



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.

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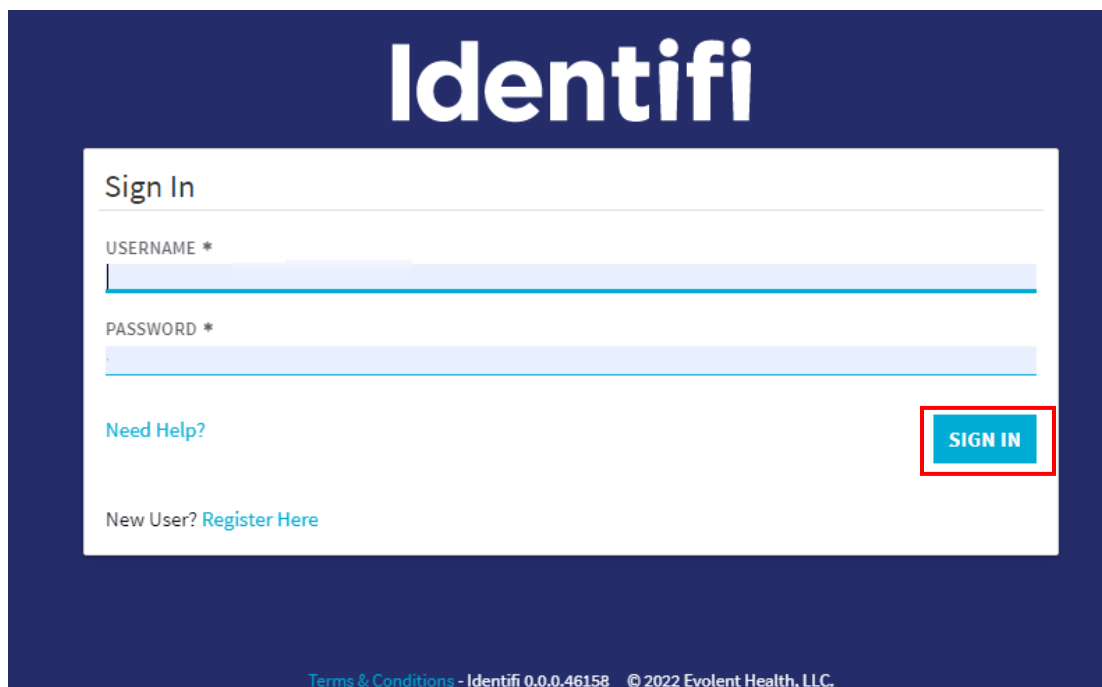
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Authorization Requests

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**:

A screenshot of the Identifi web application's sign-in page. The page has a dark blue header with the 'Identifi' logo in white. Below the header is a white sign-in form. The form contains two input fields: 'USERNAME *' and 'PASSWORD *'. Below these fields are two links: 'Need Help?' and 'New User? Register Here'. A red rectangular box highlights the 'SIGN IN' button, which is a blue rectangle with white text. At the bottom of the page, there is a small footer with the text 'Terms & Conditions - Identifi 0.0.0.46158 © 2022 Evolent Health, LLC.'

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

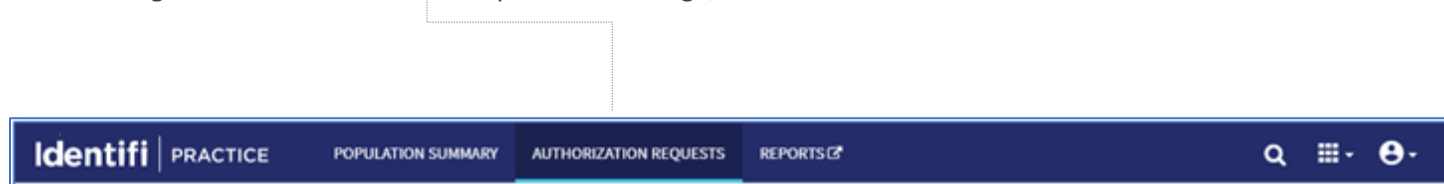
The application is supported on Google Chrome, Mozilla Firefox, and Internet Explorer 11+.

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.

Identifi | PRACTICE
POPULATION SUMMARY
AUTHORIZATION REQUESTS
REPORTS

My Draft Requests

| Request Type | Patient Name (DOB, Gender, ID) | Last Updated Date/Time |
|-----------------|---------------------------------------------|------------------------|
| Outpatient/Home | HARRIS, HUBERT (08/03/1946, M, M2000552100) | 11/10/2017 04:37:36 PM |

Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Display Requests: | Created By Me |
|-------------|-------------------------------------------------|-----------------|-------------------------|-------------------|---------------|
| D7013106 | ABTAHI, HALEY (02/14/1976, F, 220049568) | Outpatient/Home | MEGHAN DUFFIELD-JOHNSON | In Progress | 11/17/2017 |
| 7013037 | ELLISON JR., GLENN (06/29/1945, M, M0001067700) | Inpatient | James T Croner MD | In Progress | 11/15/2017 |
| 7012787 | HARRIS, HUBERT (08/03/1946, M, M2000552100) | Outpatient/Home | LESLIE BENTINGANAN | In Progress | 11/07/2017 |
| D7012662 | RITTER, ABIOLA (07/23/1943, F, 200007624) | Inpatient | ERIC PURDY | In Progress | 10/30/2017 |
| D7012564 | POSTON, DANIELLE (07/18/1938, F, 200003500) | Outpatient/Home | SARA HUFFER | In Progress | 10/27/2017 |
| D7011983 | BLALOCK, JERRY (08/15/1968, M, 200009317) | Inpatient | KATHRYN PECK | In Progress | 10/16/2017 |
| 7011828 | ELLISON JR., GLENN (06/29/1945, M, M0001067700) | DME | James T Croner MD | In Progress | 10/11/2017 |
| D7011644 | KANG, NORMAN (01/03/1947, M, 200005395) | DME | JEFFREY GREENBERG | In Progress | 10/02/2017 |
| 7011603 | Savage, Michael (02/10/1947, M, M0001035300) | Inpatient | Leslie J Bentinganan DO | In Progress | 09/27/2017 |

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: <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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:

Display Requests:

Associated with my Requesting Providers
Associated with my Rendering Providers
Associated with my Attending Providers
Created By Me

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

Identifi | PRACTICE
POPULATION SUMMARY
AUTHORIZATION REQUESTS
REPORTS

My Draft Requests

| Request Type | Patient Name (DOB, Gender, ID) | Last Updated Date/Time |
|-----------------|---------------------------------------------|------------------------|
| Outpatient/Home | HARRIS, HUBERT (08/03/1946, M, M2000552100) | 11/10/2017 04:37:36 PM |

Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date |
|-------------|-------------------------------------------------|-----------------|-------------------------|----------------|--------------|
| D7013106 | ABTAHI, HALEY (02/14/1976, F, 220049568) | Outpatient/Home | MEGHAN DUFFIELD-JOHNSON | In Progress | 11/17/2017 |
| 7013037 | ELLISON JR., GLENN (06/29/1945, M, M0001067700) | Inpatient | James T Croner MD | In Progress | 11/15/2017 |
| 7012787 | HARRIS, HUBERT (08/03/1946, M, M2000552100) | Outpatient/Home | LESLIE BENTINGANAN | In Progress | 11/07/2017 |
| D7012662 | RITTER, ABIOLA (07/23/1943, F, 200007624) | Inpatient | ERIC PURDY | In Progress | 10/30/2017 |
| D7012564 | POSTON, DANIELLE (07/18/1938, F, 200003500) | Outpatient/Home | SARA HUFFER | In Progress | 10/27/2017 |
| D7011983 | BLALOCK, JERRY (08/15/1968, M, 200009317) | Inpatient | KATHRYN PECK | In Progress | 10/16/2017 |
| 7011828 | ELLISON JR., GLENN (06/29/1945, M, M0001067700) | DME | James T Croner MD | In Progress | 10/11/2017 |
| D7011644 | KANG, NORMAN (01/03/1947, M, 200005395) | DME | JEFFREY GREENBERG | In Progress | 10/02/2017 |
| 7011603 | Savage, Michael (03/10/1947, M, M0001075300) | Inpatient | Leslie A. Banting MD | In Progress | 09/27/2017 |

Create a New Authorization Request

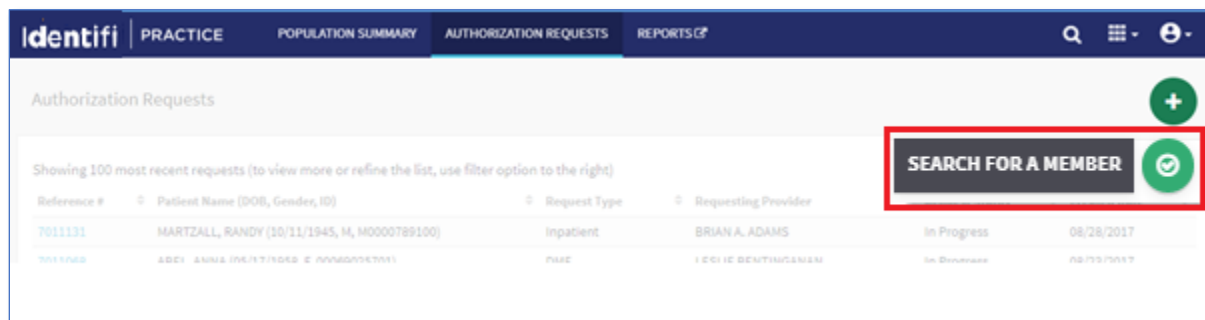
There are two places where users can create a new authorization request:

- 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:**

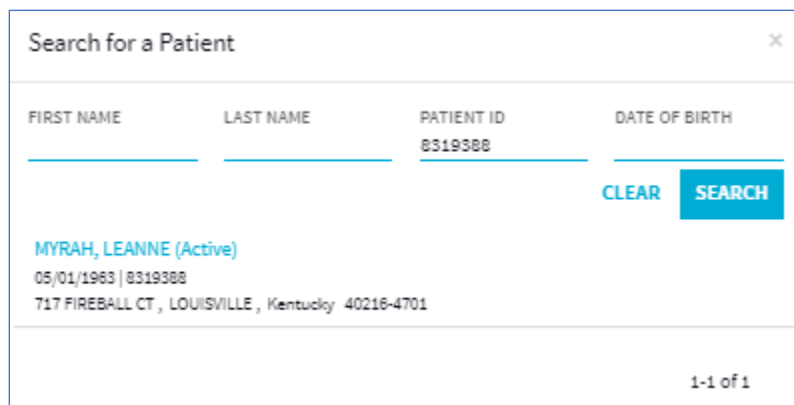


2. Search for the patient associated with the new authorization request. To begin the search, users must enter the patient's First Name, Last Name, and Date of Birth or Patient ID.
3. Select **Search:**

The screenshot shows the 'Search for a Patient' form. It has a title bar with a close button (X). Below the title bar, there are four input fields: 'FIRST NAME', 'LAST NAME', 'PATIENT ID' (which contains the value '8319388'), and 'DATE OF BIRTH'. At the bottom right of the form, there are two buttons: 'CLEAR' and 'SEARCH'. A red box highlights the 'SEARCH' button.

*** 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.

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



Search for a Patient

| FIRST NAME | LAST NAME | PATIENT ID | DATE OF BIRTH |
|------------|-----------|------------|---------------|
| | | 8319388 | |

[CLEAR](#) [SEARCH](#)

MYRAH, LEANNE (Active)
 05/01/1963 | 8319388
 717 FIREBALL CT, LOUISVILLE, Kentucky 40216-4701

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

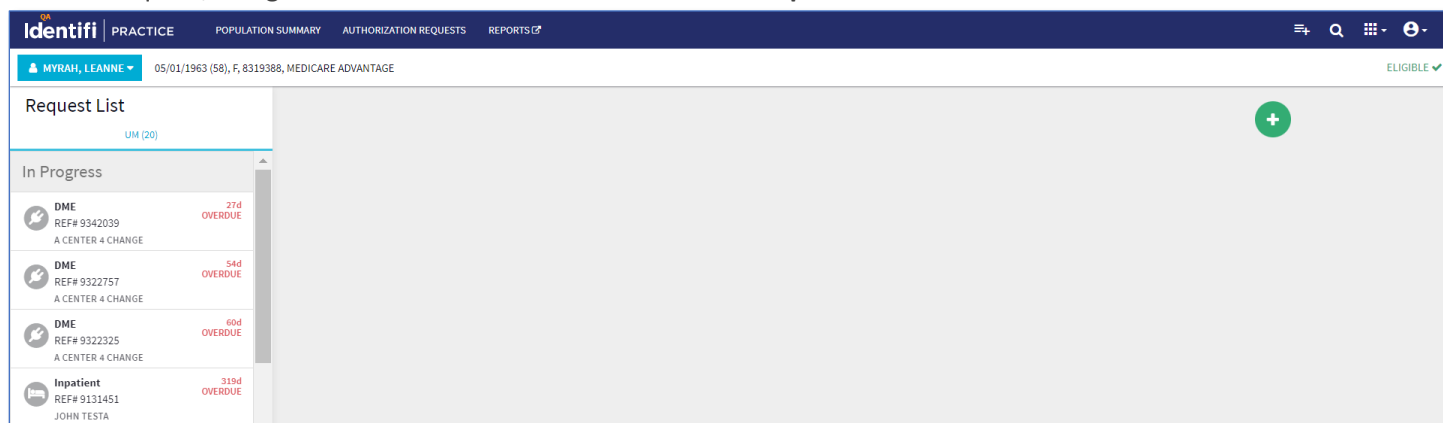
Note: A description of each field, with detailed instructions, are included in the next section.

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**:



Identifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

MYRAH, LEANNE | 05/01/1963 (58), F, 8319388, MEDICARE ADVANTAGE | ELIGIBLE ✓

Request List UM (20) [+](#)

| In Progress | |
|------------------------------------------|----------------|
| DME REF# 9342039 A CENTER 4 CHANGE | 27d OVERDUE |
| DME REF# 9322757 A CENTER 4 CHANGE | 54d OVERDUE |
| DME REF# 9322325 A CENTER 4 CHANGE | 60d OVERDUE |
| Inpatient REF# 9131451 JOHN TESTA | 31d OVERDUE |

MOSELEY, KATHRYAN

05/01/1963 (58), F, 8319388, MEDICARE ADVANTAGE

Request List

UM (17)

In Progress

Inpatient

REF# 9131451

JOHN TESTA

224d OVERDUE

DME

REF# 9114372

A CENTER 4 CHANGE

224d OVERDUE

Inpatient

REF# 8351787

JOHN TESTA

384d OVERDUE

+

ADD DME

ADD INPATIENT

ADD OUTPATIENT/HOME

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.

MOSELEY, KATHRYAN

05/01/1963 (58), F, 8319388, MEDICARE ADVANTAGE

Eligibility

Eligibility

TMG HEALTH

Details

CARD NUMBER

8319388

PLAN

PASSPORT HEALTH KENTUCKY MEDICARE ADVANTAGE DUALS

START DATE

08/01/2018

END DATE

12/31/2099

GROUP

PASSPORT HEALTH KENTUCKY MEDICARE ADVANTAGE DUALS

SUB GROUP

PASSPORT HEALTH KENTUCKY MEDICARE ADVANTAGE DUALS (K001)

LINE OF BUSINESS

MEDICARE ADVANTAGE

SUBSCRIBER NAME

MYRAH, LEANNE

RELATIONSHIP TO SUBSCRIBER

SUBSCRIBER

SUBSCRIBER ID

8319388

MEDICARE #

4R42C17XPT2

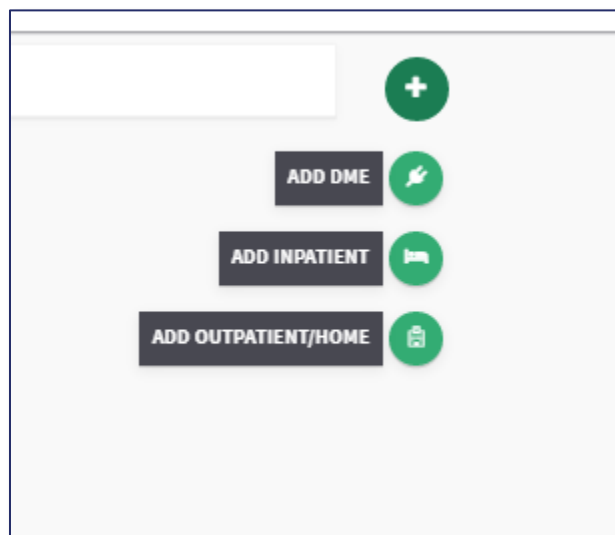
1-1 of 1

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:

Add DME Request

1

Step 1
Enter Request Details

2

Step 2
Add DME Review(s)

3

Step 3
Enter Supporting Documentation

REQUESTOR NAME *

Enter Requestor Name

REQUESTOR TYPE *

Select Requestor Type

REQUESTOR PHONE *

Enter Requestor Phone

REQUESTOR EMAIL

Enter Requestor Email

PLACE OF SERVICE *

Select Place of Service

SERVICE TYPE *

Select Service Type

PREDETERMINATION *

Select Predetermination value

AOR REQUIRED

Select AOR Required value

ENCOUNTER ID

Enter Encounter Id

EMR ACCOUNT NUMBER

Enter EMR Account Number

Providers

REQUESTING PROVIDER *

+ ADD REQUESTING PROVIDER

VENDOR *

+ ADD VENDOR

Third Party Liability

MOTOR VEHICLE ACCIDENT

EMPLOYMENT (WORKER'S COMPENSATION)

ANOTHER PARTY RESPONSIBLE

Diagnoses

Primary

Type

Description

ICD-10

Select a Description

+ ADD DIAGNOSIS

CANCEL REQUEST

SAVE DRAFT AND CLOSE

CONTINUE

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. <i>Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas</i> |
| 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:

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

REQUESTOR NAME * Maura

REQUESTOR TYPE * Select Requestor Type

REQUESTOR PHONE * Enter Requestor Phone

REQUESTOR EMAIL Enter Requestor Email

PLACE OF SERVICE * Select Place of Service

SERVICE TYPE * Select Service Type

PREDETERMINATION * Select Predetermination value

AOR REQUIRED Select AOR Required value

ENCOUNTER ID Enter Encounter Id

EMR ACCOUNT NUMBER Enter EMR Account Number

Providers

REQUESTING PROVIDER *

+ ADD REQUESTING PROVIDER

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

REQUESTOR TYPE *

Select Requestor Type

Contracted Provider

Member

Member's Representative

Non-Contracted Provider

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

Add DME Request

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

REQUESTOR NAME * Maura

REQUESTOR TYPE * Member's Representative

REQUESTOR PHONE * (724) 991-8764

REQUESTOR EMAIL shaffemf@gmail.com

PLACE OF SERVICE * Select Place of Service

SERVICE TYPE * Select Service Type

PREDETERMINATION * Select Predetermination value

AOR REQUIRED Select AOR Required value

ENCOUNTER ID Enter Encounter Id

EMR ACCOUNT NUMBER Enter EMR Account Number

Providers

REQUESTING PROVIDER *

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

PLACE OF SERVICE *

Select Place of Service

Home

Skilled Nursing Facility

Nursing Facility

Custodial Care Facility

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**:

SERVICE TYPE *

Select Service Type

Medical Care

Durable Medical Equipment Used

Durable Medical Equipment Purchased

Renal Supplies

Chronic Renal Disease(CRD) Equipment

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

9. 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**.

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**:

Add Requesting Provider

Select From Patient's Contacts

Search All Providers

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

UM Provider • GENERAL ACUTE CARE

HOSPITAL

NPI: 1487650024 • TIN: 521532558

7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060

In

SELECT

PAUL WILSON

UM Provider • FAMILY MEDICINE

NPI: 1467475012 • TIN: 461322238

5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375

In Network - TIER 1

1-2 of 2

Search All Providers

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

Add Requesting Provider

Select From Patient's Contacts

Search All Providers

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

UM Provider • GENERAL ACUTE CARE

HOSPITAL

NPI: 1487650024 • TIN: 521532558

7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060

In Network - TIER 1

PAUL WILSON

UM Provider • FAMILY MEDICINE

NPI: 1467475012 • TIN: 461322238

5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375

In Network - TIER 1

1-2 of 2

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:

The image shows a date picker interface for the month of August 2019. The calendar grid displays days from Sunday to Saturday. The date '13' is highlighted with a red rectangular box. Above the calendar, the text 'SERVICE START DATE *' is visible, followed by a placeholder 'mm/dd/yyyy'.

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:

The image shows a search results interface. At the top, there is a red warning message: "Please help to narrow the results by providing more information." To the right of the message are two buttons: "CLEAR" and "SEARCH". Below the message, there is a "SORT BY" dropdown menu currently set to "Network".

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

The image shows a search results interface. At the top, there is an orange message box: "More than 50 results returned. Please refine your search." Below the message, there is a "SORT BY" dropdown menu currently set to "Network".

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

The image shows a form titled "Add Requesting Provider". It has two tabs: "Select From Patient's Contacts" and "Search All Providers". The form contains several input fields: "SERVICE START DATE *" with the value "08/13/2019", "PROVIDER NAME" with the value "Johnson", "SPECIALTY" (a dropdown menu), "NPI", "TIN", "CITY", "STATE" with the value "District of Columbia", and "ZIP". At the bottom right, there are two buttons: "CLEAR" and "SEARCH". The "SEARCH" button is highlighted with a red box.

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:

Add Requesting Provider

Select From Patient's Contacts Search All Providers

SERVICE START DATE * 08/13/2019 PROVIDER NAME Johnson

SPECIALTY NPI TIN

CITY STATE ZIP District of Columbia

CLEAR SEARCH

More than 50 results returned. Please refine your search.

SORT BY Relevance

JOHNSON, ERICA INTERNAL MEDICINE
NPI: 1215901624 • TIN: 520595110
WALTER REED ARMY MEDICAL CENTER, 6900 GEORGIA AVE NW, WASHINGTON, DC, 20307-0001 • Phone: (202) 782-1774 • Fax: (202) 782-5183 Out of Network

JOHNSON, DAVID ORTHOPAEDIC SURGERY
NPI: 1265525125 • TIN: 522228444
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010 • Phone: (202) 291-9266 • Fax: (202) 291-7689 In Network - TIER 1

JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50 < 1 2 3 4 5 >

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**:

SORT BY Relevance

JOHNSON, DAVID ORTHOPAEDIC SURGERY
NPI: 1265525125 • TIN: 522228444
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010 • Phone: (202) 291-9266 • Fax: (202) 291-7689 In Network - TIER 1

TIN 522228444 FAX NUMBER (202) 291-7689

SELECT & SAVE AS CONTACT

JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50 < 1 2 3 4 5 >

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:**

Providers

REQUESTING PROVIDER *

Q CHANGE REQUESTING PROVIDER X REMOVE

DAVID JOHNSON ORTHOPAEDIC SURGERY
NPI:1265525125 In Network - TIER 1

ADDRESS 1 *
110 IRVING ST NW

ADDRESS 2
STE 215

CITY *
WASHINGTON

STATE *
District of Columbia

ZIP
20010

TIN
522228444

PHONE NUMBER
(202) 291-9266

FAX NUMBER
(202) 291-7689

VENDOR *

+ ADD VENDOR

Third Party Liability

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.

Third Party Liability

MOTOR VEHICLE ACCIDENT ☐

EMPLOYMENT (WORKER'S COMPENSATION) ☐

ANOTHER PARTY RESPONSIBLE ☐

Diagnoses

| Primary | Type | Description |
|----------------------------------|--------|----------------------|
| <input checked="" type="radio"/> | ICD-10 | Select a Description |

+ ADD DIAGNOSIS

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

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**:

Third Party Liability

MOTOR VEHICLE ACCIDENT

EMPLOYMENT (WORKER'S COMPENSATION)

ANOTHER PARTY RESPONSIBLE

Diagnoses

| Primary | Type | Description |
|----------------------------------|--------|----------------------------------|
| <input checked="" type="radio"/> | ICD-10 | DEPENDENCE ON WHEELCHAIR (Z99.3) |

+ ADD DIAGNOSIS

CANCEL REQUEST

SAVE DRAFT AND CLOSE

CONTINUE

Step 2: Add DME Review(s)

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

Add DME Request

Step 1
Enter Request Details

Step 2
Add DME Review(s)

Step 3
Enter Supporting Documentation

SOURCE *
Web

REVIEW TYPE *
Initial

REVIEW PRIORITY *
Routine

RECEIPT OF COMPLETE CLINICAL REVIEW

SERVICE SPECIFICATION *
General Service

Primary - Review 01
OFFICE O/P EST LOW 20-29 MIN (99213)

Primary Procedure

PROCEDURE DESCRIPTION *
OFFICE O/P EST LOW 20-29 MIN (99213)

MODIFIER 1
Select

MODIFIER 2
Select

REVENUE DESCRIPTION

BILLED AMOUNT

REQUESTED AMOUNT *
1

FOR REQUESTED TYPE
Units

FREQUENCY *
1 Per Day

TO START ON *
02/08/2022

ENTER DURATION OR END DATE
☒ Duration ☐ End Date

DURATION *
1 Day(s)

DRUG INFORMATION

Remaining Characters: 2000

+ ADD PROCEDURE

PREVIOUS

CANCEL

SAVE DRAFT AND CLOSE

ADD DOCUMENTATION

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:

The screenshot shows the 'Add DME Request' form. At the top, there are three steps: Step 1 (Enter Request Details), Step 2 (Add DME Review(s)), and Step 3 (Enter Supporting Documentation). Step 2 is currently active. Below the steps, there are several fields: 'SOURCE' (Web), 'REVIEW TYPE' (Initial), 'REVIEW PRIORITY' (Select), and 'RECEIPT OF COMPLETE CLINICAL REVIEW'. The 'REVIEW PRIORITY' dropdown menu is highlighted with a red box. Below these fields, there is a section for 'Primary - Review 01' with a 'Primary Procedure' button. Further down, there are fields for 'PROCEDURE DESCRIPTION', 'MODIFIER 1', 'MODIFIER 2', 'REVENUE DESCRIPTION', 'BILLED AMOUNT', 'REQUESTED AMOUNT', 'FOR REQUESTED TYPE', 'FREQUENCY', and 'TO START ON'.

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

2. Select the appropriate **Priority**:

The screenshot shows the 'REVIEW PRIORITY' dropdown menu. The options are: 'Select', 'Retro', 'Routine', 'Urgent', 'Routine - Extension', and 'Urgent - Extension'. The 'Routine' option is highlighted with a red box. A scroll bar is visible on the right side of the dropdown menu.

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?

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

PROCEDURE DESCRIPTION *

WHEEL

BRAKE ATTCH WHEELED WALK REPLCMT EA (E0159)
Effective Date: 01/01/1998

COMMODE SEAT WHEELCHAIR (E0968)
Effective Date: 01/01/1998

CUSTOM MANUAL WHEELCHAIR/BASE (K0008)
Effective Date: 01/01/1998

CUSTOM MOTORIZED/POWER WHEELCHAIR B (K0013)

- 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.

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

FREQUENCY

Per Select

ENTER DURATION OR END DATE

☒ Duration ☐ End Date

- Select the **To Start On** field to activate a calendar.
- Then, select the appropriate **date** from the calendar:

TO START ON *

m/dd/yyyy

< August 2019 >

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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.

- 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:

Add DME Request

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

| | | | | |
|----------|---------------|-------------------|-------------------------------------|-------------------------|
| SOURCE * | REVIEW TYPE * | REVIEW PRIORITY * | RECEIPT OF COMPLETE CLINICAL REVIEW | SERVICE SPECIFICATION * |
| Web | Initial | Routine | | General Service |

Primary - Review 01
 OFFICE O/P EST LOW 20-29 MIN (99213)

☒ Primary Procedure

PROCEDURE DESCRIPTION *

MODIFIER 1

MODIFIER 2

OFFICE O/P EST LOW 20-29 MIN (99213)

Select

Select

REVENUE DESCRIPTION

BILLED AMOUNT

REQUESTED AMOUNT *

FOR REQUESTED TYPE

FREQUENCY *

TO START ON *

1

Units

1 Per Day

02/08/2022

ENTER DURATION OR END DATE

DURATION *

☒ Duration
 ☐ End Date

1 Day(s)

DRUG INFORMATION

Remaining Characters: 2000

ADD PROCEDURE

[PREVIOUS](#)

[CANCEL](#)
[SAVE DRAFT AND CLOSE](#)
[ADD DOCUMENTATION](#)

11. Finally, select **Continue**:

Add DME Request

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

| | | | | |
|----------|---------------|-------------------|-------------------------------------|-------------------------|
| SOURCE * | REVIEW TYPE * | REVIEW PRIORITY * | RECEIPT OF COMPLETE CLINICAL REVIEW | SERVICE SPECIFICATION * |
| Web | Initial | Routine | | General Service |

Primary - Review 01
OFFICE O/P EST LOW 20-29 MIN (99213)

☒ Primary Procedure

| | | |
|--------------------------------------|------------|------------|
| PROCEDURE DESCRIPTION * | MODIFIER 1 | MODIFIER 2 |
| OFFICE O/P EST LOW 20-29 MIN (99213) | Select | Select |

| REVENUE DESCRIPTION | BILLED AMOUNT | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------|---------------|---|-------|-----------|------------|----------------------------|--|------------|--|--------------------------------------------------------------------------|--|----------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>REQUESTED AMOUNT *</td> <td>FOR REQUESTED TYPE</td> <td>FREQUENCY *</td> <td>TO START ON *</td> </tr> <tr> <td>1</td> <td>Units</td> <td>1 Per Day</td> <td>02/08/2022</td> </tr> <tr> <td colspan="2">ENTER DURATION OR END DATE</td> <td>DURATION *</td> <td></td> </tr> <tr> <td colspan="2"><input checked="" type="radio"/> Duration <input type="radio"/> End Date</td> <td>1 Day(s)</td> <td></td> </tr> </table> | REQUESTED AMOUNT * | FOR REQUESTED TYPE | FREQUENCY * | TO START ON * | 1 | Units | 1 Per Day | 02/08/2022 | ENTER DURATION OR END DATE | | DURATION * | | <input checked="" type="radio"/> Duration <input type="radio"/> End Date | | 1 Day(s) | | |
| REQUESTED AMOUNT * | FOR REQUESTED TYPE | FREQUENCY * | TO START ON * | | | | | | | | | | | | | | |
| 1 | Units | 1 Per Day | 02/08/2022 | | | | | | | | | | | | | | |
| ENTER DURATION OR END DATE | | DURATION * | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> Duration <input type="radio"/> End Date | | 1 Day(s) | | | | | | | | | | | | | | | |

Remaining Characters: 2000

[ADD PROCEDURE](#)

PREVIOUS

CANCEL

SAVE DRAFT AND CLOSE

ADD DOCUMENTATION

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:

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 *

02/24/2022 06:15:09 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

A care note generates, shown below:

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 *
02/25/2022 08:38:48 am

ACTIVITY CATEGORY *
Appeal

ACTIVITY ACTION *
Additional Information Requested

ACTIVITY WITH
Select Activity with

RESPONSE
Select response

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

CARE NOTES

Add care note test

☒ 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

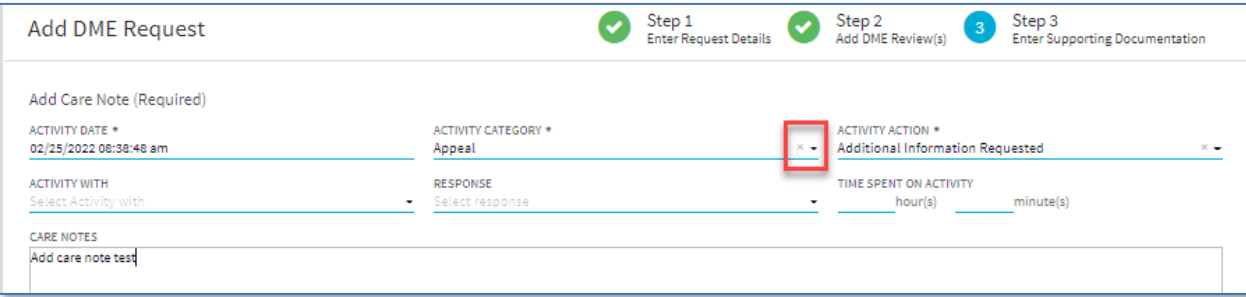
A description of each field is provided below:

| FIELD | DESCRIPTION |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity Date* | Indicates the date on which the activity occurred. |
| Activity Category* | Displays the category of the activity. <i>Recommended option: Note</i> |
| Activity Action** | Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value). <i>Recommended option: Case Note</i> |
| 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**:



Add DME Request

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

Add Care Note (Required)

ACTIVITY DATE *
02/25/2022 08:38:48 am

ACTIVITY CATEGORY *
Appeal

ACTIVITY ACTION *
Additional Information Requested

ACTIVITY WITH
Select Activity with

RESPONSE
Select response

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

CARE NOTES
Add care note text

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

3. Select the appropriate **category**:

ACTIVITY CATEGORY *

Select Activity Category

- Appeal
- Care Plan
- Correspondence**
- Face to Face
- NOMNC

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

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 * 02/25/2022 08:38:48 am ACTIVITY CATEGORY * Appeal ACTIVITY ACTION * Additional Information Requested

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

CARE NOTES Add care note test

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:

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 * 02/25/2022 08:38:48 am ACTIVITY CATEGORY * Correspondence ACTIVITY ACTION * Clinical Information: 1st Outreach

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

CARE NOTES Add care note test

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

ACTIVITY WITH *

Select Activity with

AZEB TESFALIDET
UM Provider

DONALD RUCH
Patient

MELISSA CLARK
UM Provider

Nikita Tenya
Community Partner

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

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 * 02/25/2022 08:38:48 am

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Clinical Information: 1st Outreach

ACTIVITY WITH * AZEB TESFALIDET

RESPONSE * Select response

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

CARE NOTES

Add care note test

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

CARE NOTES

Add care note test

☒ Signature

☐ Upload Received Document (Optional)

PREVIOUS CANCEL SAVE REQUEST

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

- 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**:

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 *
02/25/2022 08:38:48 am

ACTIVITY CATEGORY *
Correspondence

ACTIVITY ACTION *
Clinical Information: 1st Outreach

ACTIVITY WITH *
AZEB TESFALIDET

RESPONSE *
Successful

TIME SPENT ON ACTIVITY

hour(s)

minute(s)

CARE NOTES

Add care note test

☒ Signature

☐ Upload Received Document (Optional)

PREVIOUS

CANCEL

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:

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 *
02/25/2022 08:38:48 am

ACTIVITY CATEGORY *
Correspondence

ACTIVITY ACTION *
Clinical Information: 1st Outreach

ACTIVITY WITH *
AZEB TESFALIDET

RESPONSE *
Successful

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

CARE NOTES
Add care note test

☒ Signature

☐ Upload Received Document (Optional)

PREVIOUS

CANCEL

SAVE REQUEST

A document form generates, like below;

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *
03/01/2022 11:28:50 am

SENDER *
Select a contact

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

Choose File

No file chosen

DOCUMENT COMMENTS

Remaining Characters

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:

Add DME Request

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

☐ Add Care Note (Optional)

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *

SENDER *
Select a contact

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

[Choose File](#) No file chosen

DOCUMENT COMMENTS

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:

SENDER *

Select a contact

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (NPI:1487650024)
7600 CARROLL AVE, SILVER SPRING, MD, 20912
UM Provider

DAVID JOHNSON (NPI:1285525125)
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010
UM Provider

MARY ABRASKIN
33237 N 68TH PL, WASHINGTON, DC, 20011-1760
Patient

6. Select **Choose File**:

RELATED TO
Patient

RECEIVED DATE/TIME *
08/13/2019 01:49 pm

SENDER *
DAVID JOHNSON

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

[Choose File](#) No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

[BACK](#) [CANCEL](#) [SAVE DRAFT AND CLOSE](#) [SAVE REQUEST](#)

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**:

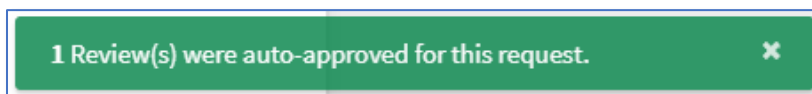
Documents can be removed by selecting the **x**.

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:



Reference # D9354361 - In Progress
ACTIONS +

| | | | |
|--------------------------------------------|------------------------------|------------------------------------|---------------------------------|
| 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 | B80.03 | BABESIOSIS DUE TO BABESIA DIVERGENS |

Care Notes and Communications for Request

☒ Sort by Date
☐ Sort by Type

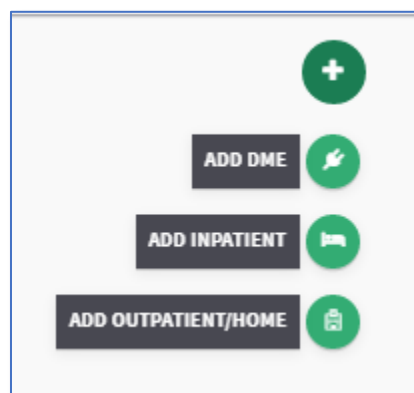
EXPAND ALL
COLLAPSE ALL

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. <i>Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas</i> |
| 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:

Add Inpatient Request

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

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

Providers

REQUESTING PROVIDER *
+ ADD REQUESTING PROVIDER

FACILITY *
+ ADD FACILITY

ATTENDING PROVIDER *
+ ADD ATTENDING PROVIDER

Discharge Information

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

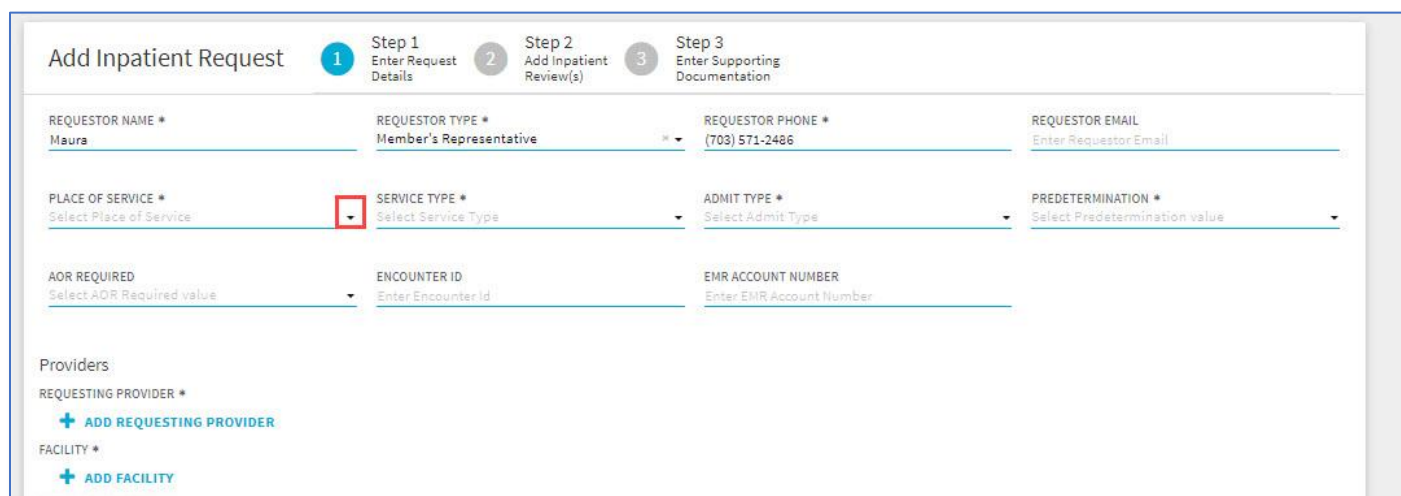


REQUESTOR TYPE *

Select Requestor Type

- Contracted Provider
- Member
- Member's Representative**
- Non-Contracted Provider

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



Add Inpatient Request

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

REQUESTOR NAME *
Maura

REQUESTOR TYPE *
Member's Representative

REQUESTOR PHONE *
(703) 571-2486

REQUESTOR EMAIL
Enter Requestor Email

PLACE OF SERVICE *
Select Place of Service

SERVICE TYPE *
Select Service Type

ADMIT TYPE *
Select Admit Type

PREDETERMINATION *
Select Predetermination value

AOR REQUIRED
Select AOR Required value

ENCOUNTER ID
Enter Encounter Id

EMR ACCOUNT NUMBER
Enter EMR Account Number

Providers

REQUESTING PROVIDER *
+ ADD REQUESTING PROVIDER

FACILITY *
+ ADD FACILITY

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

- Select the appropriate **place**:

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

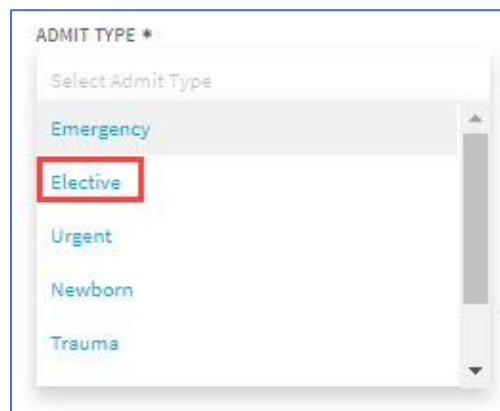
Users may need to utilize the scroll bar to access additional options.

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**:



ADMIT TYPE *

Select Admit Type

Emergency

Elective

Urgent

Newborn

Trauma

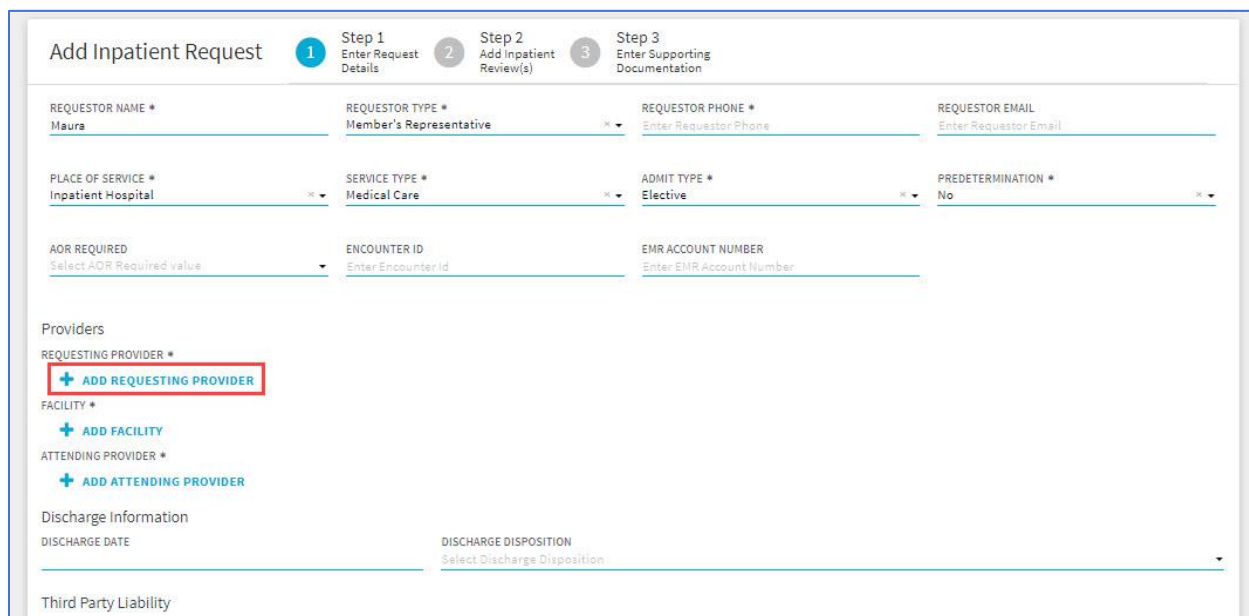
The predetermination field in Identifi indicates whether the service occurs in the future.

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

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

13. Complete the remaining optional fields.

14. Then, select **+Add Requesting Provider**:



Add Inpatient Request

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

REQUESTOR NAME * Maura

REQUESTOR TYPE * Member's Representative

REQUESTOR PHONE * Enter Requestor Phone

REQUESTOR EMAIL * Enter Requestor Email

PLACE OF SERVICE * Inpatient Hospital

SERVICE TYPE * Medical Care

ADMIT TYPE * Elective

PREDETERMINATION * No

AOR REQUIRED Select AOR Required value

ENCOUNTER ID Enter Encounter Id

EMR ACCOUNT NUMBER Enter EHR Account Number

Providers

REQUESTING PROVIDER *

+ ADD REQUESTING PROVIDER

FACILITY *

+ ADD FACILITY

ATTENDING PROVIDER *

+ ADD ATTENDING PROVIDER

Discharge Information

DISCHARGE DATE

DISCHARGE DISPOSITION Select Discharge Disposition

Third Party Liability

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:

Add Requesting Provider

Select From Patient's Contacts

Search All Providers

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

UM Provider • GENERAL ACUTE CARE

HOSPITAL

NPI: 1487650024 • TIN: 521532556

7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060

In Network - TIER 1

PAUL WILSON

UM Provider • FAMILY MEDICINE

PAUL WILSON

NPI: 1467475012 • TIN: 461322238

5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375

In Network - TIER 1

1-2 of 2

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**:

Add Requesting Provider

Select From Patient's Contacts

Search All Providers

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

UM Provider • GENERAL ACUTE CARE

HOSPITAL

NPI: 1487650024 • TIN: 521532556

7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060

In **SELECT**

PAUL WILSON

UM Provider • FAMILY MEDICINE

PAUL WILSON

NPI: 1467475012 • TIN: 461322238

5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375

In Network - TIER 1

1-2 of 2

Search All Providers

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

Add Requesting Provider

Select From Patient's Contacts **Search All Providers**

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL UM Provider • GENERAL ACUTE CARE
 HOSPITAL
 NPI: 1487650024 • TIN: 521532556 In Network - TIER 1
 7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060

PAUL WILSON UM Provider • FAMILY MEDICINE
 NPI: 1467475012 • TIN: 461322238 In Network - TIER 1
 5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375

1-2 of 2

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:

SERVICE START DATE *

mm/dd/yyyy

August 2019

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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:

⚠ Please help to narrow the results by providing more information.

CLEAR SEARCH

SORT BY Network

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

More than 50 results returned. Please refine your search.

SORT BY Network

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

Add Requesting Provider
×

Select From Patient's Contacts
Search All Providers

SERVICE START DATE *
08/13/2019

SPECIALTY
▼

CITY

PROVIDER NAME
Johnson

NPI

STATE
District of Columbia

TIN

ZIP

CLEAR
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:

SORT BY Relevance

JOHNSON, ERICA INTERNAL MEDICINE

NPI: 1215901624 • TIN: 520595110

WALTER REED ARMY MEDICAL CENTER, 6900 GEORGIA AVE NW, WASHINGTON, DC, 20307-0001 • Phone: (202) 782-1774 • Fax: (202) 782-5183

Out of Network

✓

JOHNSON, DAVID ORTHOPAEDIC SURGERY

NPI: 1265525125 • TIN: 522228444

110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010 • Phone: (202) 291-9266 • Fax: (202) 291-7689

In Network - TIER 1

JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50 < 1 2 3 4 5 >

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**:

Providers

REQUESTING PROVIDER *

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL GENERAL ACUTE CARE HOSPITAL

NPI: 1487650024

In Network - TIER 1

ADDRESS 1 *
7600 CARROLL AVE

ADDRESS 2

CITY *
SILVER SPRING

STATE *
Maryland

ZIP
20912

TIN
521532556

PHONE NUMBER
(301) 891-7600

FAX NUMBER
(301) 309-6060

FACILITY *

+ ADD FACILITY

ATTENDING PROVIDER *

+ ADD ATTENDING PROVIDER

1-10 of 50

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:**

FACILITY *

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

GENERAL ACUTE CARE HOSPITAL

NPI:1487650024

In Network - TIER 1

ADDRESS 1 *

7600 CARROLL AVE

ADDRESS 2

CITY *

SILVER SPRING

STATE *

Maryland

ZIP

20912

TIN

521532556

PHONE NUMBER

(301) 891-7600

FAX NUMBER

(301) 309-6060

ATTENDING PROVIDER *

+ 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:

Discharge Information

DISCHARGE DATE

DISCHARGE DISPOSITION

Select Discharge Disposition

Third Party Liability

MOTOR VEHICLE ACCIDENT

EMPLOYMENT (WORKER'S COMPENSATION)

ANOTHER PARTY RESPONSIBLE

Diagnoses

Primary

Type

Description

ICD-10

Select a Description

18. Select the appropriate **date** from the calendar.

19. Next, select the **Discharge Disposition** drop-down menu:

Discharge Information

DISCHARGE DATE

DISCHARGE DISPOSITION

09/25/2019

Select Discharge Disposition

Third Party Liability

MOTOR VEHICLE ACCIDENT

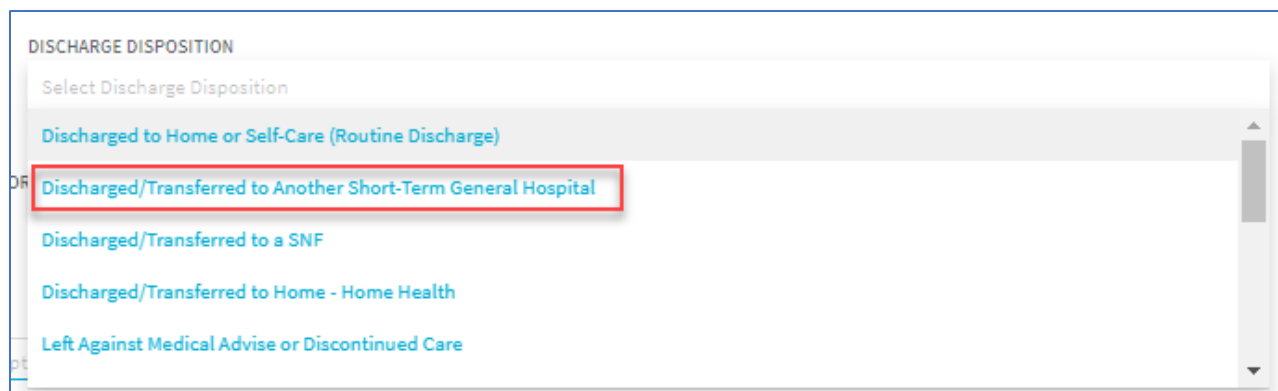
EMPLOYMENT (WORKER'S COMPENSATION)

ANOTHER PARTY RESPONSIBLE

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

51

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



DISCHARGE DISPOSITION

Select Discharge Disposition

- Discharged to Home or Self-Care (Routine Discharge)
- Discharged/Transferred to Another Short-Term General Hospital**
- Discharged/Transferred to a SNF
- Discharged/Transferred to Home - Home Health
- Left Against Medical Advice or Discontinued Care

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.



Third Party Liability

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

Diagnoses

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

+ ADD DIAGNOSIS

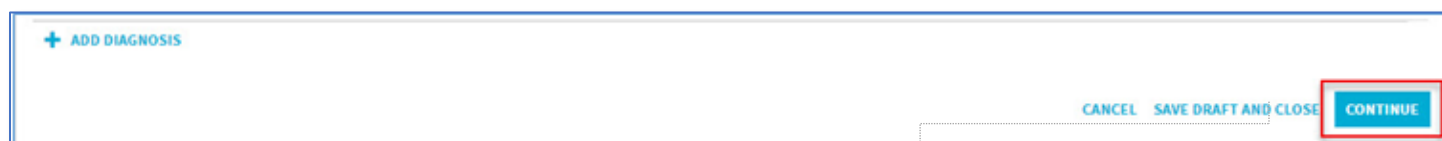
CANCEL SAVE DRAFT AND CLOSE **CONTINUE**

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:



+ ADD DIAGNOSIS

CANCEL SAVE DRAFT AND CLOSE **CONTINUE**

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:

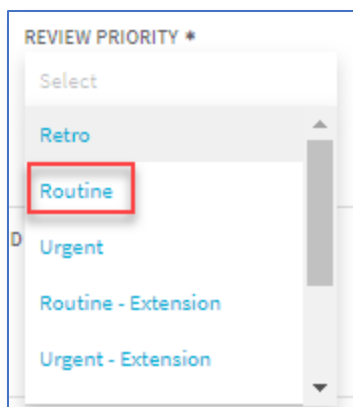
Below is a brief description of each field in Step 2 of adding an inpatient request:

| 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:



- Next, select the **Bed Type** drop-down menu:

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

- Select the appropriate **bed type**:

- Then, select the **To Start On** field to activate a calendar.
- Select the appropriate **date**.
- 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:

Add Inpatient Request

✓

Step 1

Enter Request Details

2

Step 2

Add Inpatient Review(s)

3

Step 3

Enter Supporting Documentation

SOURCE *

Web

REVIEW TYPE *

Initial

REVIEW PRIORITY *

Select

RECEIPT OF COMPLETE CLINICAL REVIEW

SERVICE SPECIFICATION *

General Service

Review 01

BED TYPE *

FOR REQUESTED TYPE

Days

TO START ON *

FOR REQUESTED LOS *

☒

THRU DATE *

☐

+ ADD INPATIENT DAYS

+ ADD PROCEDURE

PREVIOUS

CANCEL

SAVE DRAFT AND CLOSE

ADD DOCUMENTATION

Access the previous step by utilizing the Previous feature.

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

Add Inpatient Request

✓

Step 1

Enter Request Details

2

Step 2

Add Inpatient Review(s)

3

Step 3

Enter Supporting Documentation

SOURCE *

Web

REVIEW TYPE *

Initial

REVIEW PRIORITY *

Select

RECEIPT OF COMPLETE CLINICAL REVIEW

SERVICE SPECIFICATION *

General Service

Review 01

Bed Type: Med/Surg/GYN

BED TYPE *

Med/Surg/GYN

FOR REQUESTED TYPE

Days

TO START ON *

03/02/2022

FOR REQUESTED LOS *

☒ 1

THRU DATE *

☐ 03/05/2022

+ ADD INPATIENT DAYS

+ ADD PROCEDURE

PREVIOUS

CANCEL

SAVE DRAFT AND CLOSE

ADD DOCUMENTATION

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**:

Add Inpatient Request

Step 1
Enter Request Details

Step 2
Add Inpatient Review(s)

3 Step 3
Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE *

03/03/2022 07:48:17 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

A care note generates, shown below:

Add Inpatient Request

Step 1
Enter Request Details

Step 2
Add Inpatient Review(s)

3 Step 3
Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE *
03/03/2022 07:46:17 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)

RELATED TO
Patient

RECEIVED DATE/TIME *
03/03/2022 08:00:51 pm

SENDER *
Select a contact

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

DOCUMENT COMMENTS

Remaining Characters: 2000

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* | Displays the category of the activity. <i>Recommended option: Note</i> |
| Activity Action** | Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value). <i>Recommended option: Case Note</i> |
| 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**:

Add Inpatient Request

Step 1

Enter Request Details

Step 2

Add Inpatient Review(s)

3

Step 3

Enter Supporting Documentation

☒ Add Care Note (Optional)

ACTIVITY DATE *

10/01/2019 11:07 am

ACTIVITY CATEGORY *

Select Activity Category

ACTIVITY ACTION

Select Activity Action

ACTIVITY WITH

Select Activity with

RESPONSE

Select response

TIME SPENT ON ACTIVITY

hour(s) minute(s)

CARE NOTES

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

3. Select the appropriate **category**:

ACTIVITY CATEGORY *

Select Activity Category

- Appeal
- Care Plan
- Correspondence**
- Face to Face
- NOMNC

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

Add Inpatient Request

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

☒ Add Care Note (Optional)

ACTIVITY DATE * 10/01/2019 11:07 am

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Select Activity Action

ACTIVITY WITH * Select Activity with

RESPONSE * Select response

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

CARE NOTES

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:

Add Inpatient Request

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

☒ Add Care Note (Optional)

ACTIVITY DATE * 10/01/2019 11:07 am

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Clinical Information: 1st Outreach

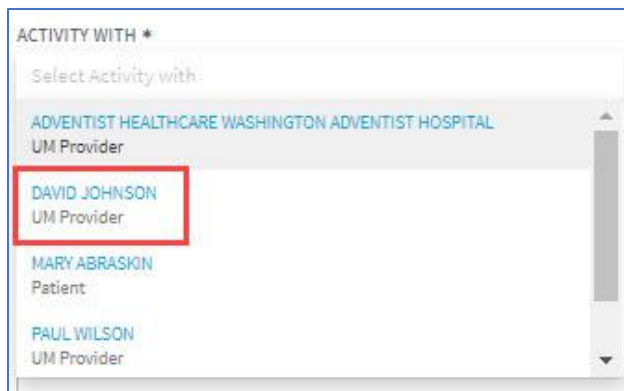
ACTIVITY WITH * Select Activity with

RESPONSE * Select response

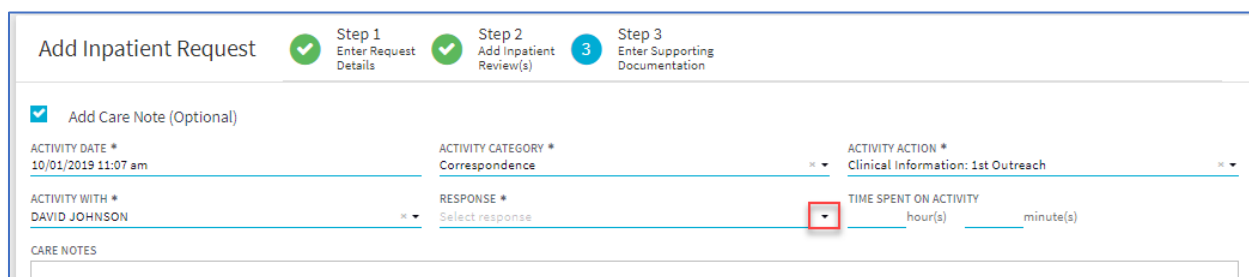
TIME SPENT ON ACTIVITY hour(s) minute(s)

CARE NOTES

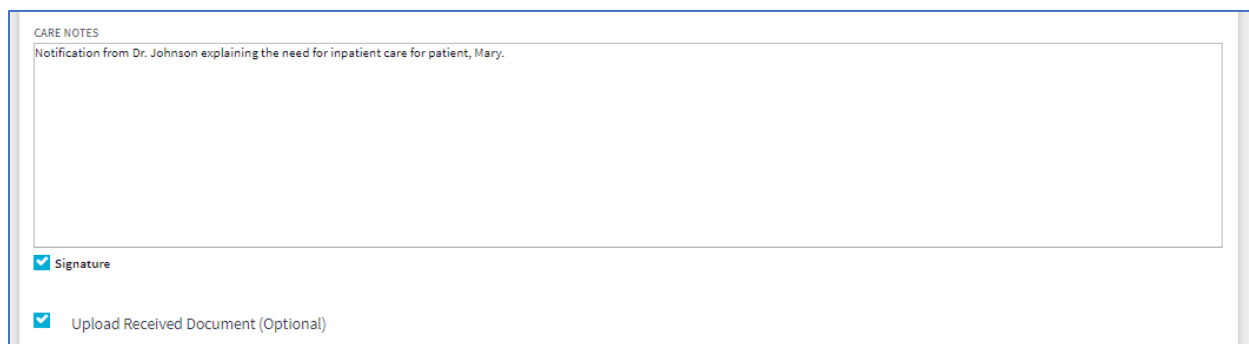
7. Select the **patient** or patient's **contact** that was involved from the drop-down menu:



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:



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**:

Add Inpatient Request

Step 1

Enter Request Details

Step 2

Add Inpatient Review(s)

3

Step 3

Enter Supporting Documentation

☒ Add Care Note (Optional)

ACTIVITY DATE *

10/01/2019 11:07 am

ACTIVITY CATEGORY *

Correspondence

ACTIVITY ACTION *

Clinical Information: 1st Outreach

ACTIVITY WITH *

DAVID JOHNSON

RESPONSE *

Successful

TIME SPENT ON ACTIVITY

hour(s)

minute(s)

CARE NOTES

Notification from Dr. Johnson explaining the need for inpatient care for patient, Mary.

☒ Signature

☐ Upload Received Document (Optional)

BACK

CANCEL

SAVE DRAFT AND CLOSE

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**:

☒ Upload Received Document (Optional)

RELATED TO

Patient

RECEIVED DATE/TIME *

03/03/2022 08:00:51 pm

SENDER *

Select a contact

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

Choose File

No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

PREVIOUS

CANCEL

SAVE REQUEST

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.

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

SENDER *

Select a contact

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (NPI:1487650024)
7600 CARROLL AVE, SILVER SPRING, MD, 20912
UM Provider

DAVID JOHNSON (NPI:1285525125)
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010
UM Provider

MARY ABRASKIN
33237 N 68TH PL, WASHINGTON, DC, 20011-1760
Patient

- Select **Choose File**:

Add Inpatient Request

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

☐ Add Care Note (Optional)

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *
10/01/2019 11:16 am

SENDER *
DAVID JOHNSON

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

Choose File No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

BACK CANCEL REQUEST SAVE DRAFT AND CLOSE SAVE REQUEST

A browser window appears.

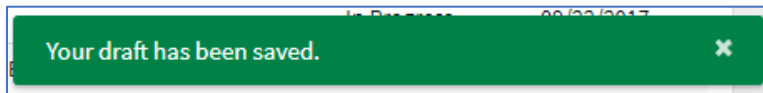
- Find the document and double-click it to upload.
- Enter any comments in the Document Comments free-form text box.

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

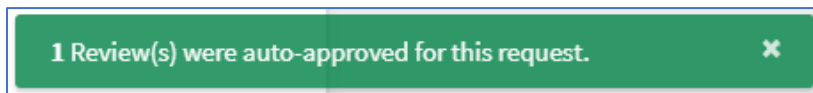
Documents can be removed by selecting the **x**.

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:

Add Outpatient/Home Request

1

Step 1

Enter Request Details

2

Step 2

Add Outpatient/Home Review(s)

3

Step 3

Enter Supporting Documentation

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

Providers

REQUESTING PROVIDER *
+ ADD REQUESTING PROVIDER

FACILITY/VENDOR *
+ ADD FACILITY/VENDOR

RENDERING PROVIDER
+ ADD RENDERING PROVIDER

Third Party Liability

MOTOR VEHICLE ACCIDENT
☐

EMPLOYMENT (WORKER'S COMPENSATION)
☐

ANOTHER PARTY RESPONSIBLE
☐

Diagnoses

| Primary | Type | Description |
|----------------------------------|--------|----------------------|
| <input checked="" type="radio"/> | ICD-10 | Select a Description |

+ ADD DIAGNOSIS

CANCEL

SAVE DRAFT AND CLOSE

CONTINUE

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. <i>Assignment of Representative (AOR): Individual or legal entity who can represent the patient in specific medical areas</i> |
| 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.

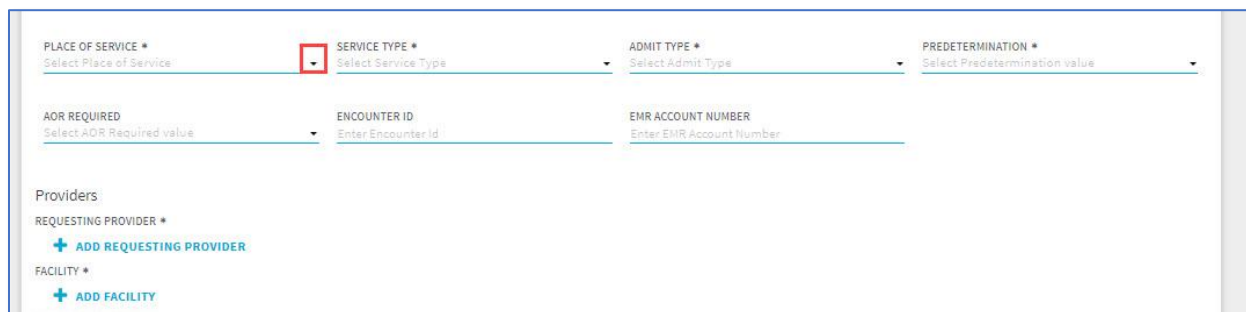
Step 1: Enter Request Details

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).

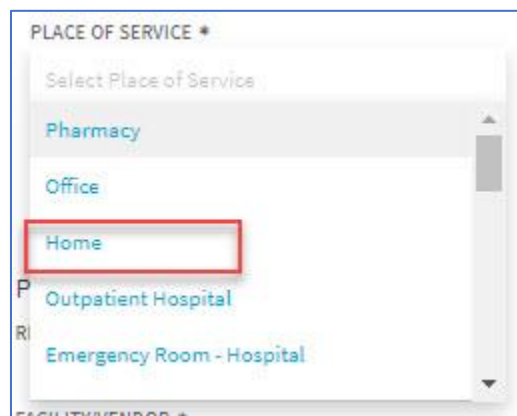
6. Next, select the **Place of Service** drop-down menu:



The screenshot shows a form with several fields. The 'PLACE OF SERVICE' dropdown menu is highlighted with a red box. Below the form, there are sections for 'Providers' and 'Facility' with 'ADD REQUESTING PROVIDER' and 'ADD FACILITY' buttons respectively.

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

7. Select the appropriate **place**:

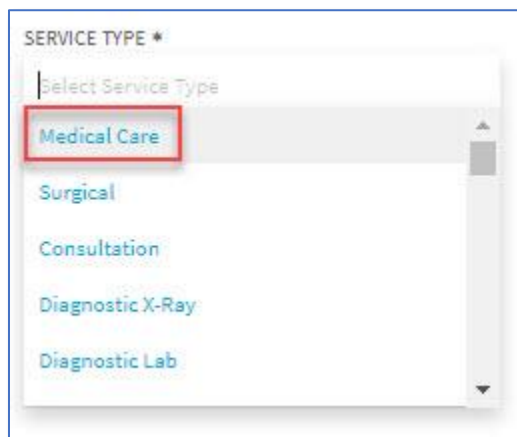


The screenshot shows the 'PLACE OF SERVICE' dropdown menu open. The options are: Pharmacy, Office, Home (highlighted with a red box), Outpatient Hospital, and Emergency Room - Hospital. A scroll bar is visible on the right side of the menu.

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 screenshot shows the 'SERVICE TYPE' dropdown menu open. The options are: Medical Care (highlighted with a red box), Surgical, Consultation, Diagnostic X-Ray, and Diagnostic Lab. A scroll bar is visible on the right side of the menu.

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

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

- For Pre-Certification, or Prior-Authorization (service in the future), select **Yes**.
- 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**:

The screenshot shows a dialog box titled "Add Requesting Provider" with a close button (X) in the top right corner. Below the title bar, there are two tabs: "Select From Patient's Contacts" (which is active and underlined) and "Search All Providers". The main content area displays two provider entries:

- ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL** (UM Provider • GENERAL ACUTE CARE)
 - NPI: 1487650024 • TIN: 521532556
 - 7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060
 - On the right, it says "In" followed by a red-bordered button labeled **SELECT**.
- PAUL WILSON** (UM Provider • FAMILY MEDICINE)
 - NPI: 1467475012 • TIN: 461322238
 - 5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375
 - On the right, it says "In Network - TIER 1".

At the bottom right of the dialog, it says "1-2 of 2".

Search All Providers

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

This screenshot shows the same "Add Requesting Provider" dialog box, but the "Search All Providers" tab is now selected and highlighted with a red border. The "Select From Patient's Contacts" tab is no longer active. The provider list remains the same:

- ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL** (UM Provider • GENERAL ACUTE CARE)
 - NPI: 1487650024 • TIN: 521532556
 - 7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060
 - On the right, it says "In Network - TIER 1".
- PAUL WILSON** (UM Provider • FAMILY MEDICINE)
 - NPI: 1467475012 • TIN: 461322238
 - 5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375
 - On the right, it says "In Network - TIER 1".

At the bottom right, it still says "1-2 of 2".

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:

The image shows a date picker interface for the 'SERVICE START DATE' field. The calendar is for August 2019. The date 13 is highlighted with a red box, indicating it has been selected. The interface includes navigation arrows for previous and next months, and a table of days of the week (Su, Mo, Tu, We, Th, Fr, Sa) with corresponding dates.

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:

The image shows a search results page with a warning message: "Please help to narrow the results by providing more information." The message is displayed in a red box. To the right of the message are buttons for "CLEAR" and "SEARCH". Below the message, there is a "SORT BY" dropdown menu currently set to "Network".

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

The image shows a search results page with a message: "More than 50 results returned. Please refine your search." The message is displayed in an orange box. To the right of the message is a "SORT BY" dropdown menu currently set to "Network".

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

The image shows the "Add Requesting Provider" form. It has two tabs: "Select From Patient's Contacts" and "Search All Providers". The "Search All Providers" tab is active. The form contains the following fields: "SERVICE START DATE *" (with value 08/13/2019), "PROVIDER NAME" (with value Johnson), "SPECIALTY" (a dropdown menu), "NPI" (a text input field), "TIN" (a text input field), "CITY" (a text input field), "STATE" (a dropdown menu with value District of Columbia), and "ZIP" (a text input field). At the bottom right of the form are buttons for "CLEAR" and "SEARCH". The "SEARCH" button is highlighted with a red box.

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:

Add Requesting Provider

Select From Patient's Contacts | Search All Providers

SERVICE START DATE * 08/13/2019

SPECIALTY

CITY

PROVIDER NAME Johnson

NPI

TIN

STATE District of Columbia

ZIP

CLEAR SEARCH

More than 50 results returned. Please refine your search.

SORT BY Relevance

JOHNSON, ERICA INTERNAL MEDICINE
NPI: 1215901624 • TIN: 520595110
WALTER REED ARMY MEDICAL CENTER, 6900 GEORGIA AVE NW, WASHINGTON, DC, 20307-0001 • Phone: (202) 782-1774 • Fax: (202) 782-5183
Out of Network

JOHNSON, DAVID ORTHOPAEDIC SURGERY
NPI: 1265525125 • TIN: 522228444
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010 • Phone: (202) 291-9266 • Fax: (202) 291-7689
In Network - TIER 1

JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50 < 1 2 3 4 5 >

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**:

SORT BY Relevance

JOHNSON, DAVID ORTHOPAEDIC SURGERY
NPI: 1265525125 • TIN: 522228444
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010 • Phone: (202) 291-9266 • Fax: (202) 291-7689
In Network - TIER 1

TIN 522228444

FAX NUMBER (202) 291-7689

SELECT & SAVE AS CONTACT

JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50 < 1 2 3 4 5 >

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

Providers

REQUESTING PROVIDER *

[Q CHANGE REQUESTING PROVIDER](#) [X REMOVE](#)

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

GENERAL ACUTE CARE HOSPITAL
NPI:1487650024

In Network - TIER 1

ADDRESS 1 *

7600 CARROLL AVE

ADDRESS 2

CITY * STATE * ZIP

SILVER SPRING Maryland 20912

TIN PHONE NUMBER FAX NUMBER

521532556 (301) 891-7600 (301) 309-6060

FACILITY/VENDOR *

+ ADD FACILITY/VENDOR

RENDERING PROVIDER

+ ADD RENDERING PROVIDER

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:**

521532556 (301) 891-7600 (301) 309-6060

FACILITY/VENDOR *

[Q CHANGE FACILITY/VENDOR](#) [X REMOVE](#)

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

GENERAL ACUTE CARE HOSPITAL
NPI:1487650024

In Network - TIER 1

ADDRESS 1 *

7600 CARROLL AVE

ADDRESS 2

CITY * STATE * ZIP

SILVER SPRING Maryland 20912

TIN PHONE NUMBER FAX NUMBER

521532556 (301) 891-7600 (301) 309-6060

RENDERING PROVIDER

+ ADD RENDERING PROVIDER

Third Party Liability

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.

Third Party Liability

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

Diagnoses

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

+ ADD DIAGNOSIS

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

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:

+ ADD DIAGNOSIS

CANCEL REQUEST SAVE DRAFT AND CLOSE CONTINUE

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:

Add Outpatient/Home Request

Step 1
Enter Request Details

Step 2
Add Outpatient/Home Review(s)

Step 3
Enter Supporting Documentation

SOURCE *
Web

REVIEW TYPE *
Initial

REVIEW PRIORITY *
Select

RECEIPT OF COMPLETE CLINICAL REVIEW

SERVICE SPECIFICATION *
General Service

Primary - Review 01

Primary Procedure

PROCEDURE DESCRIPTION *

MODIFIER 1
Select

MODIFIER 2
Select

REVENUE DESCRIPTION

BILLED AMOUNT

REQUESTED AMOUNT *
1

FOR REQUESTED TYPE *
Select a Type

FREQUENCY
Per Select

TO START ON *

ENTER DURATION OR END DATE
☒ Duration ☐ End Date

DURATION *
Select

DRUG INFORMATION

Remaining Characters: 2000

+ ADD PROCEDURE

PREVIOUS

CANCEL

SAVE DRAFT AND CLOSE

ADD DOCUMENTATION

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.

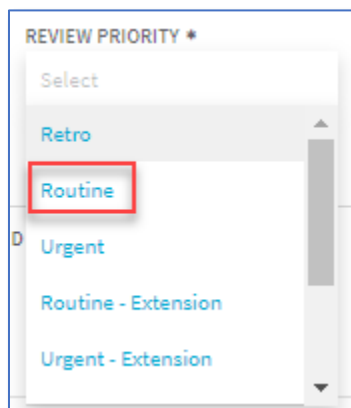
1. Begin by selecting the **Review Priority** drop-down menu:

The screenshot shows the 'Add Outpatient/Home Request' form. At the top, there are three steps: Step 1 (Enter Request Details), Step 2 (Add Outpatient/Home Review(s)), and Step 3 (Enter Supporting Documentation). The 'REVIEW PRIORITY' dropdown menu is highlighted with a red box. The form includes fields for 'SOURCE', 'REVIEW TYPE', 'REVIEW PRIORITY', 'SERVICE SPECIFICATION', 'PROCEDURE DESCRIPTION', 'MODIFIER 1', 'MODIFIER 2', 'REVENUE DESCRIPTION', 'BILLED AMOUNT', 'REQUESTED AMOUNT', 'FOR REQUESTED TYPE', 'FREQUENCY', 'TO START ON', 'DURATION', and 'DRUG INFORMATION'. The 'REVIEW PRIORITY' dropdown is currently set to 'RECEIPT OF COMPLETE CLINICAL REVIEW'. The 'DRUG INFORMATION' field has a character count of 2000.

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:



REVIEW PRIORITY *

Select

Retro

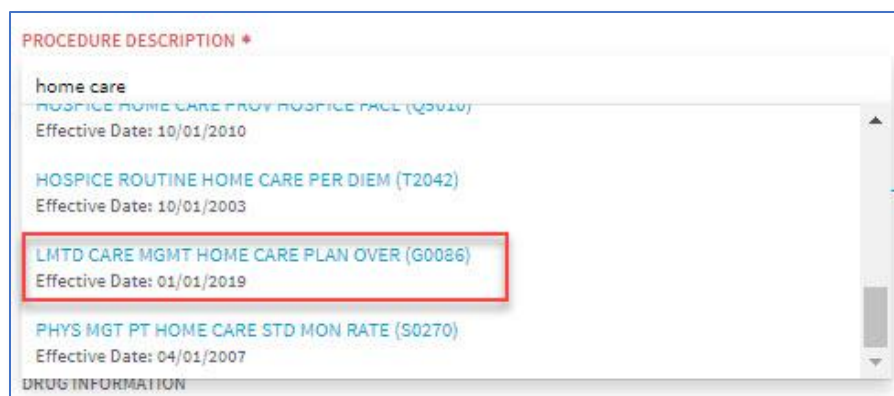
Routine

Urgent

Routine - Extension

Urgent - Extension

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:



PROCEDURE DESCRIPTION *

home care

HOSPICE HOME CARE FROM HOSPICE PLAN (Q2010)
Effective Date: 10/01/2010

HOSPICE ROUTINE HOME CARE PER DIEM (T2042)
Effective Date: 10/01/2003

LMTD CARE MGMT HOME CARE PLAN OVER (G0086)
Effective Date: 01/01/2019

PHYS MGT PT HOME CARE STD MON RATE (S0270)
Effective Date: 04/01/2007

DRUG INFORMATION

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**:

A dropdown menu with the following options: Select, Day, Week, Month. The 'Day' option is highlighted with a red box.

11. Select the **TO START ON field** to activate a drop-down menu calendar.
 12. Then, select the appropriate **date** from the calendar:

A calendar for October 2019. The date '1' is highlighted with a red box.

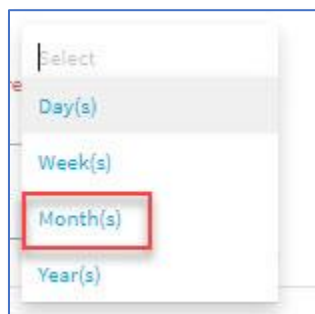
13. Utilize the **up or down arrows** to set the duration:

A form with the following fields: BILLED AMOUNT, TO START ON * (10/01/2019), and DURATION *. The DURATION * field has a red box around the up/down arrows.

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

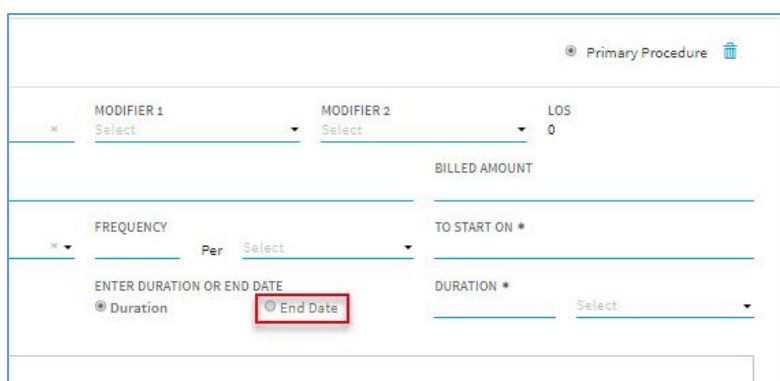
A form with the following fields: DURATION * (1), a Select dropdown menu, and a red error message: This field is required.

15. Select a **value**:



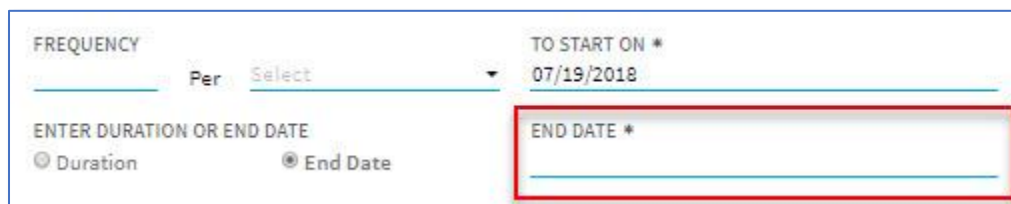
A dropdown menu is shown with the following options: Select, Day(s), Week(s), Month(s), and Year(s). The 'Month(s)' option is highlighted with a red rectangular box.

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



The form shows various fields for procedure configuration. At the bottom, under the 'ENTER DURATION OR END DATE' section, there are two radio buttons: 'Duration' and 'End Date'. The 'End Date' radio button is selected and highlighted with a red rectangular box.

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



The form shows the 'END DATE *' field, which is highlighted with a red rectangular box. The 'Duration' radio button is selected, and the 'End Date' radio button is also selected.

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

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

Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

| | | | | |
|----------|---------------|-------------------|-------------------------------------|-------------------------|
| SOURCE * | REVIEW TYPE * | REVIEW PRIORITY * | RECEIPT OF COMPLETE CLINICAL REVIEW | SERVICE SPECIFICATION * |
| Web | Initial | Routine | | General Service |

- Primary - Review 01
LMTD CARE MGMT HOME CARE PLAN OVER (G0086)
Primary Procedure

PROCEDURE DESCRIPTION *

MODIFIER 1

MODIFIER 2

LMTD CARE MGMT HOME CARE PLAN OVER (G0086)

Select

Select

REVENUE DESCRIPTION

BILLED AMOUNT

REQUESTED AMOUNT *

FOR REQUESTED TYPE *

FREQUENCY *

TO START ON *

1

Visit(s)

1 Per Day

03/07/2022

ENTER DURATION OR END DATE

DURATION *

☒ Duration ☐ End Date

1 Month(s)

DRUG INFORMATION

Remaining Characters: 2000

+ ADD PROCEDURE

PREVIOUS CANCEL SAVE DRAFT AND CLOSE ADD DOCUMENTATION

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**:

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 *
03/07/2022 04:53:38 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

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 *
03/07/2022 08:17:34 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

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 <i>Recommended option: Note</i> |
| Activity Action** | Indicates the subcategory of the activity (this field is enabled and/or required depending on the selected Activity Category value) <i>Recommended option: Case Note</i> |
| 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**:

Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE * 03/07/2022 04:53:38 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)

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

3. Select the appropriate **category**:

ACTIVITY CATEGORY *

Select Activity Category

- Appeal
- Care Plan
- Correspondence**
- Face to Face
- NOMNC

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

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 * 03/07/2022 04:53:38 pm

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Select Activity Action

ACTIVITY WITH * Select Activity with

RESPONSE * Select response

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

CARE NOTES

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:

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 * 03/07/2022 06:17:34 pm

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Clinical Information: 1st Outreach

ACTIVITY WITH * AZEB TESFALIDET

RESPONSE * Select response

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

CARE NOTES

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

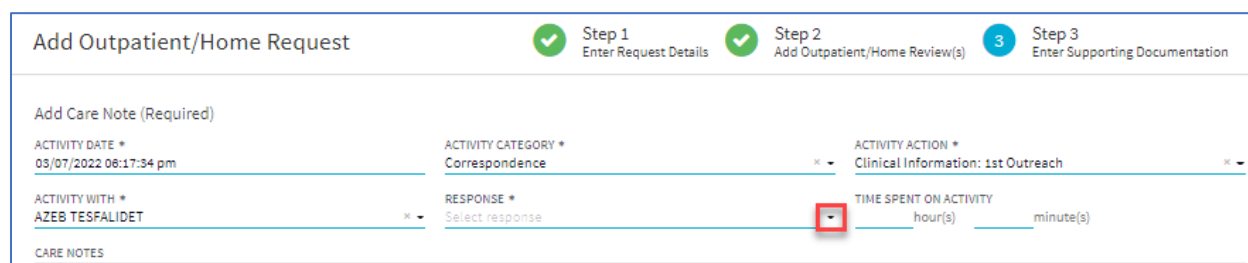


ACTIVITY WITH *

Select Activity with:

- ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL
UM Provider
- DAVID JOHNSON**
UM Provider
- MARY ABRASKIN
Patient
- PAUL WILSON
UM Provider

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



Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE * 03/07/2022 08:17:34 pm

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Clinical Information: 1st Outreach

ACTIVITY WITH * AZEB TESFALIDET

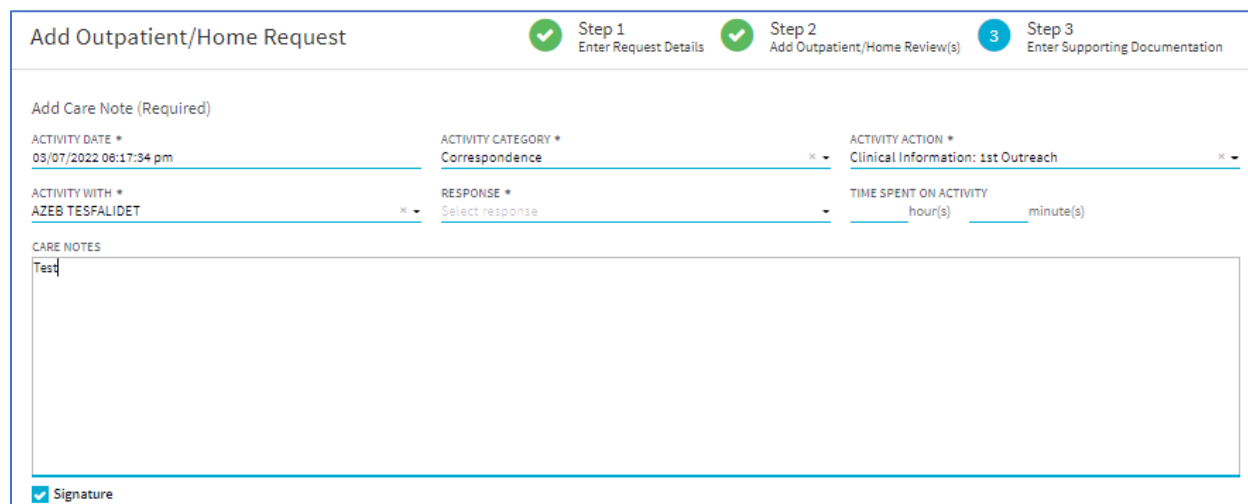
RESPONSE * Select response

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

CARE NOTES

9. Select the appropriate **response**.

10. Enter any notes in the Care Note free-form text box, like below:



Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Required)

ACTIVITY DATE * 03/07/2022 08:17:34 pm

ACTIVITY CATEGORY * Correspondence

ACTIVITY ACTION * Clinical Information: 1st Outreach

ACTIVITY WITH * AZEB TESFALIDET

RESPONSE * Select response

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

CARE NOTES

Test

☒ Signature

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**:

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 *

03/07/2022 08:17:34 pm

ACTIVITY CATEGORY *

Correspondence

ACTIVITY ACTION *

Clinical Information: 1st Outreach

ACTIVITY WITH *

AZEB TESFALIDET

RESPONSE *

Select response

TIME SPENT ON ACTIVITY

hour(s) minute(s)

CARE NOTES

Test

☒ 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

Uploading a Received Document

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

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

☒

Upload Received Document (Optional)

RELATED TO

Patient

RECEIVED DATE/TIME *

03/07/2022 08:34:35 pm

SENDER *

Select a contact

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

Choose File | No file chosen

DOCUMENT COMMENTS

PREVIOUS

CANCEL

SAVE REQUEST

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:

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *
03/07/2022 08:34:35 pm

SENDER *
Select a contact

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

[Choose File](#) | No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

[PREVIOUS](#) [CANCEL](#) [SAVE REQUEST](#)

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:

SENDER *

Select a contact

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (NPI:1487650024)
7600 CARROLL AVE, SILVER SPRING, MD, 20912
UM Provider

DAVID JOHNSON (NPI:1285525125)
110 IRVING ST NW, STE 215, WASHINGTON, DC, 20010
UM Provider

MARY ABRASKIN
33237 N 68TH PL, WASHINGTON, DC, 20011-1760
Patient

6. Select **Choose File**:

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *
03/07/2022 06:34:35 pm

SENDER *
Select a contact

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

Choose File

No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

PREVIOUS

CANCEL

SAVE REQUEST

A browser window appears.

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

☒ Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *
03/07/2022 06:34:35 pm

SENDER *
Select a contact

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

Smart Citles Neha Rathl.pdf

DOCUMENT COMMENTS

Remaining Characters: 2000

PREVIOUS

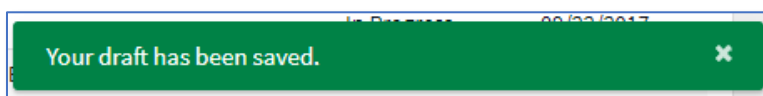
CANCEL

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:

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

Draft Authorization Requests

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

The screenshot shows the 'Identifi PRACTICE' interface with the 'AUTHORIZATION REQUESTS' tab selected. Under 'My Draft Requests', there is a table with one entry:

| Request Type | Patient Name (DOB, Gender, ID) | Last Updated Date/Time |
|---------------------------|---------------------------------------|------------------------|
| Inpatient | RUCH, DONALD (09/01/1978, M, 2048442) | 03/03/2022 07:40:02 PM |

Below this, the 'Authorization Requests' section shows a table of recent requests:

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date |
|--------------------------|----------------------------------------|--------------|---------------------|----------------|--------------|
| 09354361 | RUCH, DONALD (09/01/1978, M, 2048442) | DME | AZEB TESFALDET | Void | 02/25/2022 |
| 9348904 | MYRAH, LEANNE (05/01/1965, F, 8319388) | DME | A CENTER 4 CHANGE | In Progress | 01/27/2022 |

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:

The screenshot shows the 'Identifi PRACTICE' interface with the 'AUTHORIZATION REQUESTS' tab selected. Under 'My Draft Requests', there is a message: 'No Drafts Found.'

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

The screenshot shows the 'Identifi PRACTICE' interface with the 'AUTHORIZATION REQUESTS' tab selected. Under 'My Draft Requests', there is a table with one entry:

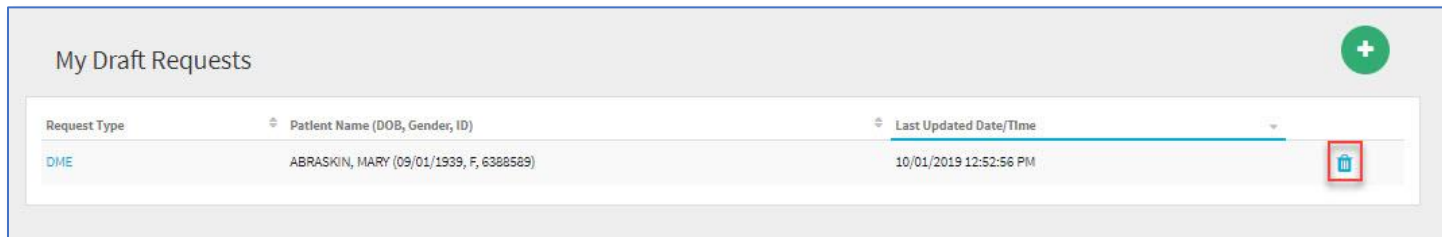
| Request Type | Patient Name (DOB, Gender, ID) | Last Updated Date/Time |
|---------------------|-----------------------------------------|------------------------|
| DME | ABRASKIN, MARY (09/01/1939, F, 6388589) | 10/01/2019 12:52:56 PM |

The 'DME' link in the 'Request Type' column is highlighted with a red box.

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.

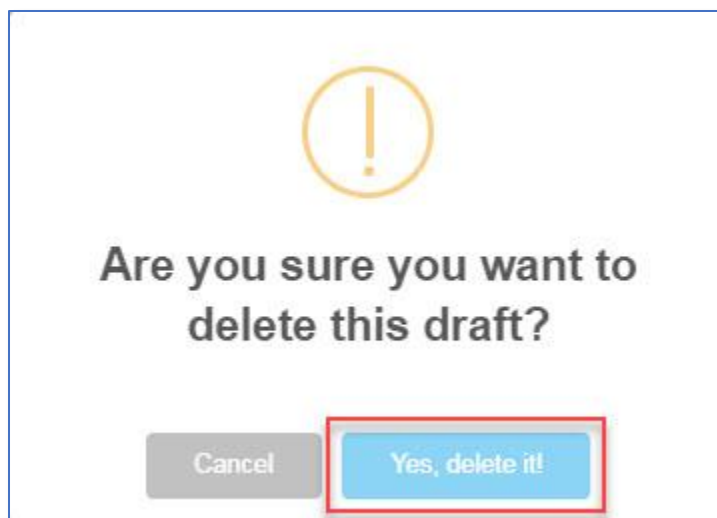
From here, follow the steps in one of the following sections: [Step 1: Enter Request Details \(DME\)](#), [Step 1: Enter Request Details \(Inpatient\)](#), or [Step 1: Enter Request Details \(Outpatient/Home\)](#) depending on the type of Auth Request.

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.

DEVQA

Identifi

PRACTICE

POPULATION SUMMARY

AUTHORIZATION REQUESTS

REPORTS

JOHNS, SUSAN (08/19/1966, Female, 00068158601)

Reference # 7010880 - In Progress

REQUESTOR NAME

Jin

REQUESTOR TYPE

Contracted Provider

REQUESTOR PHONE

(111) 111-1111

REQUESTOR EMAIL

Not Provided

PRIMARY STAFF

Web Request, Coordinator

PLACE OF SERVICE

Office

SERVICE TYPE

Consultation

PREDETERMINATION

Yes

AOR REQUIRED

Not Provided

ENCOUNTER ID

Not Provided

EMR ACCOUNT NUMBER

Not Provided

Providers

REQUESTING PROVIDER

AMY VILLAVICENCIO

INTERNAL MEDICINE

NPI: 1629037098 • TIN: 352030653

(111) 111-1111 • 550 S HOKE AVE, FRANKFORT, IN, 46041-2664

In Network - TIER 1

FACILITY/VENDOR

AMY VILLAVICENCIO

INTERNAL MEDICINE

NPI: 1629037098 • TIN: 352030653

(111) 111-1111 • 550 S HOKE AVE, FRANKFORT, IN, 46041-2664

In Network - TIER 1

RENDERING PROVIDER

Not Available

Third Party Liability

MOTOR VEHICLE ACCIDENT

No

EMPLOYMENT (WORKER'S COMPENSATION)

No

ANOTHER PARTY RESPONSIBLE

No

Diagnoses

| Primary | Type | Code | Description |
|---------|--------|--------|-------------|
| ✓ | ICD-10 | R68.84 | JAW PAIN |

Care Notes and Communications for Request

Sort by Date

Sort by Type

EXPAND ALL

COLLAPSE ALL

Communication

Received Document

SUSAN_X-RAY OF TEETH.docx

08/10/2017 11:13 AM

Care Note

Case Note

Notes: Susan called again for severe jaw issue

08/10/2017 11:12 AM

Communication

Received Document

MDwiseConnect Approval Letter_no_facility.pdf

08/09/2017 01:01 PM

Reviews

ADD REVIEW

Primary

Review 01: Aug 21, 2017 - Aug 21, 2017

In Progress

26d OVERDUE

OFFICE CONSULTATION (99241) • Total Requested: 1

Review 02: Aug 21, 2017 - Aug 21, 2017

In Progress

5d OVERDUE

PANORAMIC X-RAY OF JAWS (70355) • Total Requested: 1

Review 03: Aug 9, 2017 - Aug 9, 2017

In Progress

21d OVERDUE

ABLATE HEART DYSRHYTHM FOCUS (33250) • Total Requested: 1

Request

Request Details

Providers

Third Party Liability

Diagnoses

Appeals

Reviews

Initial - 07/20/2017

Initial - 08/10/2017

Extension - 08/10/2017

Reference # D9354361 - Void



- Request
- Request Details
- Providers
- Third Party Liability
- Diagnoses
- Reviews
- Initial - 02/24/2022

| | | | |
|--------------------------------------------|------------------------------|------------------------------------|---------------------------------|
| 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: (836) 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: (836) 008-3102 • Fax: (777) 777-7777 | | In Network |

Third Party Liability

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

Diagnoses

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

Reviews

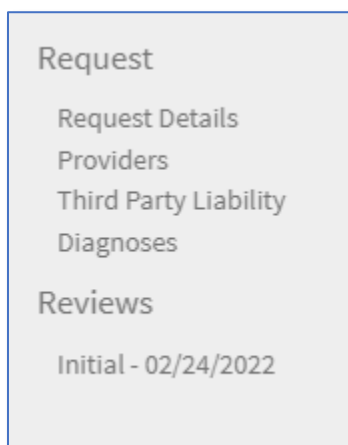
| | |
|--|----------------------------------------------------------------------------------------------------------------------|
| | Primary Review 01: Feb 24, 2022 - Mar 23, 2022 Void INJECTION ABCIXIMAB 10 MG (J0130) • Total Requested: 1 |
|--|---------------------------------------------------------------------------------------------------------------------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

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

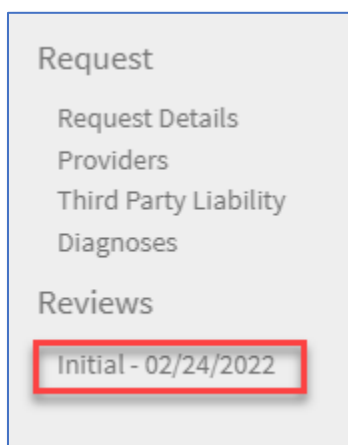
- Quickly Navigate to a Section
- Edit Authorization Request Details
- Add an Additional Review
- View Review Details
- Edit a Review
- Add Communication
- Add a Care Note
- Designate a Primary Procedure
- Navigate to Patient's Information Page

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:



Select the corresponding **hyperlink** to navigate directly to the corresponding section:




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:

| | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------|
|  | Review 01: Aug 2, 2017 - Aug 9, 2017 In Progress Bed Type: Pediatric • Total Requested: 7 | 22d OVERDUE |
|  | Review 03: Aug 9, 2017 - Aug 10, 2017 In Progress Bed Type: OB • Total Requested: 1 | 34d OVERDUE |
|  | Review 04: Aug 16, 2017 - Aug 17, 2017 In Progress ABLATE HEART DYSRHYTHM FOCUS (33251) • Total Requested: 1 | 33d OVERDUE |
|  | Primary Review 02: Aug 2, 2017 - Aug 3, 2017 Approved Full ABLATE HEART DYSRHYTHM FOCUS (33250) • Total Approved: 1 | |


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**:

| | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------|
|  | Review 01: Aug 2, 2017 - Aug 9, 2017 In Progress Bed Type: Pediatric • Total Requested: 7 | 22d OVERDUE |
|  | Review 03: Aug 9, 2017 - Aug 10, 2017 In Progress Bed Type: OB • Total Requested: 1 | 34d OVERDUE |
|  | Review 04: Aug 16, 2017 - Aug 17, 2017 In Progress ABLATE HEART DYSRHYTHM FOCUS (33251) • Total Requested: 1 | 33d OVERDUE |
|  | Primary Review 02: Aug 2, 2017 - Aug 3, 2017 Approved Full ABLATE HEART DYSRHYTHM FOCUS (33250) • Total Approved: 1 | |

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


Review 01: Aug 2, 2017 - Aug 9, 2017 In Progress
Bed Type: Pediatric • Total Requested: 7

16d
OVERDUE

[EDIT](#)
[ACTIONS](#)

| | | |
|-------------------------------------------------|-----------------------------------------------------|----------------------------|
| SOURCE Web | REVIEW TYPE Initial | REVIEW PRIORITY Routine |
| REVIEW RECEIVED DATE/TIME 08/01/2017 4:49 PM | RECEIPT OF COMPLETE CLINICAL REVIEW Not Provided | LAST UPDATED 08/02/2017 |
| UPDATED BY ibrahimova, afag1 | | |
| Bed Type | | |
| BED TYPE Pediatric | FOR REQUESTED LOS 7 | TO START ON 08/02/2017 |
| | | THRU DATE 08/09/2017 |


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**:

Reviews

ADD REVIEW


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

[EDIT](#)
[ACTIONS](#)

1-1 of 1

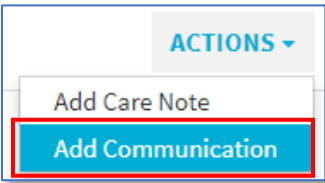
3. Edit and save the review details.

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.

- 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.

Add Communication

Upload Received Document

RELATED TO

Auth Review

RECEIVED DATE/TIME *

03/15/2022 08:29:28 pm

SENDER *

Select a contact

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

Choose File

No file chosen

DOCUMENT COMMENTS



Remaining Characters: 2000

UPLOAD

CANCEL

- Click **Upload**.

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

| | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| Care Notes and Communications for Request | | |
| <input checked="" type="radio"/> Sort by Date <input type="radio"/> Sort by Type | | EXPAND ALL COLLAPSE ALL |
|  | Communication Received Document test doc.docx | 08/22/2017 03:40 PM |
|  | Care Note Additional Information Requested Notes: | 08/21/2017 01:16 PM |

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

Care Notes and Communications for Request

Sort by Date Sort by Type EXPAND ALL COLLAPSE ALL

| Icon | Item Type | Item Name | Received Date |
|----------|---------------|--------------------------------------------------------------------|---------------------|
| Envelope | Communication | Received Document SUSAN_X-RAY OF TEETH.docx | 08/10/2017 11:13 AM |
| Document | Care Note | Notes: Susan called again for severe jaw issue | 08/10/2017 11:12 AM |
| Envelope | Communication | Received Document MDwiseConnect Approval Letter_no_facility.pdf | 08/09/2017 01:01 PM |

SUSAN_X-RAY O....docx Show all X

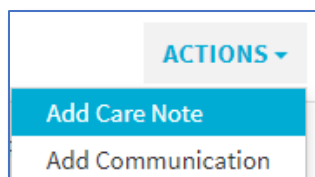
Request
Request Details
Providers
Third Party Liability
Diagnoses
Appeals
Reviews
Initial - 07/20/2017
Initial - 08/10/2017
Extension - 08/10/2017

***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:

Care Notes and Communications for Request

Sort by Date Sort by Type EXPAND ALL COLLAPSE ALL

| | | | |
|----------|---------------|--------------------------------------------|---------------------|
| Envelope | Communication | Received Document test doc.docx | 08/22/2017 03:40 PM |
| Document | Care Note | Additional Information Requested Notes: | 08/21/2017 01:16 PM |

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

Care Note

Case Note

Notes: Care note for Susan

EDIT

SIGN CARE NOTE

VOID CARE NOTE

| | | | |
|--------------------------------------|---------------------------|-----------------------------------------|---------------------------------|
| ACTIVITY DATE 08/31/2017 03:18 PM | ACTIVITY CATEGORY Note | ACTIVITY ACTION Case Note | ACTIVITY WITH |
| RESPONSE | TIME SPENT ON ACTIVITY | LAST UPDATED DATE 08/31/2017 3:18 PM | LAST UPDATED BY Appeal1, Jin |
| STATUS Unsigned | | | |
| NOTE Care note for Susan | | | |

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.

- Finalize the care note by selectin **Sign Care Note**.
- 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.

- Navigate to an authorization request.
- Scroll down to the reviews and find a non-primary procedure.
- From the **Actions** drop-down menu, select **Set as Primary**:

The screenshot shows the 'Identifi PRACTICE' interface. It displays two authorization reviews. The first review is labeled 'Primary' and the second is 'Review 02'. An 'ACTIONS' dropdown menu is open for the second review, showing options: 'ADD CARE NOTE', 'ADD COMMUNICATION', and 'SET AS PRIMARY' (highlighted with a red box). The interface also includes a search bar, a 'POPULATION SUMMARY' link, and a 'REPORTS' link.

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.

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

The screenshot shows the 'Identifi PRACTICE' interface. It displays the patient information page. The patient name 'JOHNS, SUSAN (08/19/1966, Female, 00068158601)' is highlighted with a red box. The interface also includes a search bar, a 'POPULATION SUMMARY' link, and a 'REPORTS' link.

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

DEVON
Identifi | PRACTICE

POPULATION SUMMARYAUTHORIZATION REQUESTSREPORTS

JOHNS, SUSAN (08/19/1966, F, 00068158601)

Contact Info

ADDRESS

319 CRESTWORTH XING
LAFAYETTE, IN 47905

CONTACT PREFERENCE

(591) 757-3565

BEST CONTACT TIME

Not Available

LANGUAGE

Not Available

EMAIL

Not Available

Conditions

☐ Asthma

☒ Diabetes

☐ CHF

☒ Hypertension

☒ COPD

☐ MDD

☒ CAD

Other Patient Info

PATIENT STATUS

No Relevant Status

PCP CARE-COORDINATION

BENTINGANAN, LESLIE

ATTRIBUTION REASON

PCP/NURSE PRACTITIONER

LAST ANNUAL WELLNESS VISIT

10/11/2016

Risk Adjustment11

Gaps in Care3

Care Management

Care Notes

EXPAND ALLCOLLAPSE ALL

Appointment Verified

appointment scheduled for 11/30/2017

Unsigned • Activity Date: 11/10/2017 04:05 PM • Created by Appeal1, Jin (UM Coordinator)


1-1 of 1

1-1 of 1

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**:


Filters [RESET](#) × 

REFERENCE#

CREATED BY ME

☐

REQUESTING PROVIDER 

PATIENT 

REQUEST TYPE

REQUEST STATUS

☐ In Progress

☐ Closed

☐ Void

Selected items: 0

CREATED BETWEEN _____ and _____

APPLY

4. Review the list of search results.

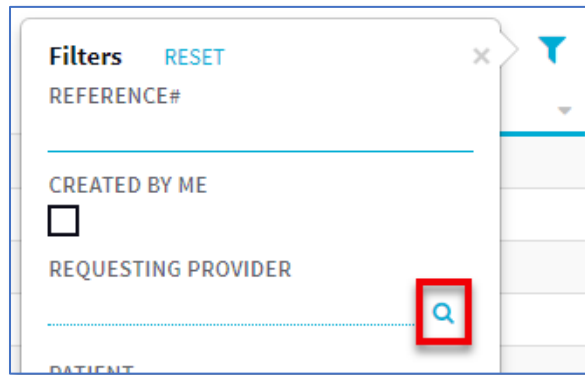
A description of each search field is provided below:

| 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 | <p>A description of the request. There are three request types available:</p> <ul style="list-style-type: none"> • DME • Inpatient • Outpatient/Home |
| Request Status | <p>There are three statuses, which display the progression of authorization requests over time:</p> <ol style="list-style-type: none"> 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

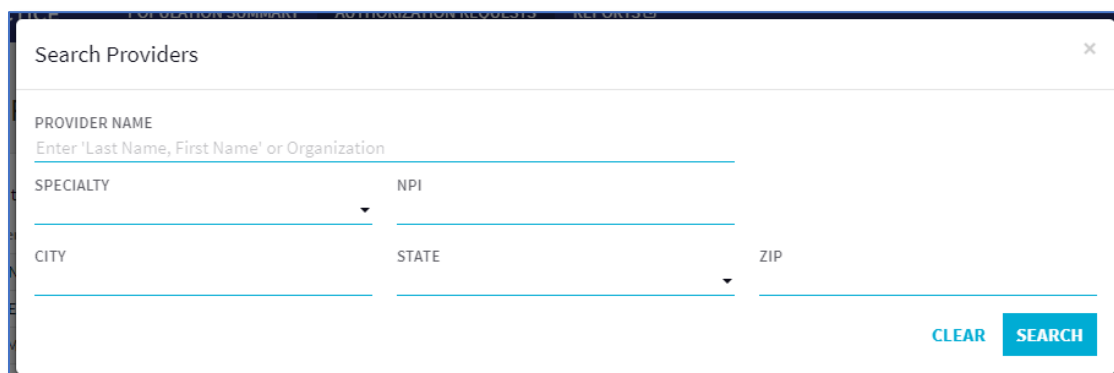
Users can search for authorization requests that were submitted by a specific provider. Ensure that accurate and complete provider details are captured, prior to searching authorization requests by the provider.

1. Within the filter screen, click on the Requesting Provider **magnifying glass**:



The screenshot shows a 'Filters' dialog box with a 'RESET' link and a close button. The 'REFERENCE#' field is at the top. Below it is the 'CREATED BY ME' section with an unchecked checkbox. The 'REQUESTING PROVIDER' field is highlighted with a red square, and a magnifying glass icon is visible next to it. The 'PATIENT' field is partially visible at the bottom.

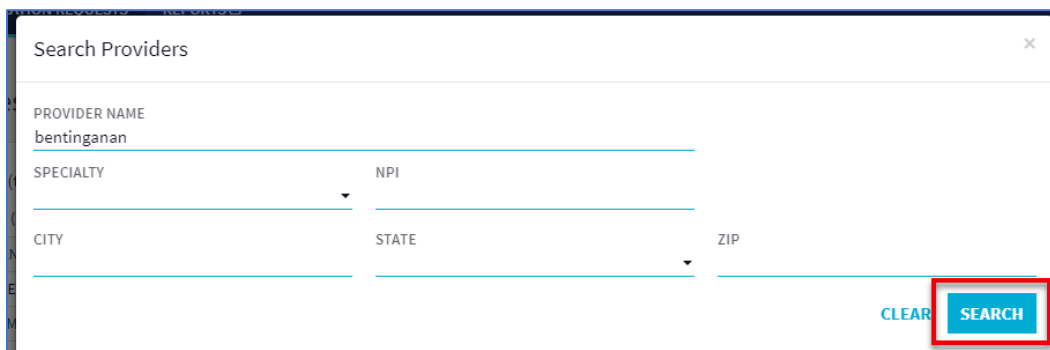
2. Begin the search by entering the provider's name*, NPI, Zip Code, or a combination of his or her Specialty/City/State:



The screenshot shows a 'Search Providers' dialog box with a close button. It contains the following fields: 'PROVIDER NAME' with a placeholder 'Enter 'Last Name, First Name' or Organization', 'SPECIALTY' (a dropdown menu), 'NPI', 'CITY', 'STATE' (a dropdown menu), and 'ZIP'. At the bottom right are 'CLEAR' and 'SEARCH' buttons.

*** 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**:



A screenshot of the 'Search Providers' form. The form has a title bar with a close button. It contains several input fields: 'PROVIDER NAME' with the text 'bentinganan', 'SPECIALTY' with a dropdown arrow, 'NPI', 'CITY', 'STATE' with a dropdown arrow, and 'ZIP'. At the bottom right, there are two buttons: 'CLEAR' and 'SEARCH'. The 'SEARCH' button is highlighted with a red rectangular box.

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



A screenshot of the 'REQUESTING PROVIDER' field. The field contains the text 'BENTINGANAN, LESLIE'. To the right of the text are two icons: a blue 'x' icon and a magnifying glass icon.

General Search Information

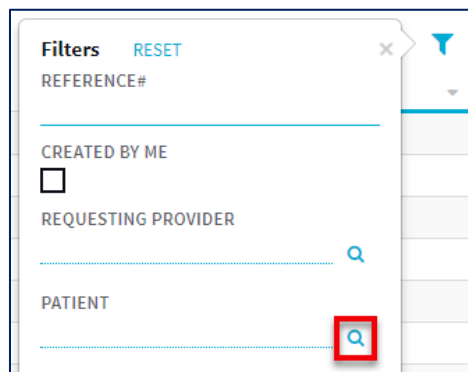
There may be multiple results for the same provider, but with different addresses and specialties.

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**:



A screenshot of the 'Filters' form. The form has a title bar with a close button and a 'RESET' button. It contains several input fields: 'REFERENCE#' with a dropdown arrow, 'CREATED BY ME' with a checkbox, 'REQUESTING PROVIDER' with a magnifying glass icon, and 'PATIENT' with a magnifying glass icon. The magnifying glass icon next to the 'PATIENT' field is highlighted with a red rectangular box.

2. Begin the search by entering the patient's First Name, Last Name, and Date of Birth or the Patient ID*:
3. Select **Search**:

Search for a Patient

FIRST NAME

LAST NAME

PATIENT ID

DATE OF BIRTH

randy

martzall

10/11/1945

CLEAR

SEARCH

MARTZALL, RANDY (Active)

113 S KIRKWOOD AVE, BLOOMINGTON, Indiana 47404

10/11/1945 | M0000789100

1-1 of 1

* **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.

PATIENT

MARTZALL, RANDY

X

Q

Authorization Requests Search Results

| Authorization Requests | | | | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|----------------------------------------------------|-------------------|---------------|--|
| Showing 100 most recent requests (to view more or refine the list, use filter option to the right) | | | | Display Requests: | Created By Me | |
| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date | |
| D7445811 | ANDERSON, HAYLEY (05/01/1946, F, 745592) | Inpatient | PAUL WILSON | In Progress | 06/11/2019 | |
| D7443262 | AUSTER, MARK (10/01/1961, M, 6386522) | Inpatient | PAUL WILSON | In Progress | 05/06/2019 | |
| D7443261 | DEPASCALE, EDDIE (06/01/1982, M, 123964) | DME | LAUREN DRAKE | In Progress | 05/06/2019 | |
| D7442886 | ABRASKIN, MARY (09/01/1939, F, 6388589) | Outpatient/Home | ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL | In Progress | 04/23/2019 | |

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:

Authorization Requests

Showing 4 request(s)

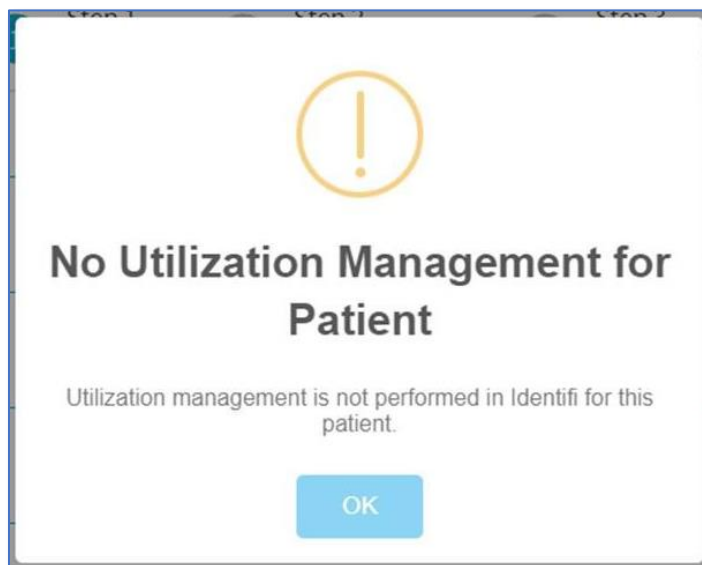
Display Requests:
Created By Me

Request Type: DME
x
CLEAR ALL

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date |
|-------------|------------------------------------------|--------------|---------------------|----------------|--------------|
| D7443261 | DEPASCALE, EDDIE (06/01/1982, M, 123964) | DME | LAUREN DRAKE | In Progress | 05/06/2019 |
| D7442559 | ABRASKIN, MARY (09/01/1939, F, 6388589) | DME | PAUL WILSON | In Progress | 04/18/2019 |
| D7442142 | ABRASKIN, MARY (09/01/1939, F, 6388589) | DME | PAUL WILSON | In Progress | 04/11/2019 |
| D7437877 | ABRASKIN, MARY (09/01/1939, F, 6388589) | DME | PAUL WILSON | In Progress | 04/02/2019 |

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

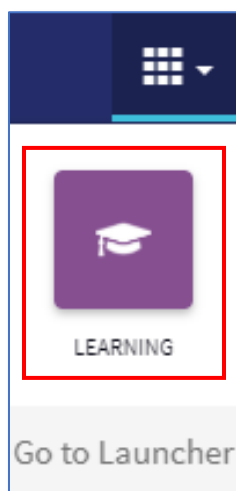
Identifi Practice Auth users are automatically provisioned for Practice Auth materials on Identifi Learning, Evolent's product documentation and training material application. Users have access to Identifi Learning through myidentifi.com. Content includes a product overview, FAQs, instructional videos,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

Access Identifi Learning

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

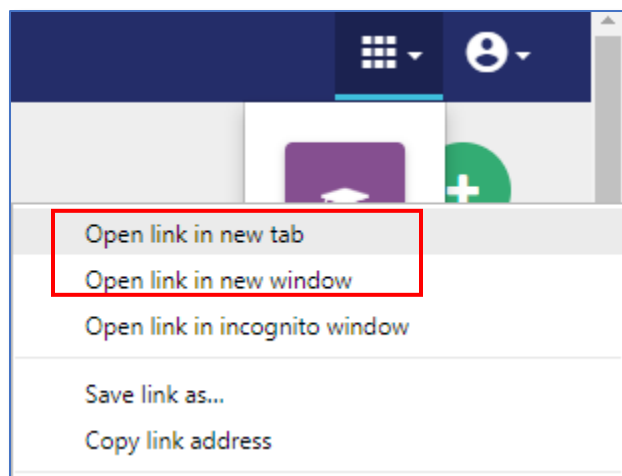


Select the **Learning** tile from the drop-down menu of applications:



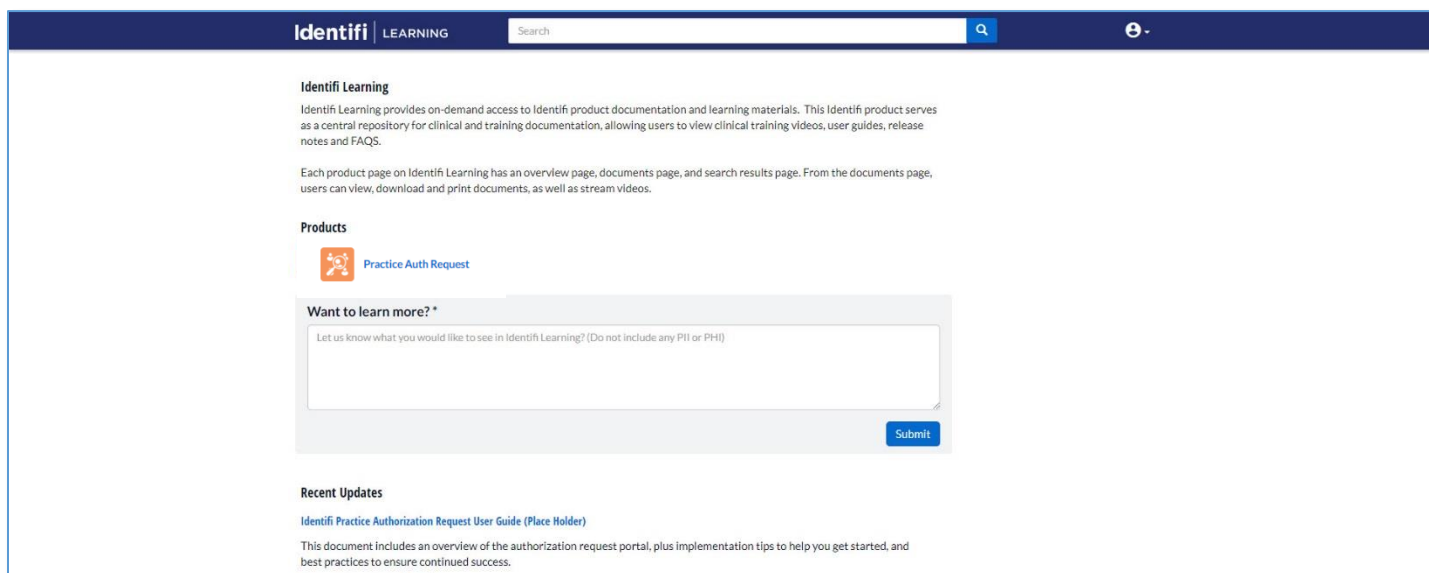
Alternatively, users can right select the Learning tile to activate a drop-down menu.

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



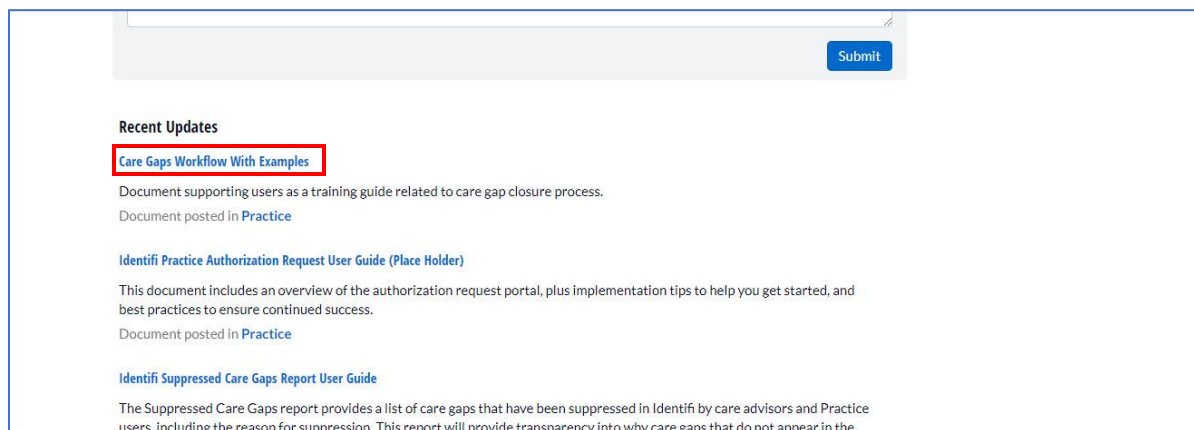
Home Page

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

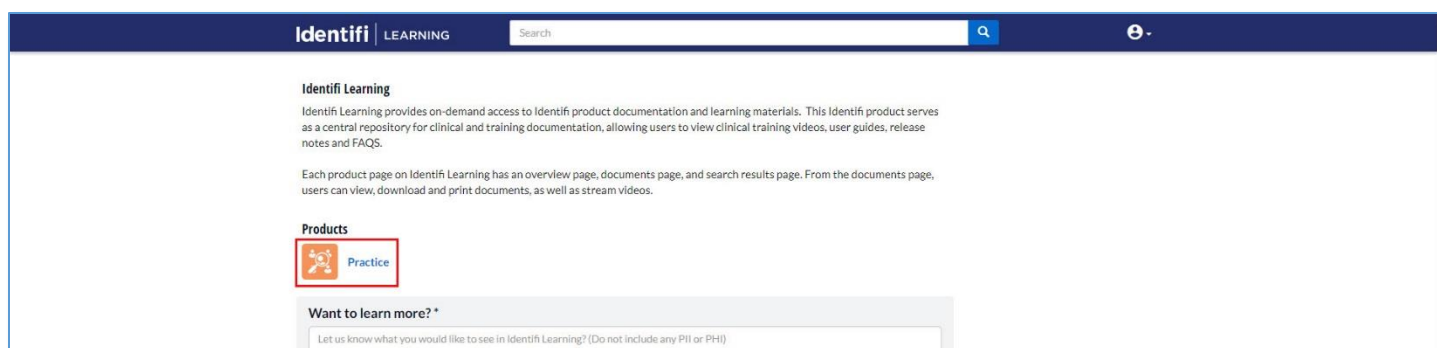


Components of the home page include an overview of Identifi Learning, a list of the products the user has access to through Learning, a suggestion box, and a list of recent updates.

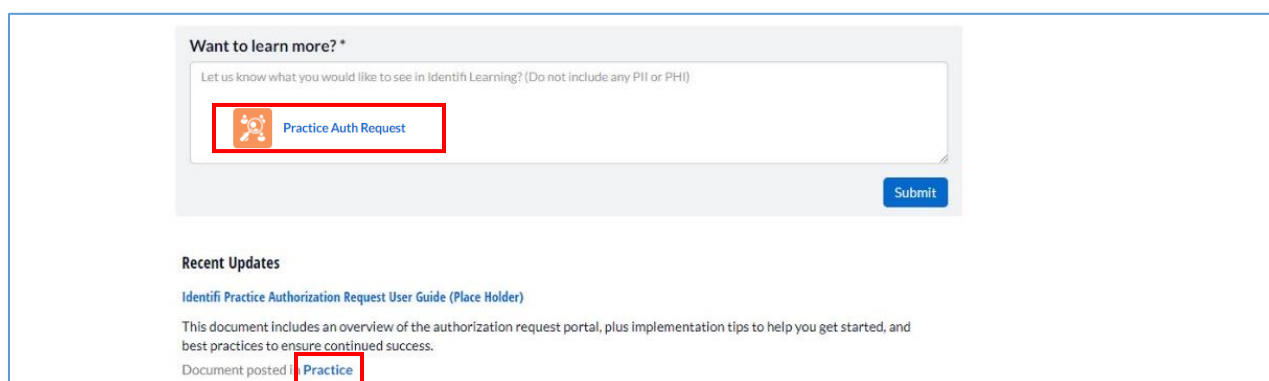
To access a document within the **Recent Updates**, select the **document title**:



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:

Identifi | LEARNING

Search

Q

8

Practice Auth Request

Overview

Documents

Summary

Identifi Practice is a web-based provider portal that engages the provider network through direct EMR integration. This Identifi product delivers provider and/or practice administrative access to select value-based services offered by Evolent, such as identification for risk adjustment opportunities, gaps in care, and care management program referral. With Practice, users have access to Patient Panel Opportunity Insights, Risk Adjustment Workflow, Care Note/Care Plan/Care Gap Workflow, and integrated reporting to measure and assess physician performance. Additionally, Identifi Practice is integrated with Identifi UM to support Electronic Authorization Workflow.

Frequently Asked Questions

General

For which patients can I submit an authorization request?

Which provider's authorization requests can I view?

Why do patients have a green button available on their information page?

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

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

What are the possible review statuses within an authorization request?

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

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

Support

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**:

Frequently Asked Questions

General

- For which patients can I submit an authorization request?
- Which provider's authorization requests can I view?
- Why do patients have a green button available on their information page?
- What is significant about the Requestor Name field of an authorization request?
- Which providers can I select for the Requesting/Rendering/Attending Provider or Facility/Vendors of an authorization request?

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

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

Frequently Asked Questions

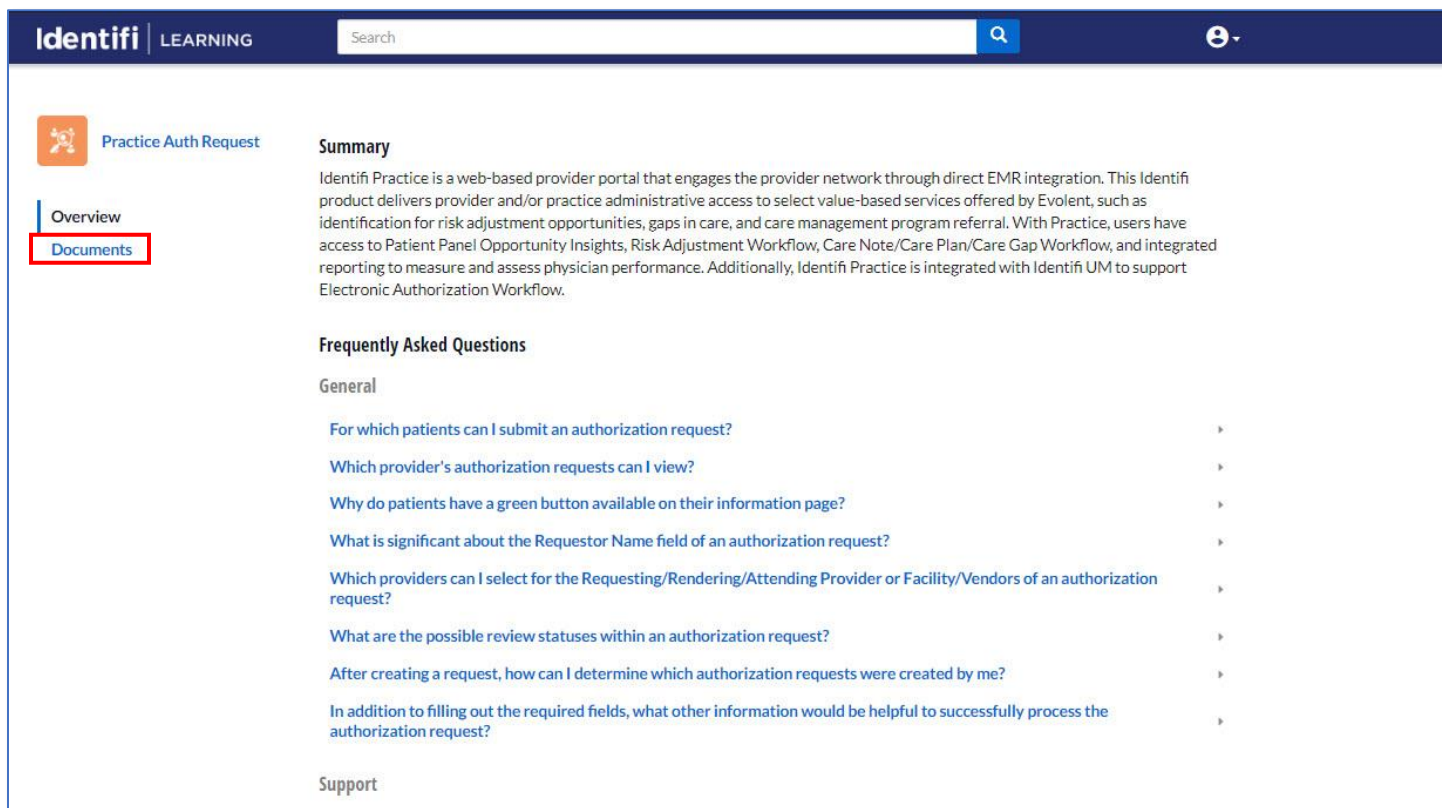
General

- For which patients can I submit an authorization request?
- Which provider's authorization requests can I view?
- Why do patients have a green button available on their information page?
- What is significant about the Requestor Name field of an authorization request?

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:

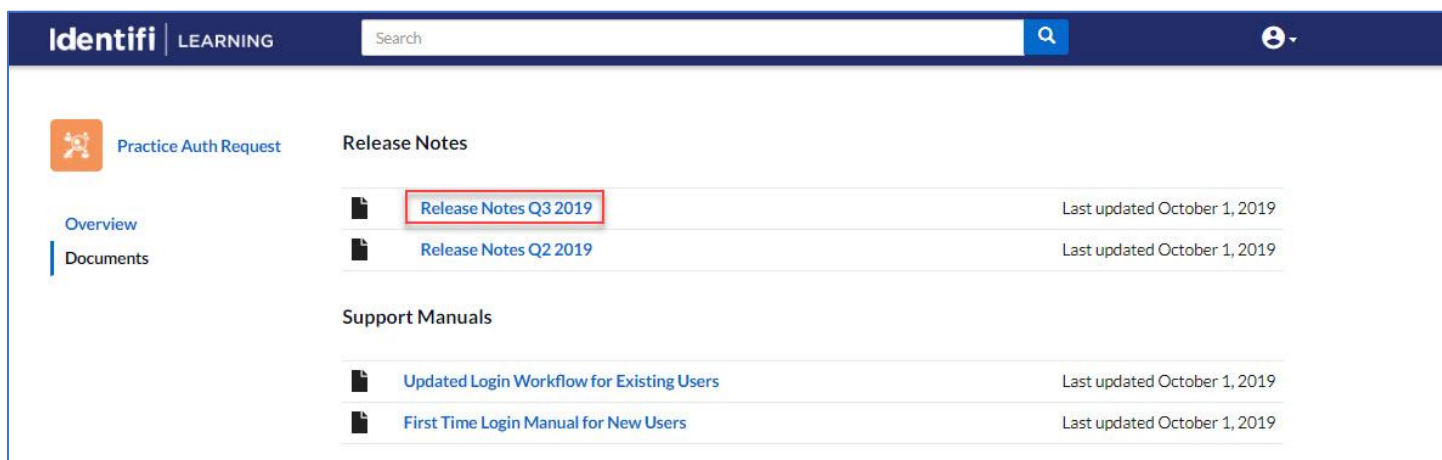


The screenshot shows the Identifi Learning portal. The top navigation bar includes the Identifi logo, the word 'LEARNING', a search bar, and a user profile icon. The main content area is titled 'Practice Auth Request'. On the left sidebar, there are two links: 'Overview' and 'Documents', with 'Documents' highlighted with a red box. The main content area has a 'Summary' section describing the Identifi Practice portal, followed by a 'Frequently Asked Questions' section with a 'General' category listing several questions about authorization requests. A 'Support' link is visible at the bottom of the main content area.

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

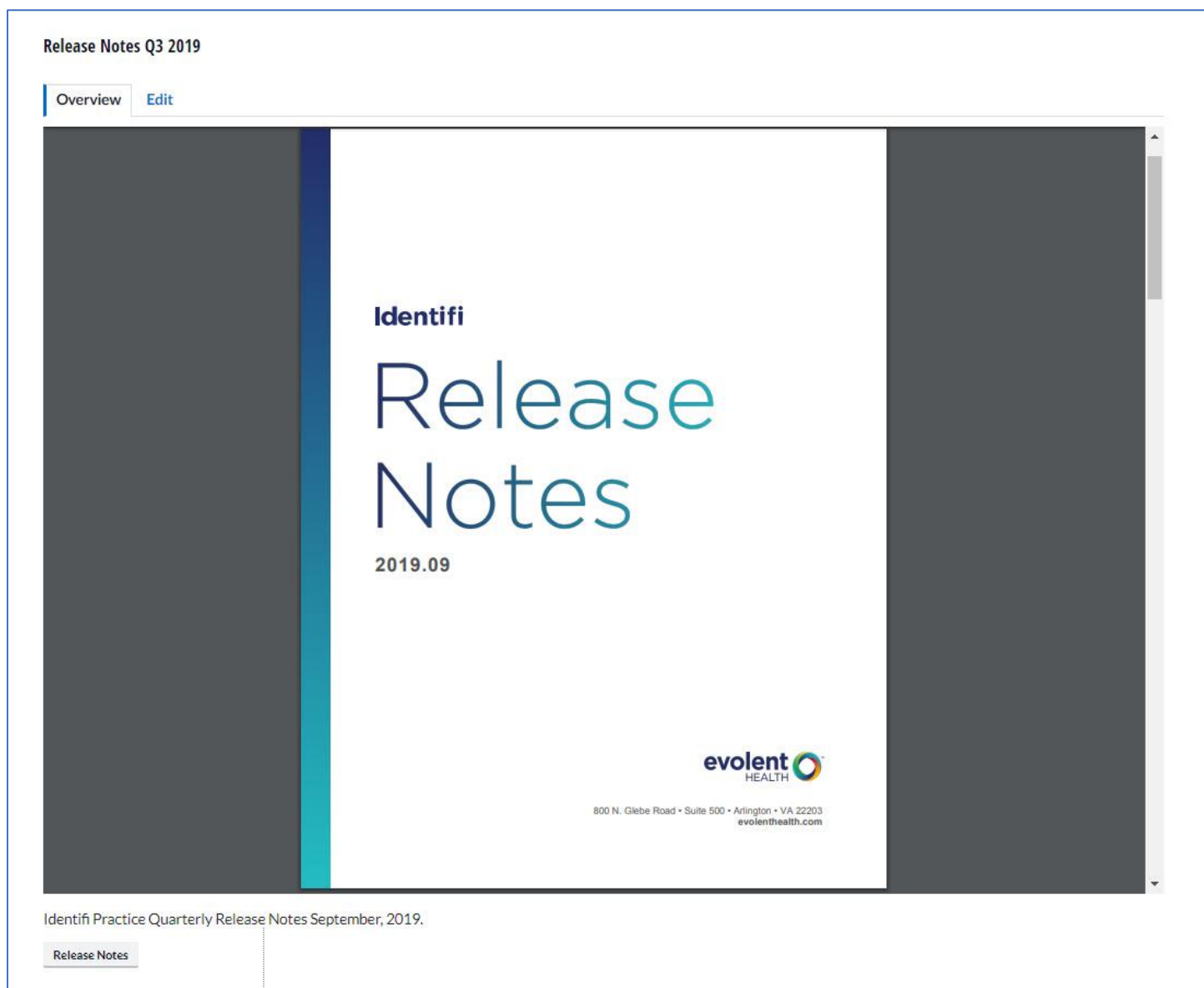
Viewing a Document

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



The screenshot shows the Identifi Learning portal with the 'Practice Auth Request' section selected. The sidebar on the left has 'Overview' and 'Documents' links, with 'Documents' highlighted. The main content area is titled 'Release Notes' and lists two documents: 'Release Notes Q3 2019' and 'Release Notes Q2 2019', both last updated on October 1, 2019. Below this, there is a 'Support Manuals' section listing two documents: 'Updated Login Workflow for Existing Users' and 'First Time Login Manual for New Users', both last updated on October 1, 2019. The 'Release Notes Q3 2019' link is highlighted with a red box.

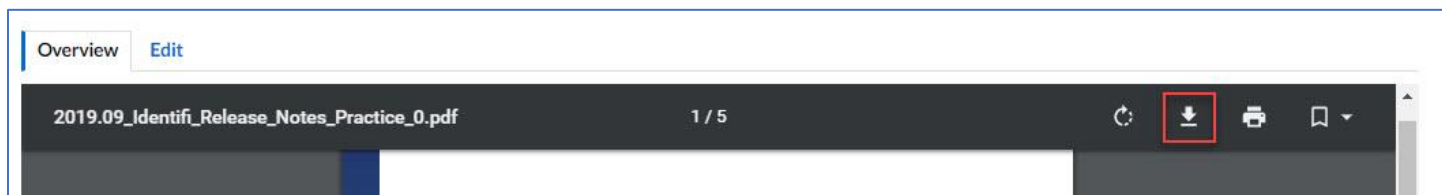
Upon selecting the document, a preview loads, as seen below:



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.

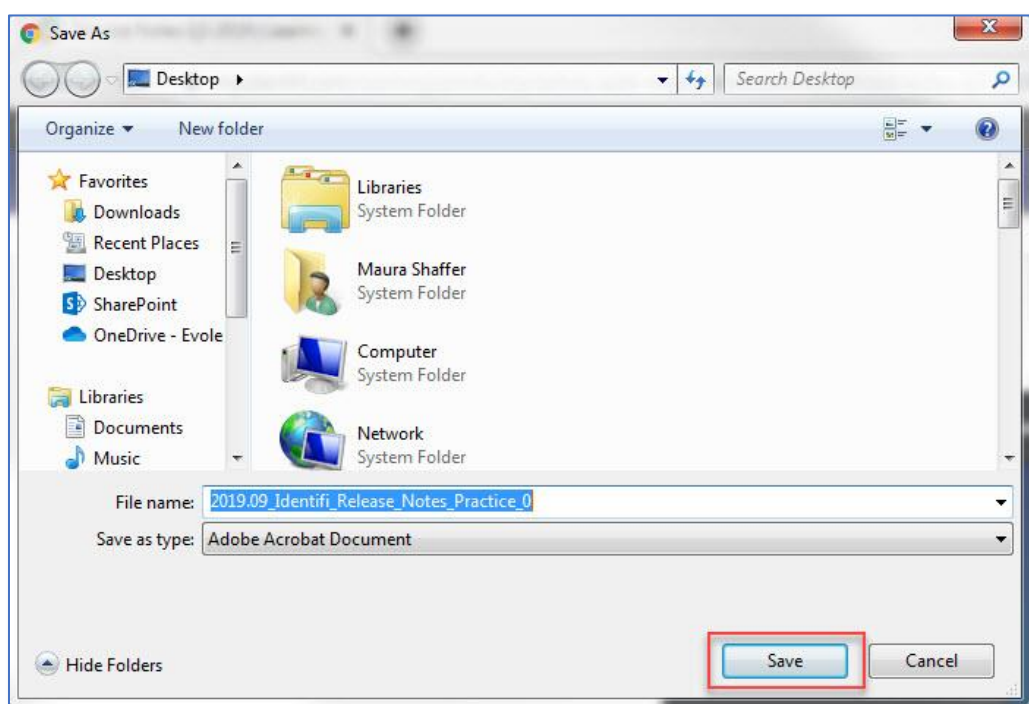
Downloading a Document

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



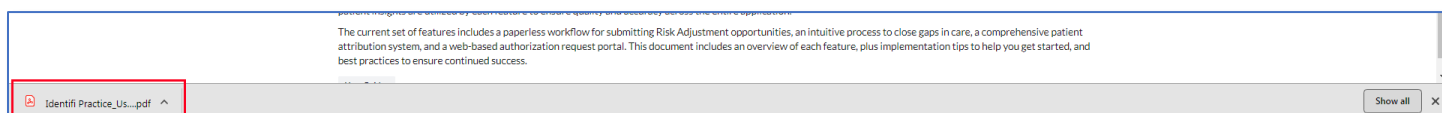
A pop-up appears, asking users to choose a name and file location for the document.

Then, select **Save**:



The document downloads in the bottom of the web browser.

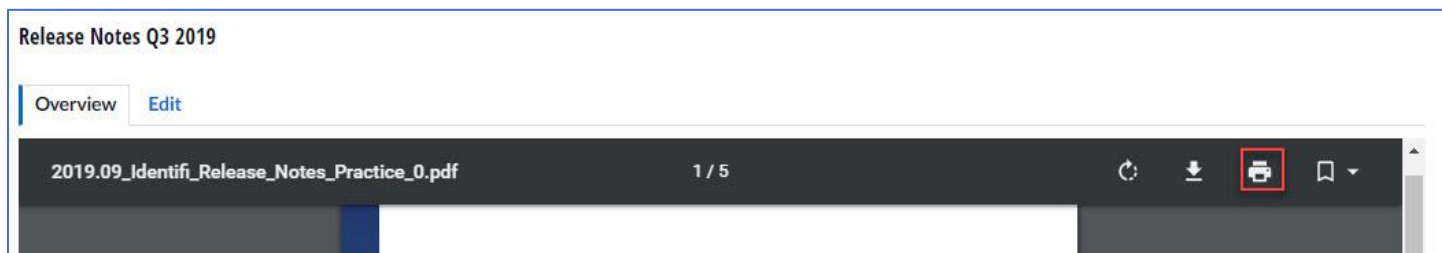
To open the document, select the **download**:



To return to the Documents page, select the **back arrow** in the web browser.

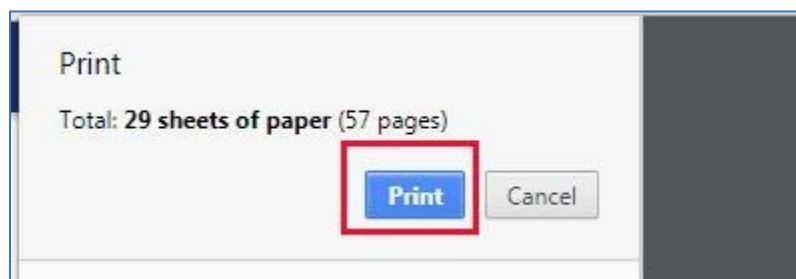
Printing a Document

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



A print screen generates.

Select any preferences, then select **Print**:

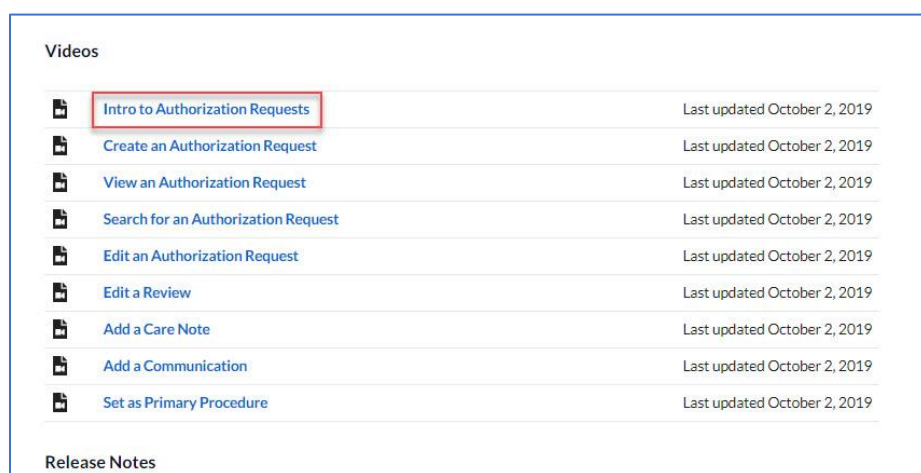


To return to the Documents page, select the **back arrow** in the web browser.

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:

Identifi

LEARNING

Intro To Authorization Requests

Overview

Identifi

PRACTICE

POPULATION SUMMARY

AUTHORIZATION REQUESTS

REPORTS/UF

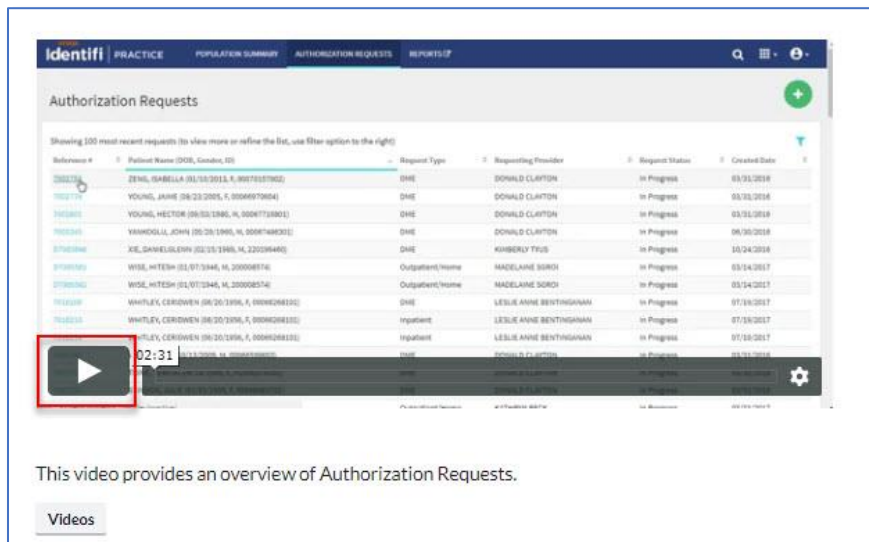
Authorization Requests

Showing 150 most recent requests (to view more or refine the list, use filter option to the right)

| Reference # | Patient Name (DOB, Gender, SSN) | Request Type | Requesting Provider | Request Status | Created Date |
|-------------|-----------------------------------------------|-----------------|------------------------|----------------|--------------|
| 1001234 | ZENIL, SABELLA (01/30/2015, F, 0001111111) | DME | DONALD CLAYTON | In Progress | 03/31/2018 |
| 1001235 | YOUNG, JAMIE (08/23/2005, F, 0000997000) | DME | DONALD CLAYTON | In Progress | 03/31/2018 |
| 1001236 | YOUNG, HECTOR (06/03/1985, M, 0001111111) | DME | DONALD CLAYTON | In Progress | 03/31/2018 |
| 1001237 | YAKOBLI, JOHN (05/28/1990, M, 0001111111) | DME | DONALD CLAYTON | In Progress | 06/30/2018 |
| 07102000 | XIE, DAHONG (02/15/1985, M, 22030600) | DME | KHIBERLY TRUS | In Progress | 10/24/2018 |
| 07100000 | WISE, HTESH (01/07/1945, M, 200000074) | Outpatient/Home | MADELAINE SORCI | In Progress | 03/14/2017 |
| 07100002 | WISE, HTESH (01/07/1945, M, 200000074) | Outpatient/Home | MADELAINE SORCI | In Progress | 03/14/2017 |
| 70100000 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100002 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | Inpatient | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100004 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | Inpatient | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100006 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100008 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100010 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100012 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100014 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100016 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100018 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100020 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100022 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100024 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100026 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100028 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100030 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100032 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100034 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100036 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100038 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100040 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100042 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100044 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100046 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100048 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100050 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100052 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100054 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100056 | WHITLEY, CERONVEN (06/26/1996, F, 0000000000) | DME | LESLIE ANNE BENTINGHAM | In Progress | 07/19/2017 |
| 70100058 | WHITLEY, CERONVEN (06/ | | | | |

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**:



Authorization Requests

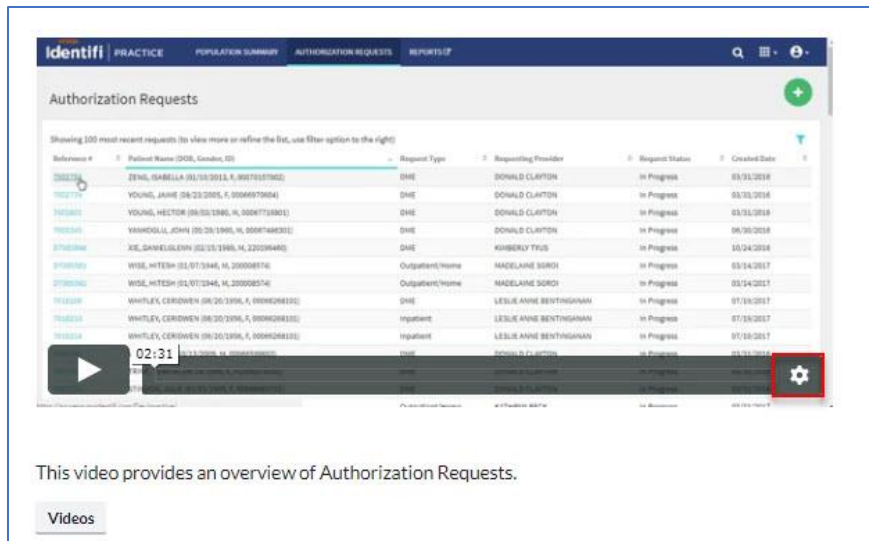
Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date |
|-------------|-----------------------------------------------|-----------------|------------------------|----------------|--------------|
| 2002121 | ZEMEL, ISABELLA (01/10/2013, F, 00070107002) | DME | DONALD CLAYTON | In Progress | 03/15/2018 |
| 1002119 | YOUNG, JAMES (06/23/2005, F, 0004979004) | DME | DONALD CLAYTON | In Progress | 03/15/2018 |
| 1002080 | YOUNG, HECTOR (06/03/1960, M, 0007710001) | DME | DONALD CLAYTON | In Progress | 03/15/2018 |
| 7002045 | YAKHOLLI, JOHN (05/25/1960, M, 0007710001) | DME | DONALD CLAYTON | In Progress | 06/10/2018 |
| 0700004 | XIE, DANIELLEEN (02/15/1980, M, 22009400) | DME | KIMBERLY TUFUS | In Progress | 10/24/2018 |
| 0700003 | WISE, HITEESH (01/07/1946, M, 000008076) | Outpatient/home | MADELAINE SORCI | In Progress | 03/14/2017 |
| 0700002 | WISE, HITEESH (01/07/1946, M, 000008076) | Outpatient/home | MADELAINE SORCI | In Progress | 03/14/2017 |
| 0700001 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | DME | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |
| 7000000 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | Inpatient | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |
| 7000000 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | Inpatient | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |

This video provides an overview of Authorization Requests.

Videos

Users can also alter the resolution by selecting the **settings gear icon**:



Authorization Requests

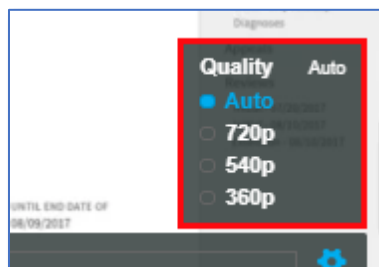
Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

| Reference # | Patient Name (DOB, Gender, ID) | Request Type | Requesting Provider | Request Status | Created Date |
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| 0700003 | WISE, HITEESH (01/07/1946, M, 000008076) | Outpatient/home | MADELAINE SORCI | In Progress | 03/14/2017 |
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| 0700001 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | DME | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |
| 7000000 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | Inpatient | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |
| 7000000 | WHITLEY, CORDONEN (06/20/1996, F, 0006208100) | Inpatient | LESLIE ANNE BENTINGMAN | In Progress | 07/18/2017 |

This video provides an overview of Authorization Requests.

Videos

Choose the appropriate **quality**:



Diagnosis

Quality Auto

- Auto
- 720p
- 540p
- 360p

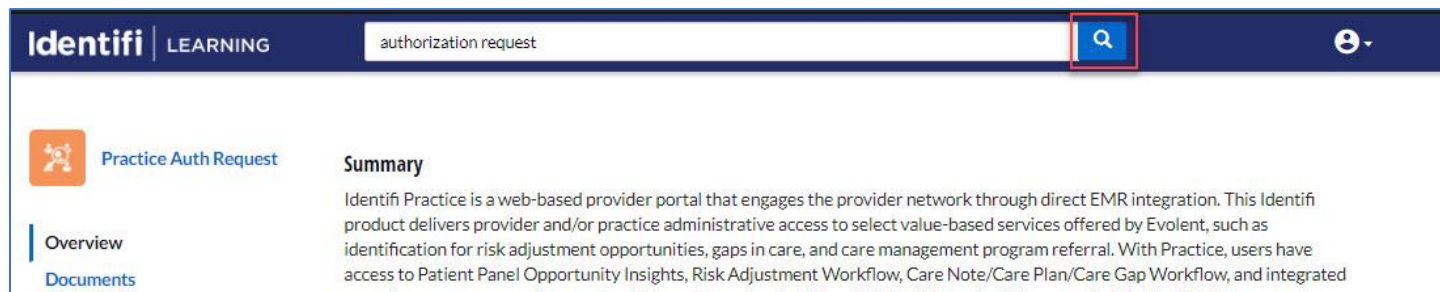
UNTIL END DATE OF 06/09/2017

To return to the Documents page, select the **back arrow**.

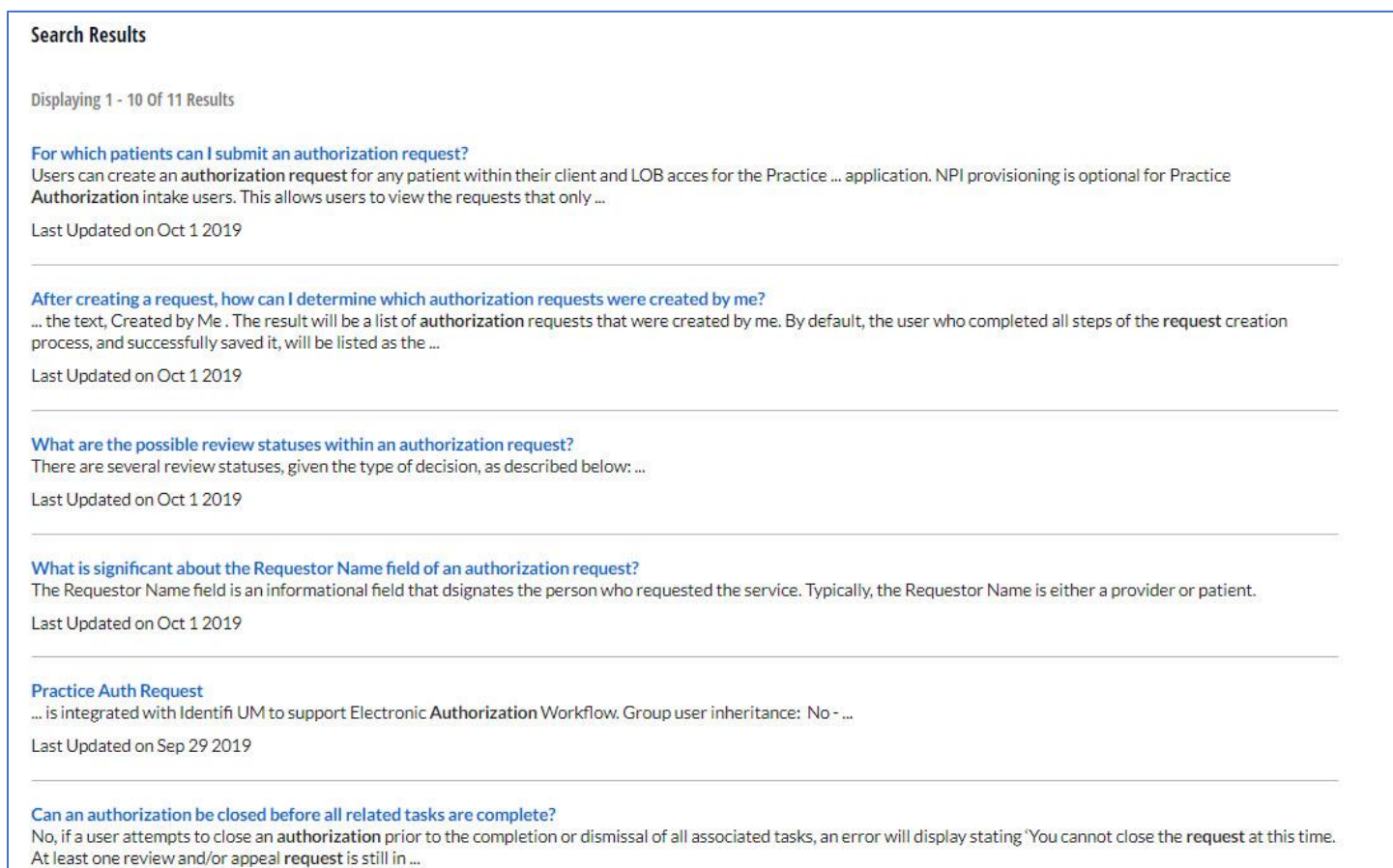
Search

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:

Search Results

Displaying 1 - 10 Of 11 Results

For which patients can I submit an authorization request?

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

Last Updated on Oct 1 2019

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

... the text, Created by Me . The result will 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, will be listed as the ...

Last Updated on Oct 1 2019

What are the possible review statuses within an authorization request?

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

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

Identifi | LEARNING

Search

Search Results

Displaying 1 - 10 Of 11 Results

For which patients can I submit an authorization request?

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

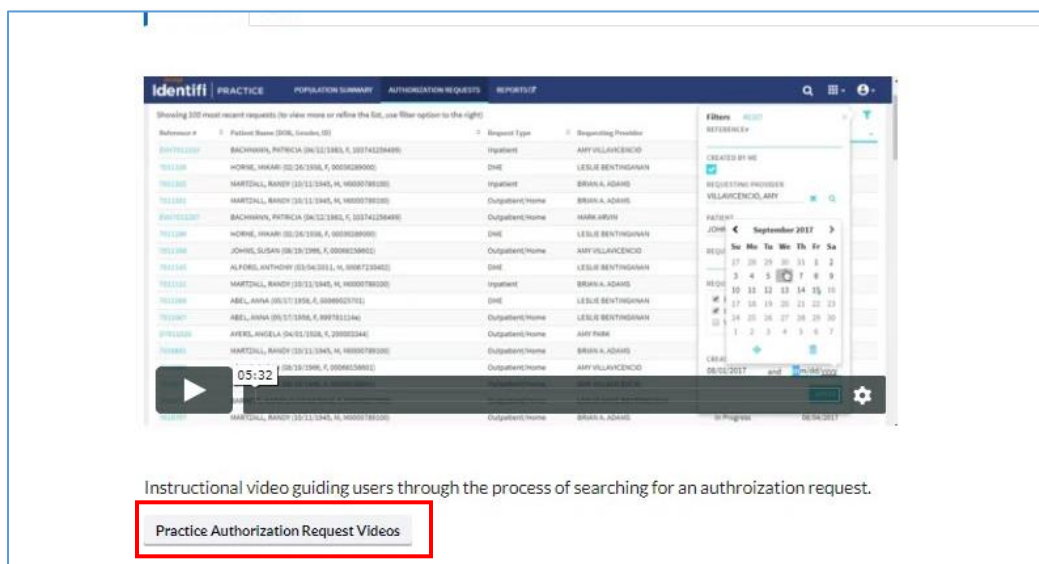
Last Updated on Oct 1 2019

Tag Filtering

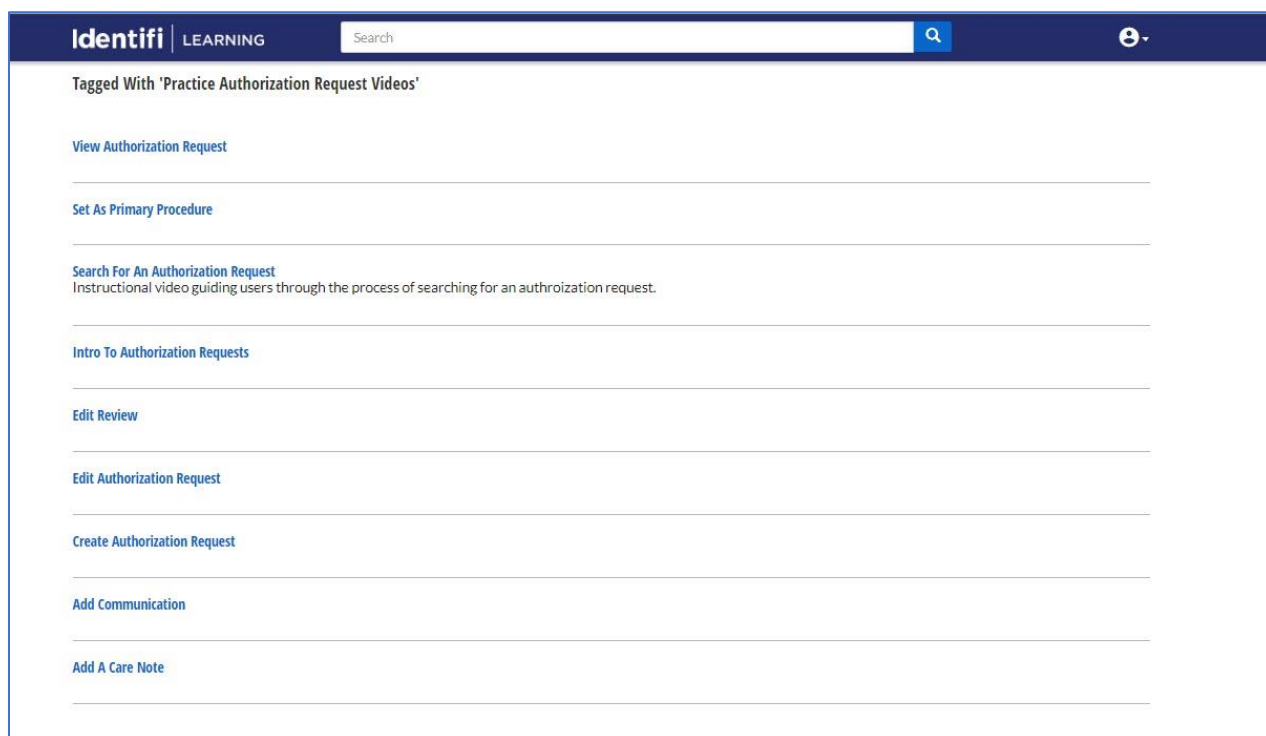
When searching for specific content in Identifi Learning, users can access related materials using tags.

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:

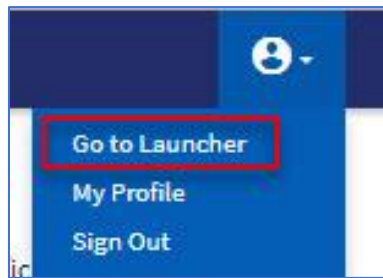


Return to Identifi Practice

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

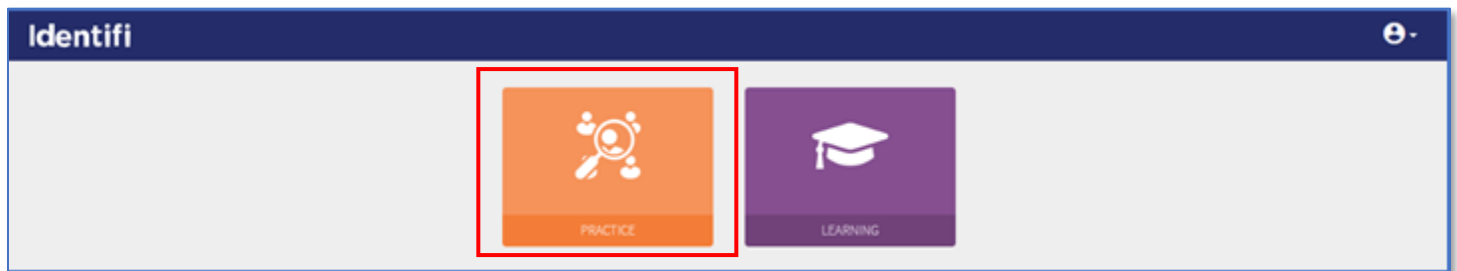


To continue, select **Go to Launcher** from the drop-down menu:



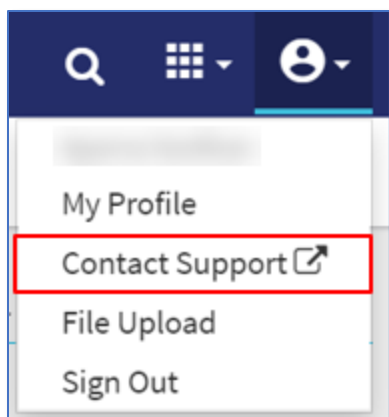
Users can be redirected to the Launcher tile page.

Select **PRACTICE**:

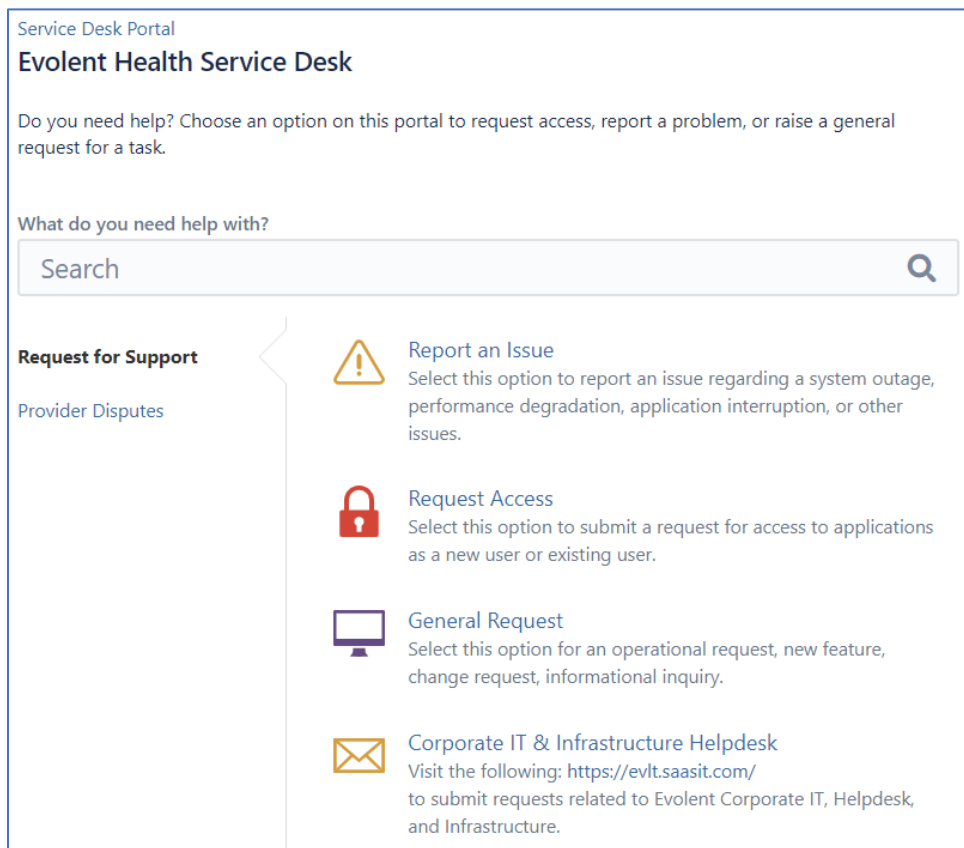


Additional Assistance

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.