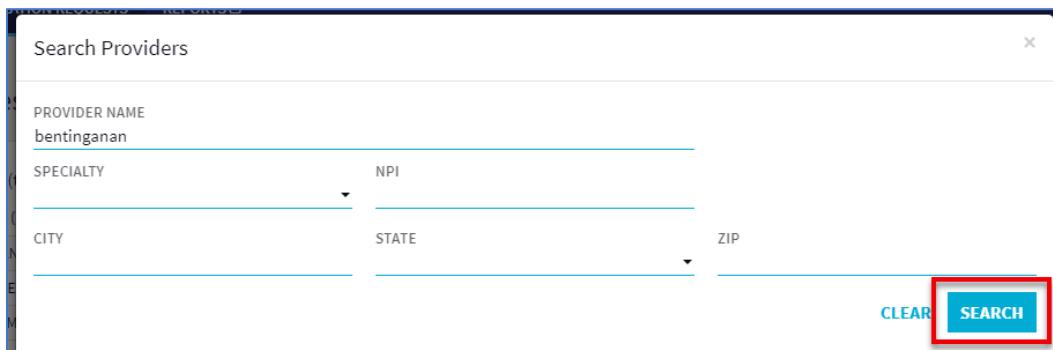
4. Select the **provider** from the search results.
5. View the provider's name within the Requesting Provider field:

General Search Information

There may be multiple results for the same provider, but with different addresses and specialties.

The search results are automatically sorted by name; however, users can sort by other fields including: city, state, zip, address, NPI, and specialty.

Patient Lookup

Users can search for authorization requests that were created for a specific patient. Ensure that accurate and complete patient details are captured, prior to searching authorization requests for the patient.

1. Within the filter screen, select the Patient **magnifying glass:**
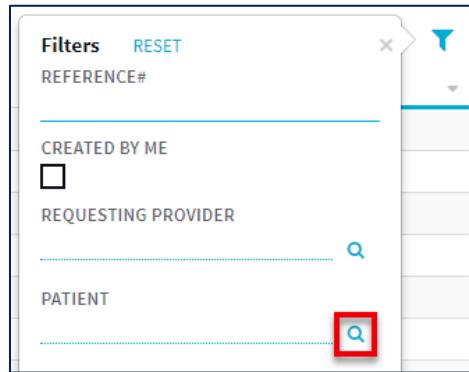
2. Begin the search by entering the patient's First Name, Last Name, and Date of Birth or the Patient ID*****:
3. Select **Search**:

* Note: The First Name and Last Name fields are classified as a **contains** search, so users do not need to type the patient's entire name to initiate the search. However, the Patient ID is an exact search, so users need to enter the exact ID.

4. Next, select the patient.
5. View the patient's name within the patient field of the filter.

Authorization Requests Search Results

A maximum of 100 authorization requests are displayed, organized by date. If there are more than 100 results that match the search criteria, users receive the following message, and be required to refine the list by adding sub filters by clicking the funnel to the right of the **Display Requests** selection.

Tags are displayed to identify the sub filter parameters applied through the filter.

Each such sub filter parameter can be removed by clicking on the **x** within the tag, or by performing a new search.

Users can remove all sub filter parameters by clicking the **Clear All** button, or by resetting, and then applying the search form:

Availability of Identifi Review services

If a patient's LOB does not participate in Evolent's utilization management services, the below message appears while attempting to initiate an authorization request:
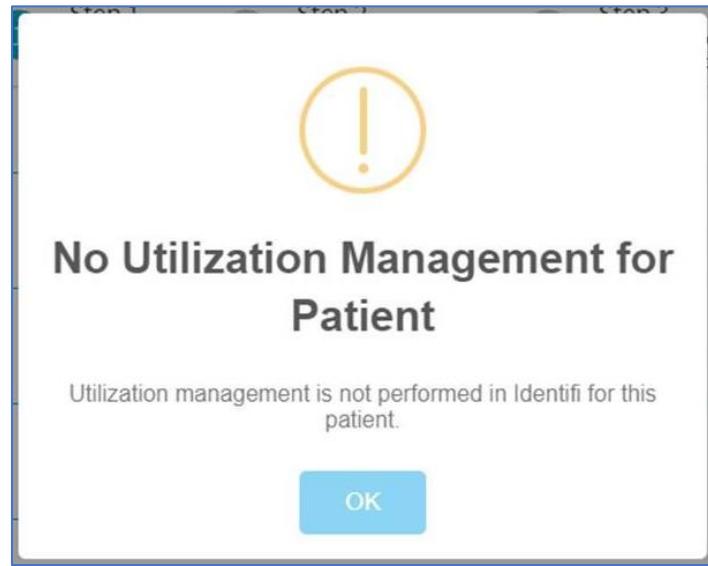
Identifi Learning

Identifi Practice Auth users are automatically provisioned for Practice Auth materials on Identifi Learning, Evolent's product documentation and training material application. Users have access to Identifi Learning through myidentifi.com. Content includes a product overview, FAQs, instructional videos, release notes, and a user guide.

Access Identifi Learning

To access Identifi Learning, select the **Go to Launcher** from the Identifi Task Bar:

Select the **Learning tile** from the drop-down menu of applications:
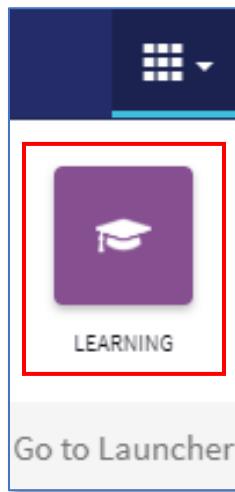
Alternatively, users can right select the Learning tile to activate a drop-down menu.

From the drop-down menu, select **Open link in a new tab,** or **Open link in a new window**
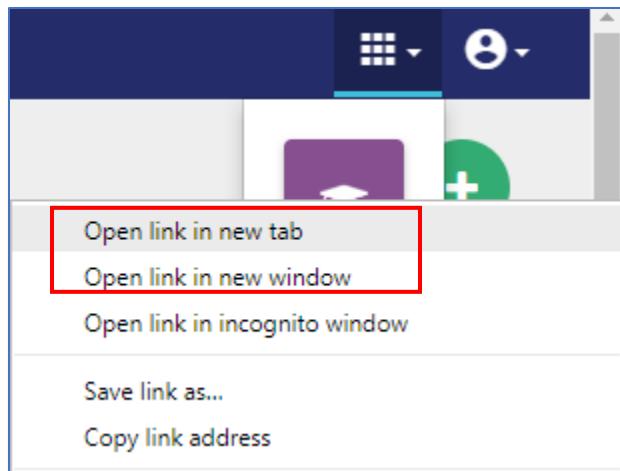
Home Page

Upon selecting the Identifi Learning tile, users land on the Learning home page, as seen below:

Components of the home page include an overview of Identifi Learning, a list of the products the user has access to through Learning, a suggestion box, and a list of recent updates.

To access a document within the **Recent Updates,** select the **document title:**

To access Identifi Practice Auth materials, select the **Practice Auth Request tile:**

Alternatively, users can access the Practice Auth Request home page by selecting the **Practice Auth Request hyperlink** from a recent update, when applicable:

Overview Page

Selecting the Practice Auth Request tile or hyperlink from the home page redirects users to the Identifi Practice Auth Request overview page, seen below:

From here, users have access to frequently asked questions (FAQs) and a documents page.

FAQs

To view the answer to a frequently asked question on the Identifi Practice Auth Request overview page, select the **question:**

Users may need to utilize the scroll bar to access additional FAQs.

To minimize the answer, re-select the **question**:

Note that selecting another question also contracts the previous question's answer.

Documents Page

To access Identifi Practice Auth Request documentation and training materials, select the **Documents link:**

Product documentation is organized into categories, such as Release Notes and User Guides.

Viewing a Document

To open and view a document, select the **title:**

Upon selecting the document, a preview loads, as seen below:
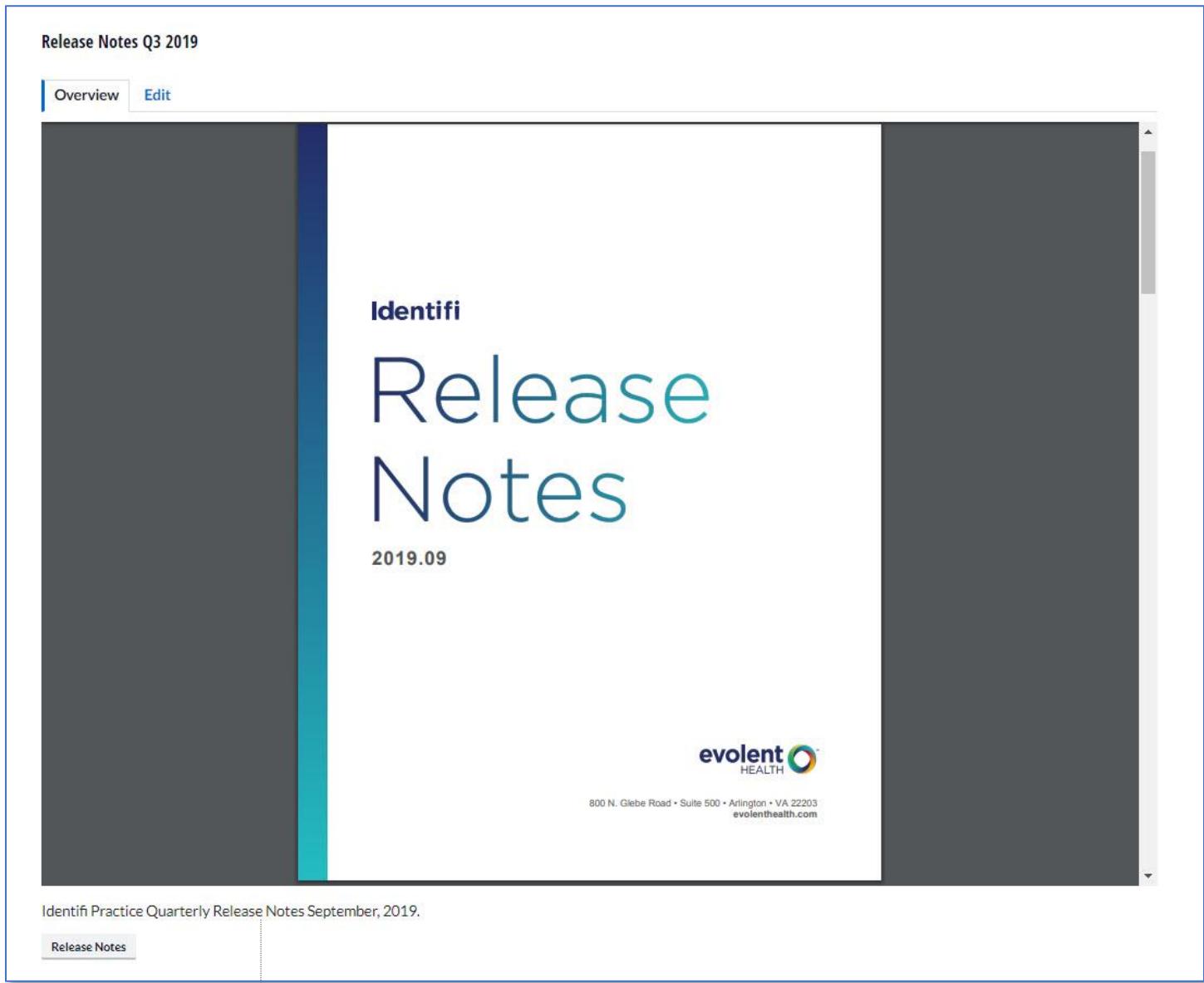
Note that if there is a document description, it can be found at the bottom of the document preview.

From here, users can scroll through the document or utilize the download and print features.

Downloading a Document

Once the document has been opened, select the **download icon:**

A pop-up appears, asking users to choose a name and file location for the document.

Then, select **Save:**
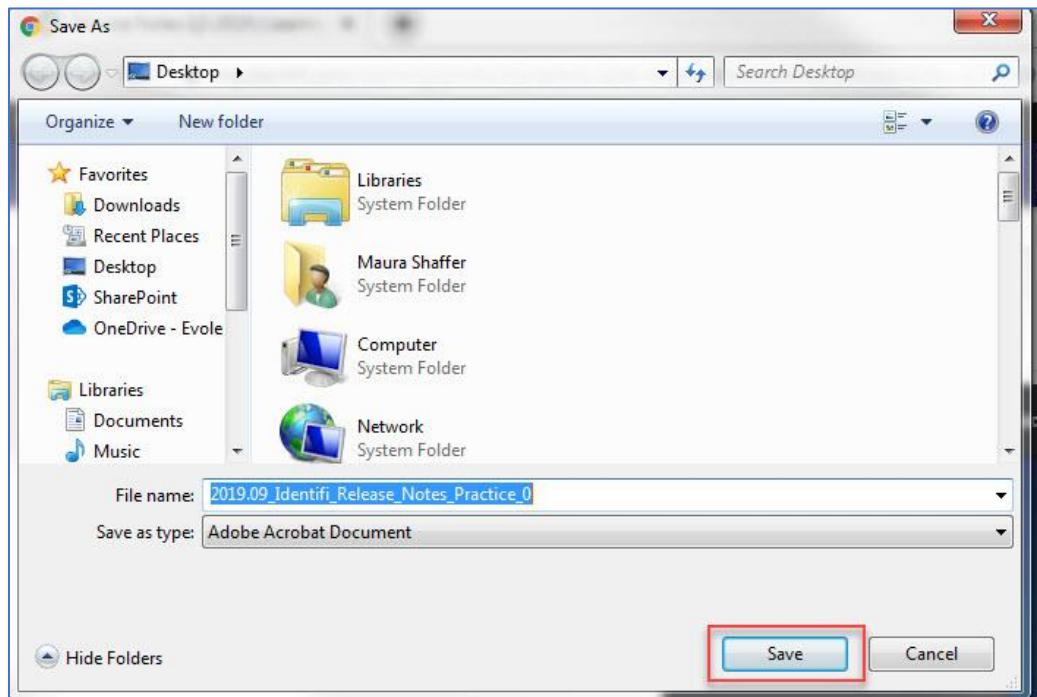
The document downloads in the bottom of the web browser.

To open the document, select the **download:**
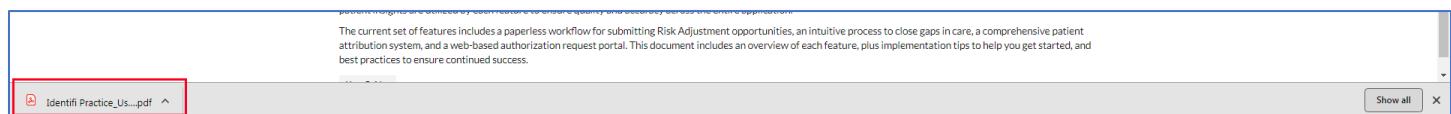
To return to the Documents page, select the **back arrow** in the web browser.

Printing a Document

Once the document has been opened, select the **print icon:**

A print screen generates.

Select any preferences, then select **Print:**
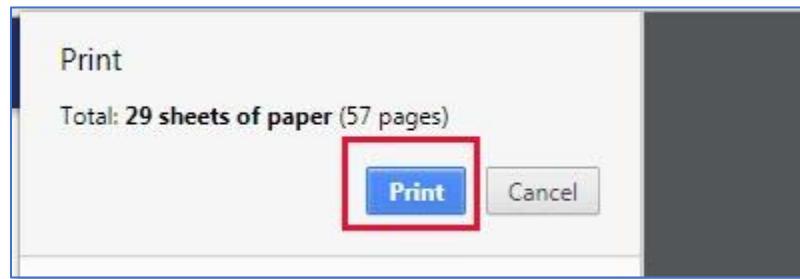
To return to the Documents page, select the **back arrow** in the web browser.

Viewing a Video

There is a Videos section within the Documents page where users can access training videos.

To open and view, select the **video title:**
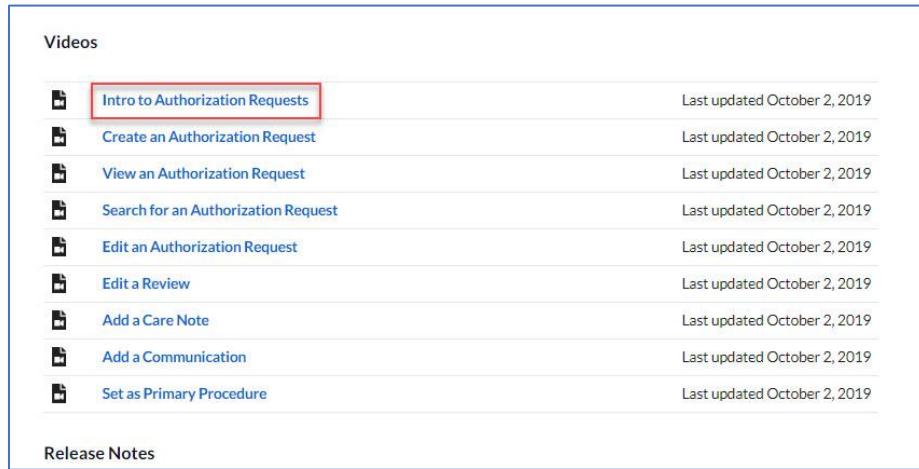
Upon selecting the video, a preview loads, as seen below:

Note that if there is a video description, it can be found at the bottom of the video preview.

To watch the video, select the **play button:**
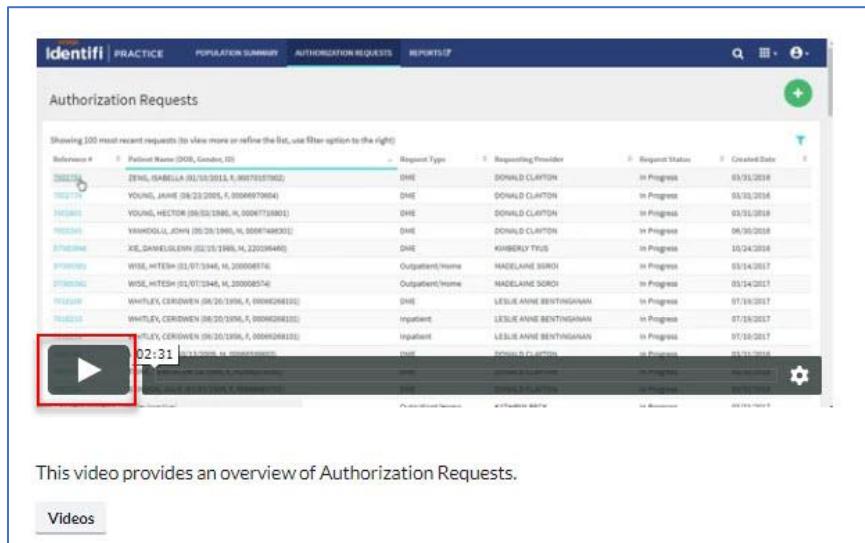
Users can also alter the resolution by selecting the **settings gear icon:**
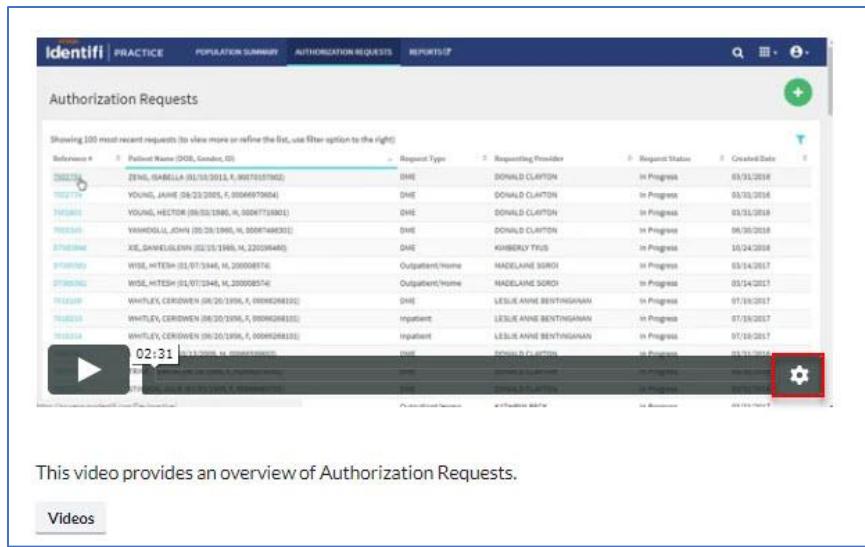
Choose the appropriate **quality:**
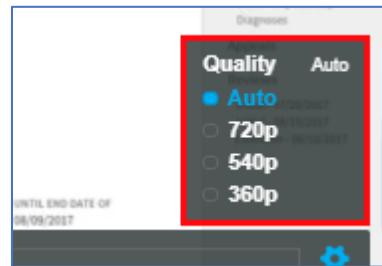
To return to the Documents page, select the **back arrow.**

Search

The search feature is in the Identifi Task Bar and can be accessed from any page in Identifi Learning.

To utilize the search feature, enter a keyword or phrase into the search bar and select the **magnifying glass icon:**

A search results page generates, as seen below:

There are descriptions to supplement the search results.

To open and view the FAQ, document, or video, select the **item** from the search result list**:**

To return to the Practice Auth Request overview page, select **Identifi Learning** from the Task Bar:

Tag Filtering

When searching for specific content in Identifi Learning, users can access related materials using tags.

If a document, video, or FAQ has a tag, it can be located below the item description.

To access other content with the same tag, select the **tag:**

Selecting the tag redirects users to a results page with relative content, as seen below:

Return to Identifi Practice

Users can return to Identifi Practice by selecting the **My Profile drop-down menu** from the Task Bar:

To continue, select **Go to Launcher** from the drop-down menu:
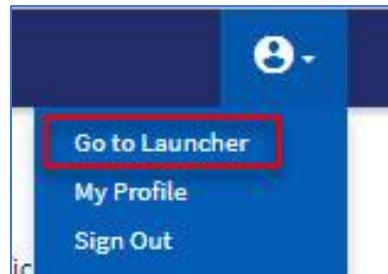
Users can be redirected to the Launcher tile page.

Select **PRACTICE:**
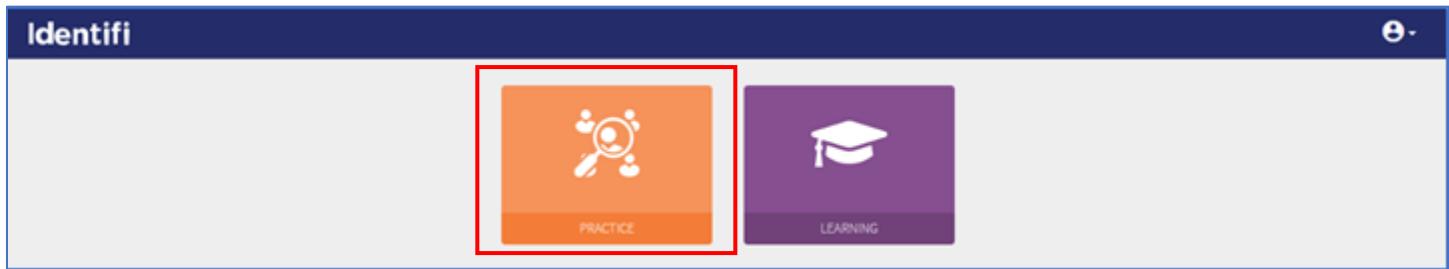
Additional Assistance

For additional assistance, or if there are any questions regarding the features within Identifi Practice, please contact Evolent Health Support by clicking the **Contact Support** link available in your user profile drop-down list:
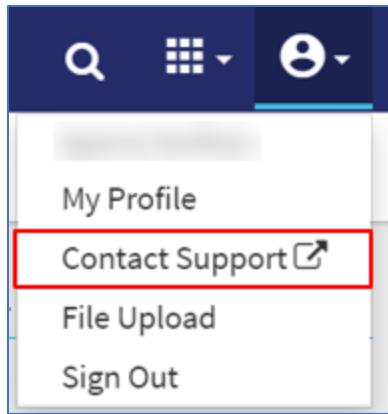
If you are not an Identifi user, for assistance, please contact Evolent Health Support at support.evolenthealth.com to raise a ticket.

The following list of Frequently Asked Questions is also available for reference:

Frequently Asked Questions (FAQs)

1. *For which patients can I submit an authorization request?*

Users can create an authorization request for any patient within their client and LOB access for the Practice Authorization Request application. NPI provisioning is optional for Practice Authorization intake users. This allows users to view the requests that only they created.

2. *Which providers' authorization requests can I view?*

A user can view any authorization request that they created, as well as authorization requests associated with their requesting provider, rendering provider, and attending provider (within the user's NPI access). If the user is provisioned for a facility, they are not able to view the authorization requests created for the providers who practice at the facility unless the user is specifically provisioned to those providers' NPIs.

3. *Why do patients have a green button (* *) available on their information page?*

The green plus sign signifies that users can add an authorization request or care note from within the patient's information page.

4. *What is significant about the Requestor Name field of an authorization request?*

The Requestor Name field is an informational field that designates the person who requested the service. Typically, the Requestor Name is either a provider or patient.

5. *Which providers can I select for the Requesting/Rendering/Attending Provider or Facility/Vendors of an authorization request?*

When creating a request, both in-network and out-of-network providers, and/or healthcare organizations, can be selected. Provider selection during request creation is not limited to user's provisioned NPIs.

6. *What are the possible review statuses?*

There are several review statuses, given the type of decision, as described below:

REVIEW STATUS	DESCRIPTION
In Progress	No decision has been made
Approved Full	Requested service is approved in entirety
Approved Partial	Some criteria of the requested service are approved
Denied	Requested service is rejected
In Progress - MD Review	Review has been sent to a utilization management medical director for decision
In Progress – Pend	Review is on hold until additional information is received
In Progress - Peer to Peer (Deny)	After a review has been rejected, a discussion is taking place with the utilization management medical director and referring provider
In Progress - Peer to Peer (Approve Partial)	After a review has been partially rejected, a discussion is taking place with the utilization management medical director and referring provider
Approved Full (Peer to Peer Overturn Full)	Requested service is approved in entirety as a result of peer to peer
Approved Partial (Peer to Peer Overturn Partial)	Some criteria of the requested service are approved as a result of peer to peer
Approved Partial (Peer to Peer Uphold)	Requested service receives the same outcome of partial approval even after peer to peer
Denied (Peer to Peer Uphold)	Requested service receives the same outcome of denial even after peer to peer

7. *After creating a request, how can I determine which authorization requests were created by me?*

Open the filter and click the check box located beside the text, **Created by Me**. The result can be a list of authorization requests that were created by me. By default, the user who completed all steps of the request creation process, and successfully saved it, are listed as the creator.

8. *In addition to filling out the required fields, what other information would be helpful to successfully process the authorization request?*

Users are encouraged to add all relevant clinical information in the form of care notes and/or uploaded documents to minimize outreach efforts between utilization management staff and providers, which prevents delays when deciding.

9. *How often are password resets required?*

Password resets are required every 90 days. The application advises you at least 15 days in advance of a password reset.

10. *Will Identifi Practice time out due to inactivity?*

Yes, after 25 minutes of inactivity, the system provides a pop-up message, prompting the user to extend their session. If an action is not taken within 5 minutes of the pop up, the users are automatically signed out.