



## 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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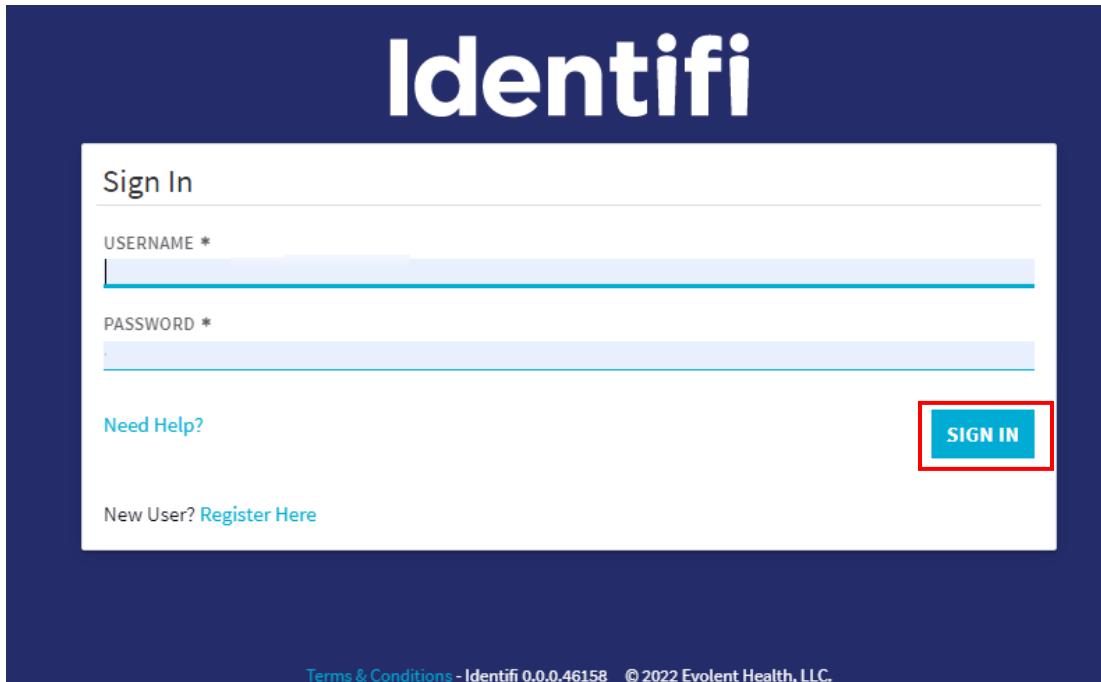
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## Authorization Requests

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**:



The image shows the 'Sign In' page of the Identifi Practice web-based application. The page has a dark blue header with the 'Identifi' logo. Below the header is a white sign-in form. The form includes fields for 'USERNAME \*' and 'PASSWORD \*', both with placeholder text. Below the fields are links for 'Need Help?' and 'New User? Register Here'. A red box highlights the 'SIGN IN' button, which is located to the right of the password field. At the bottom of the page, there is a small text link '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](mailto: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.

The screenshot shows the 'Authorization Requests' section of the Identifi Practice software. At the top, there are tabs for 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS' (which is selected), and 'REPORTS'. Below the tabs, a search bar and a 'New Request' button are visible. The main area is divided into two sections: 'My Draft Requests' and 'Authorization Requests'.

**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	Created
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
7011807	SAVAGE, MICHAEL (02/10/1947, M, M0001067700)	Inpatient	Leslie A Bentinganan DO	In Progress		09/27/2017

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

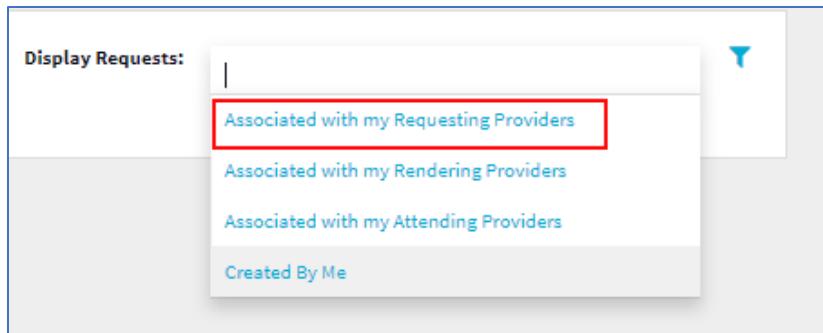
FIELD	DESCRIPTION
<b>Reference Number (#)</b>	<p>Indicates the unique identifier of the authorization request.</p> <p>This is a hyperlink to navigate to the completed request.</p>
<b>Patient Name (DOB, Gender, ID)</b>	<p>Indicates the name, date of birth, gender, and unique ID of the patient for which the authorization request has been created.</p>
<b>Request Type</b>	<p>Indicates a description of the request. There are three request types available:</p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (DME)</li> <li>• Inpatient</li> <li>• Outpatient/Home</li> </ul> <p>This is a hyperlink to navigate to the request in draft status.</p>
<b>Requesting Provider</b>	<p>Indicates the name of the provider requesting the service.</p>
<b>Request Status</b>	<p>There are three statuses, which display the progression of authorization requests over time:</p> <ol style="list-style-type: none"> <li>1. In Progress: The authorization request is actively being managed</li> <li>2. Closed: The authorization request does not have any outstanding tasks</li> <li>3. Void: The authorization request is invalid</li> </ol>
<b>Created Date</b>	<p>Indicates the date on which the authorization request was created.</p>
<b>Last Updated Date/Time</b>	<p>Indicates the date and time at which the authorization request was last changed by a user.</p>
<b>Trashcan Icon</b>	<p>Removes the draft authorization request.</p>
<b>Display Requests</b>	<p>Indicates the drop-down menu that allows the user to display the following requests:</p> <ol style="list-style-type: none"> <li>1. Associated with my Requesting Providers</li> <li>2. Associated with my Rendering Providers</li> <li>3. Associated with my Attending Providers</li> <li>4. Created by Me</li> </ol>

#### Sort the List of Authorization Requests

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

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

Select the appropriate requests to display from the drop-down menu:



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

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
D7011602	SAVAGE, MICHAEL (02/16/1947, M, M0001067700)	Inpatient	Leslie A. Bentinganan, DO	In Progress	09/27/2017

## Create a New Authorization Request

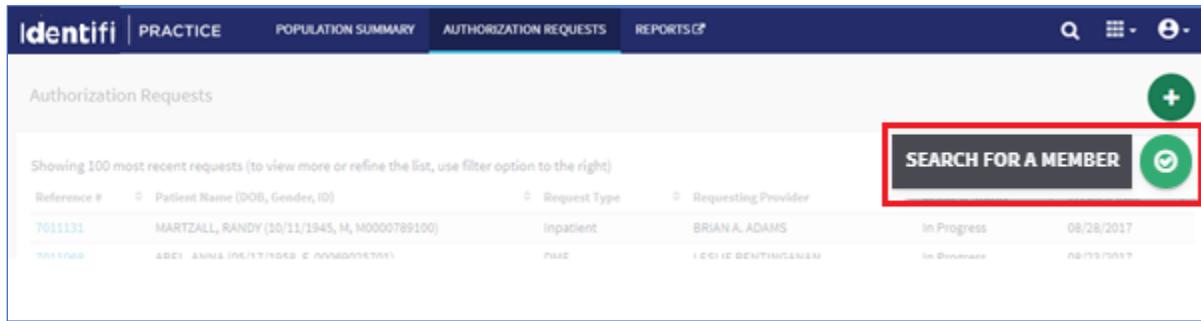
There are two places where users can create a new authorization request:

- The Authorization Requests Home Page
- The Patient Details Page

### Create an Authorization Request from the Home Page

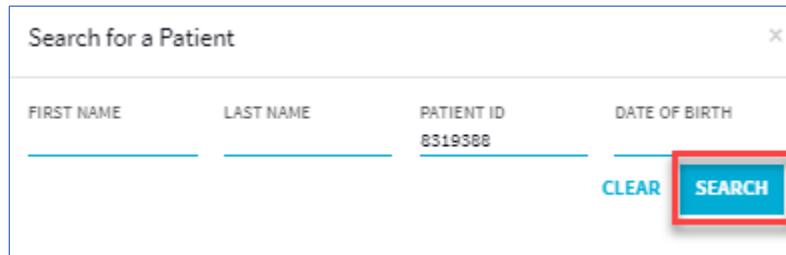
Any user can create a new authorization request from the home page.

1. Click the green plus button and select **Add Authorization Request**:



The screenshot shows the Identifi Practice home page with the 'AUTHORIZATION REQUESTS' tab selected. The 'Authorization Requests' section displays a list of 100 recent requests. At the top right of this section is a green button with a white plus sign and a green circle with a white checkmark. A red box highlights this area.

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 a 'Search for a Patient' modal. It has four input fields: 'FIRST NAME', 'LAST NAME', 'PATIENT ID', and 'DATE OF BIRTH'. The 'PATIENT ID' field contains the value '8319388'. At the bottom right of the modal is a blue 'SEARCH' button, which is highlighted with a red box.

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

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

5. Complete the authorization request form by filling out the following fields:

- Request Details
- Review Details
- Supporting Documentation Details

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

## Requests

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

### Add a Request

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

Request List		
UM (20)		
<b>In Progress</b>		
	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	318d OVERDUE

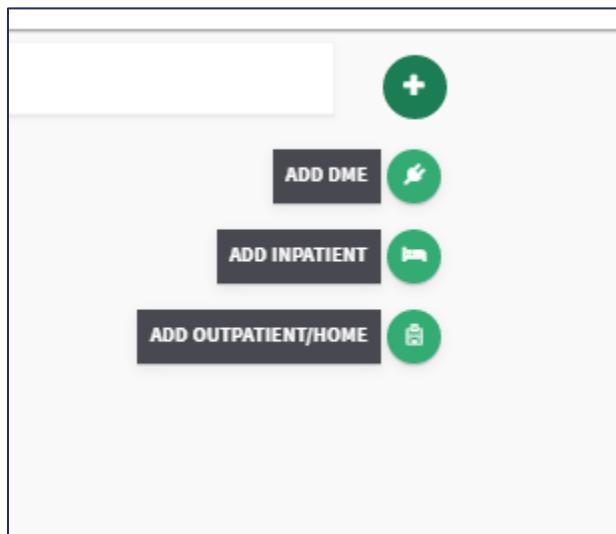
By clicking the member name and the **Eligibility** tab, eligibility details can be viewed that are same as in the Identifi Review application. This tab can also be used to view the eligibility details while creating an auth request.

There are three different kinds of requests in Identifi Practice:

- DME Request
- Inpatient Request
- Outpatient/Home Request

#### *Adding a DME Request*

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



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

**Add DME Request**

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

REQUESTOR NAME *	REQUESTOR TYPE *	REQUESTOR PHONE *	REQUESTOR EMAIL						
Enter Requestor Name	Select Requestor Type	Enter Requestor Phone	Enter Requestor Email						
PLACE OF SERVICE *	SERVICE TYPE *	PREDETERMINATION *	AOR REQUIRED						
Select Place of Service	Select Service Type	Select Predetermination Value	Select AOR Required Value						
ENCOUNTER ID	EMR ACCOUNT NUMBER								
Enter Encounter Id	Enter EMR Account Number								
<b>Providers</b> <p>REQUESTING PROVIDER *</p> <p><a href="#">+ ADD REQUESTING PROVIDER</a></p> <p>VENDOR *</p> <p><a href="#">+ ADD VENDOR</a></p>									
<b>Third Party Liability</b> <p>MOTOR VEHICLE ACCIDENT <input type="checkbox"/></p> <p>EMPLOYMENT (WORKER'S COMPENSATION) <input type="checkbox"/></p> <p>ANOTHER PARTY RESPONSIBLE <input type="checkbox"/></p>									
<b>Diagnoses</b> <table border="1"> <thead> <tr> <th>Primary</th> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/></td> <td>ICD-10</td> <td>Select a Description</td> </tr> </tbody> </table> <p><a href="#">+ ADD DIAGNOSIS</a></p>				Primary	Type	Description	<input checked="" type="radio"/>	ICD-10	Select a Description
Primary	Type	Description							
<input checked="" type="radio"/>	ICD-10	Select a Description							
		<a href="#">CANCEL REQUEST</a> <a href="#">SAVE DRAFT AND CLOSE</a> <b>CONTINUE</b>							

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

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

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

#### Step 1: Enter Request Details

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

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

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

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

Add DME Request

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

REQUESTOR NAME *	REQUESTOR TYPE *	REQUESTOR PHONE *	REQUESTOR EMAIL
Maura	Member's Representative	(724) 991-8764	shaffemf@gmail.com
PLACE OF SERVICE *	SERVICE TYPE *	PREDETERMINATION *	AOR REQUIRED
Select Place of Service	Select Service Type	Select Predetermination value	Select AOR Required value
ENCOUNTER ID	EMR ACCOUNT NUMBER		
Enter Encounter Id	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

REQUESTING PROVIDER \*

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		Search All Providers
	<b>ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL</b> HOSPITAL NPI: 1487650024 • TIN: 521532556 7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060	In Network - TIER 1
	<b>PAUL WILSON</b> • 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

#### 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

<b>ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL</b> 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 <b>SELECT</b>
<b>PAUL WILSON</b> 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**

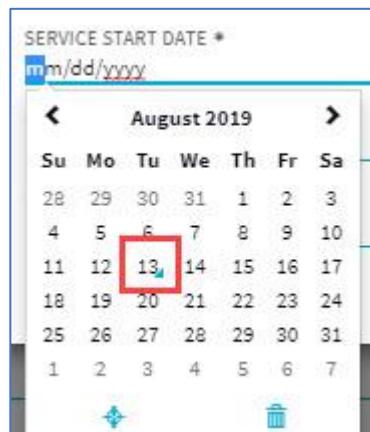
<b>ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL</b> UM Provider • GENERAL ACUTE CARE HOSPITAL NPI: 1487650024 • TIN: 521532556 7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060	In Network - TIER 1
<b>PAUL WILSON</b> UM Provider • FAMILY MEDICINE NPI: 1467475012 • 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.

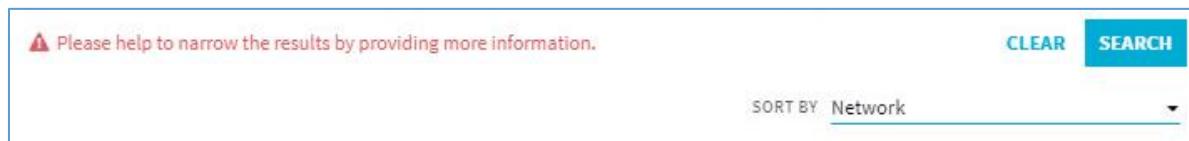
Complete the required field, indicated by an asterisk (\*). However, it is important to include as much information as possible during this search, as there may be several results under the same name.

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

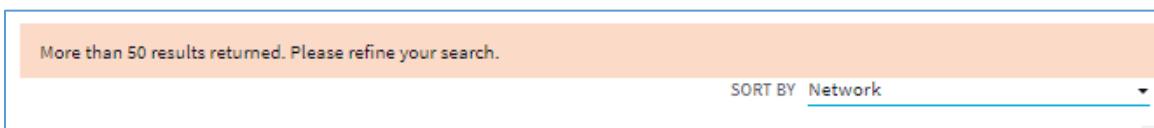


Enter the Provider Name, Specialty, NPI, TIN, City, State, and/or Zip code. Note that the NPI is the single best search parameter for returning an accurate result.

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



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



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

Add Requesting Provider

Select From Patient's Contacts		Search All Providers	
SERVICE START DATE *	08/13/2019	PROVIDER NAME	Johnson
SPECIALTY	Respiratory	NPI	
CITY	District of Columbia	STATE	District of Columbia
		ZIP	
<input type="button" value="CLEAR"/> <input style="border: 2px solid red; background-color: red; color: white;" type="button" value="SEARCH"/>			

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

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

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

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 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

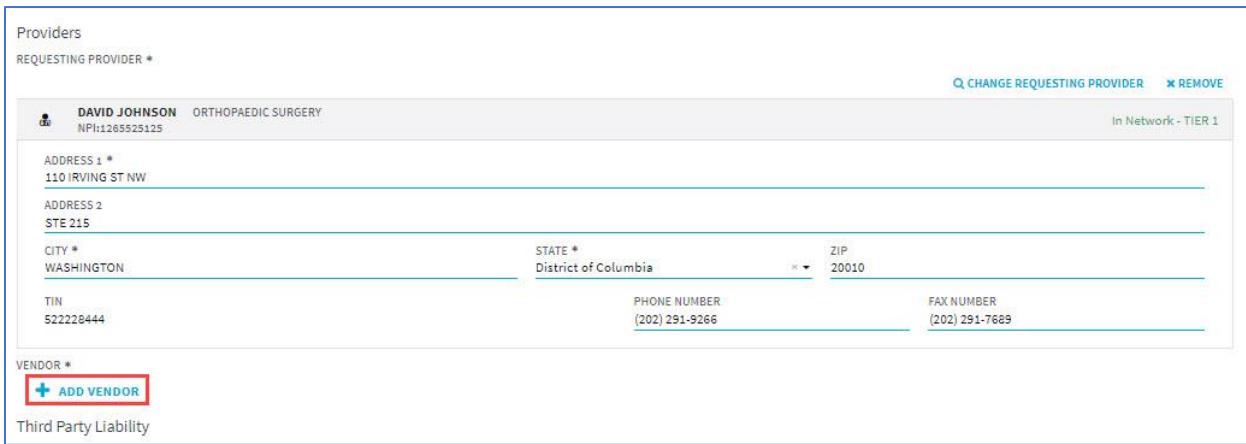
JOHNSON, DAVID ORTHOPAEDIC SURGERY

1-10 of 50    < 1 2 3 4 5 >

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 \*

**DAVID JOHNSON** ORTHOPAEDIC SURGERY  
NPI:12345678901234

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

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

ENTER DURATION OR END DATE TO START ON \* 02/08/2022

DRUG INFORMATION

[+ 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:

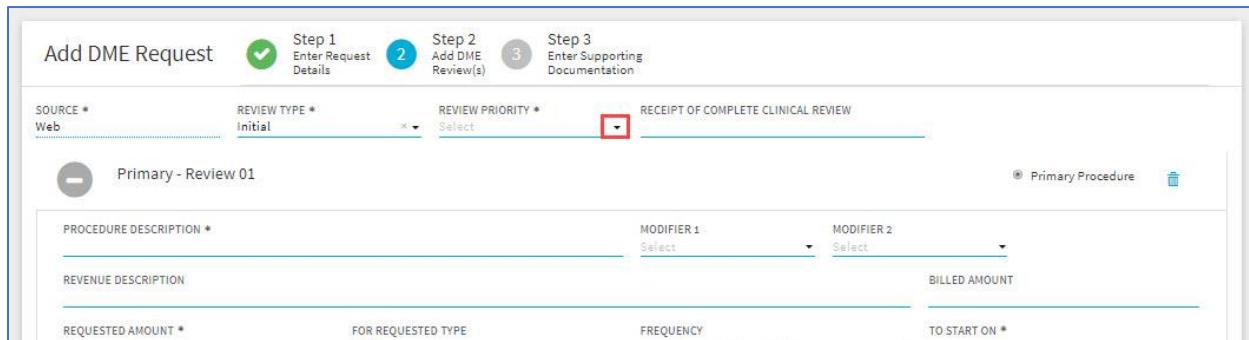
FIELD	DEFINITION
<b>Source*</b>	Indicates the method of submission for auth request.
<b>Review Type*</b>	Indicates the type of review (For example- Initial, Extension).
<b>Review Priority*</b>	Displays the priority of the review.
<b>Receipt of Complete Clinical Review</b>	Indicates the date and time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

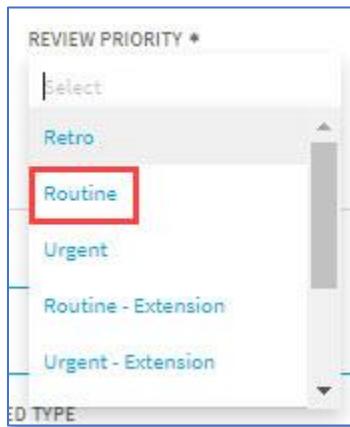
1. Select the **Review Priority** drop-down menu:



The screenshot shows the 'Add DME Request' interface. At the top, there are three steps: Step 1 (Enter Request Details) is completed (green checkmark), Step 2 (Add DME Review(s)) is in progress (blue circle with the number 2), and Step 3 (Enter Supporting Documentation) is not yet started (grey circle with the number 3). The 'REVIEW TYPE' dropdown is set to 'Initial'. The 'REVIEW PRIORITY' dropdown is open, showing options: 'Select', 'Retro', 'Routine' (which is highlighted with a red box), 'Urgent', 'Routine - Extension', and 'Urgent - Extension'. Other fields visible include 'SOURCE' (Web), 'RECEIPT OF COMPLETE CLINICAL REVIEW' (checkbox), '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**:



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

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

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



## **The federal regulations define an urgent request as:**

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

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

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

No

Yes

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



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)

DRUG INFORMATION

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

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

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



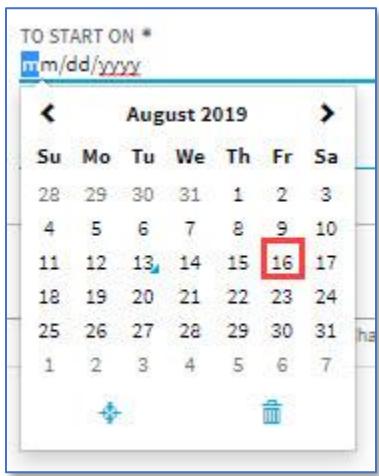
FREQUENCY

Per Select

ENTER DURATION OR END DATE

Duration  End Date

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



TO START ON \*

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

Depending on whether the Duration or End Date radio button is marked, users need to complete the Duration field, or select the **End Date** field to activate a calendar and choose a date.

9. Enter any Drug Information, if applicable.

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

**Add DME Request**

Step 1 Step 2 Step 3  
Enter Request Details Add DME Review(s) 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 BILLLED AMOUNT

REQUESTED AMOUNT \* FOR REQUESTED TYPE FREQUENCY \*

1 Units 1 Per Day

TO START ON \* ENTER DURATION OR END DATE DURATION \*

02/08/2022  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 \* 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)

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 \* 1 Day(s)

DRUG INFORMATION

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
1
2
3

Step 1  
Enter Request Details
Step 2  
Add DME Review(s)
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.

29

### *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 Step 2 Step 3

Enter Request Details Add DME Review(s) Enter Supporting Documentation

3

Add Care Note (Required)

ACTIVITY DATE \*  
02/24/2022 08:15:09 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 Step 2 Step 3

Enter Request Details Add DME Review(s) 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

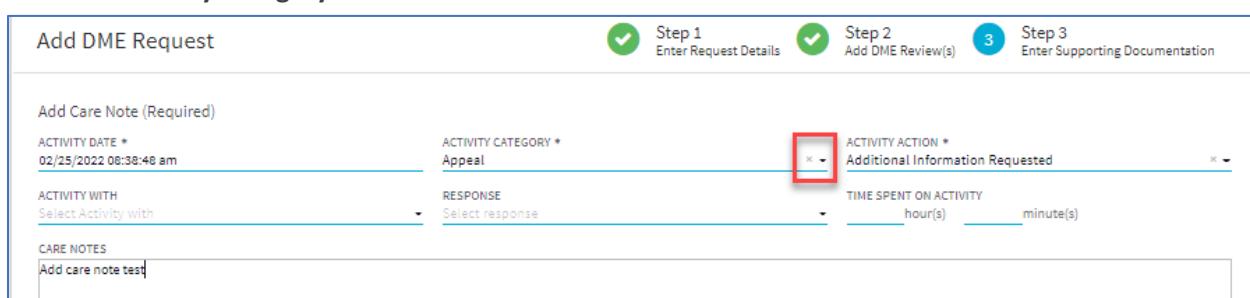
A description of each field is provided below:

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



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). The 'Step 1' button is green with a checkmark. The 'ACTIVITY DATE' field is populated with '02/25/2022 08:38:48 am'. The 'ACTIVITY CATEGORY' field is highlighted with a red box and contains the value 'Appeal'. The 'RESPONSE' field is labeled 'Select response'. The 'ACTIVITY ACTION' field is labeled 'Additional Information Requested'. The 'TIME SPENT ON ACTIVITY' field includes 'hour(s)' and 'minute(s)' dropdowns. The 'CARE NOTES' field contains the text 'Add care note test'.

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) 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) 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

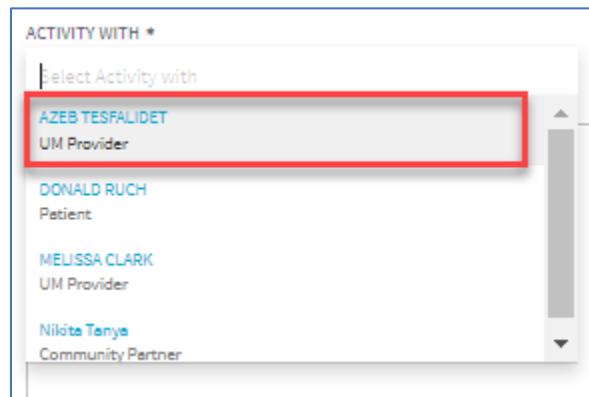
ACTIVITY WITH Select Activity with

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:



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

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 3 is currently selected, indicated by a blue circle with the number '3'. The form fields include 'ACTIVITY DATE' (02/25/2022 08:38:48 am), 'ACTIVITY CATEGORY' (Correspondence), 'ACTIVITY ACTION' (Clinical Information: 1st Outreach), 'ACTIVITY WITH' (AZE8 TESFALIDET), 'RESPONSE' (Select response), and 'TIME SPENT ON ACTIVITY' (hour(s) and minute(s)). The 'RESPONSE' field is highlighted with a red box. Below the form, there is a 'CARE NOTES' section with a text box containing 'Add care note test'.

9. Select the appropriate **response**.

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

The screenshot shows the 'CARE NOTES' section. It includes a text box with the text 'Add care note test', a checked checkbox for 'Signature', an unchecked checkbox for 'Upload Received Document (Optional)', and buttons for 'PREVIOUS', 'CANCEL', and 'SAVE REQUEST'.

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

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

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

Add DME Request

Step 1 Step 2 Step 3

Enter Request Details Add DME Review(s) Enter Supporting Documentation

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)
Step 3  
Enter Supporting Documentation

ACTIVITY DATE \*

02/25/2022 06:38:46 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, .JPG, .JPEG) \*  
 No file chosen

DOCUMENT COMMENTS

Remaining Characters

A description of each field is provided below:

FIELD	DESCRIPTION
<b>Related To</b>	By default, this read-only field can be prepopulated with the <b>Patient</b> .

**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 \*

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

Choose File No file chosen

DOCUMENT COMMENTS

SENDER \*

Select a contact

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 \*

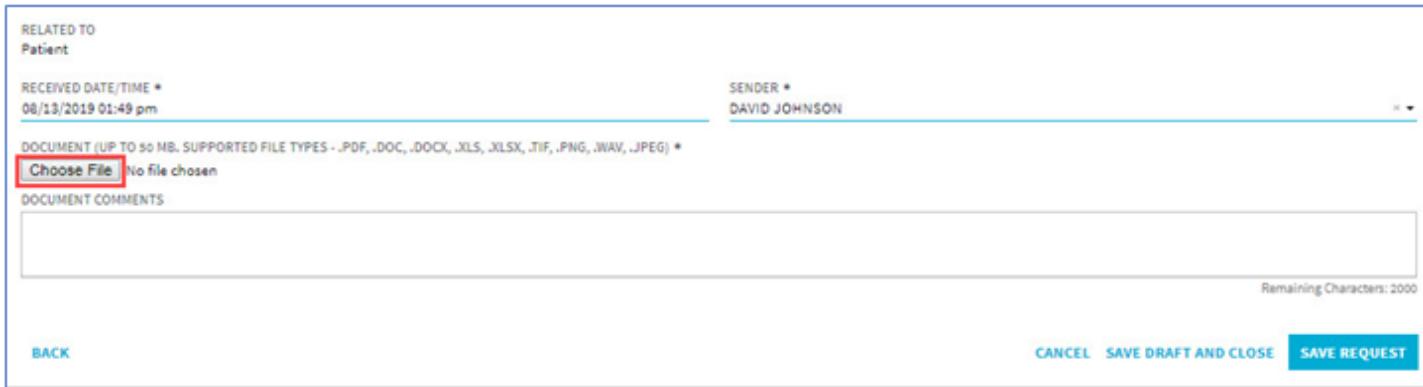
Select a contact

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

DAVID JOHNSON (NPI:1265525125)  
110 IRVING ST NW, STE 216, 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

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

Choose File No file chosen

DOCUMENT COMMENTS

SENDER \*

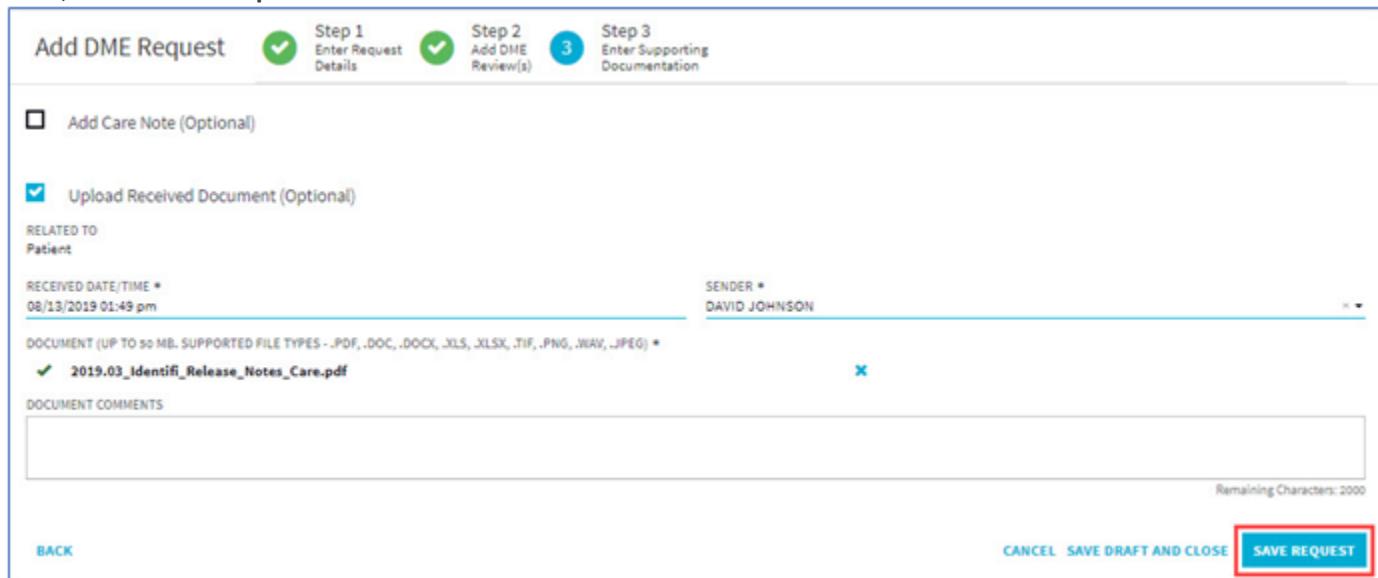
DAVID JOHNSON

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**:



The screenshot shows the 'Add DME Request' interface. 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 highlighted with a green checkmark. The 'Upload Received Document (Optional)' checkbox is checked, and a file named '2019.03\_Identifi\_Release\_Notes\_Care.pdf' is listed. The 'DOCUMENT COMMENTS' text area is empty. At the bottom, there are 'BACK', 'CANCEL', 'SAVE DRAFT AND CLOSE', and 'SAVE REQUEST' buttons. The 'SAVE REQUEST' button is highlighted with a red box.

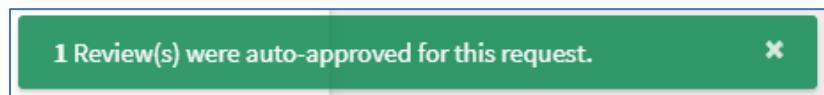
Documents can be removed by selecting the **x**.

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
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Diagnoses

Primary	Type	Code	Description
<input checked="" type="checkbox"/>	ICD-10	B60.03	BABESIOSIS DUE TO BABESIA DIVERGENS

Care Notes and Communications for Request

Sort by Date  Sort by Type

[EXPAND ALL](#) [COLLAPSE ALL](#)

 Care Note Clinical information: 1st Outreach Notes: Add care note test	02/25/2022 08:38:46 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:

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

<b>REQUESTOR NAME *</b> <input type="text" value="Enter Requestor Name"/>	<b>REQUESTOR TYPE *</b> <input type="text" value="Select Requestor Type"/>	<b>REQUESTOR PHONE *</b> <input type="text" value="Enter Requestor Phone"/>	<b>REQUESTOR EMAIL</b> <input type="text" value="Enter Requestor Email"/>									
<b>PLACE OF SERVICE *</b> <input type="text" value="Select Place of Service"/>	<b>SERVICE TYPE *</b> <input type="text" value="Select Service Type"/>	<b>ADMIT TYPE *</b> <input type="text" value="Select Admit Type"/>	<b>PREDETERMINATION *</b> <input type="text" value="Select Predetermination value"/>									
<b>ADR REQUIRED</b> <input type="text" value="Select ADR Required value"/>	<b>ENCOUNTER ID</b> <input type="text" value="Enter Encounter Id"/>	<b>ENR ACCOUNT NUMBER</b> <input type="text" value="Enter ENR Account Number"/>										
<b>Providers</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <b>REQUESTING PROVIDER *</b>  <input type="text" value="Select Requesting Provider"/> <span style="color: blue; font-weight: bold;">+ ADD REQUESTING PROVIDER</span> </div> <div style="width: 33%;"> <b>FACILITY *</b>  <input type="text" value="Select Facility"/> <span style="color: blue; font-weight: bold;">+ ADD FACILITY</span> </div> <div style="width: 33%;"> <b>ATTENDING PROVIDER *</b>  <input type="text" value="Select Attending Provider"/> <span style="color: blue; font-weight: bold;">+ ADD ATTENDING PROVIDER</span> </div> </div>												
<b>Discharge Information</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>DISCHARGE DATE</b>  <input type="text"/> </div> <div style="width: 45%;"> <b>DISCHARGE DISPOSITION</b>  <input type="text" value="Select Discharge Disposition"/> </div> </div>												
<b>Third Party Liability</b> <div style="display: flex; justify-content: space-around;"> <div style="width: 33%;"> <input type="checkbox" value="Motor Vehicle Accident"/> </div> <div style="width: 33%;"> <input type="checkbox" value="Employment (Worker's Compensation)"/> </div> <div style="width: 33%;"> <input type="checkbox" value="Another Party Responsible"/> </div> </div>												
<b>Diagnoses</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Primary</th> <th style="width: 10%;">Type</th> <th style="width: 80%;">Description</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/></td> <td><input type="text" value="ICD-10"/></td> <td><input type="text" value="Select a Description"/></td> </tr> <tr> <td colspan="3"> <span style="color: blue; font-weight: bold;">+ ADD DIAGNOSIS</span> </td> </tr> </tbody> </table>				Primary	Type	Description	<input checked="" type="radio"/>	<input type="text" value="ICD-10"/>	<input type="text" value="Select a Description"/>	<span style="color: blue; font-weight: bold;">+ ADD DIAGNOSIS</span>		
Primary	Type	Description										
<input checked="" type="radio"/>	<input type="text" value="ICD-10"/>	<input type="text" value="Select a Description"/>										
<span style="color: blue; font-weight: bold;">+ ADD DIAGNOSIS</span>												

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

<b>Predetermination*</b>	Whether the authorization request is being submitted prior to the service
<b>AOR Required</b>	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>
<b>Encounter ID</b>	Indicates the external system's encounter ID.
<b>EMR Account Number</b>	Displays the patient's account number in an EMR.
<b>Requesting Provider*</b>	Displays the provider requesting the service.
<b>Facility/Vendor*</b>	Displays the facility or vendor where the service takes place.
<b>Attending/Rendering Provider*</b>	Displays the provider performing the service.  Note: Not required for Outpatient; not available for DME.
<b>Discharge Date</b>	Indicates the date on which the patient was/will be discharged.
<b>Discharge Disposition</b>	Setting to which the patient was discharged.
<b>Motor Vehicle Accident</b>	Whether the service involves a motor vehicle accident.
<b>Country</b>	Displays the country where the motor vehicle accident occurred.
<b>State</b>	Displays the state where the motor vehicle accident occurred.
<b>Accident Date</b>	Indicates the date on which the motor vehicle accident occurred.
<b>Employment (Worker's Compensation)</b>	Whether the service involves a worker's compensation benefit.
<b>State</b>	Indicates the state related to worker's compensation benefit.
<b>Another Party Responsible</b>	Whether there is a related third-party liability.
<b>Primary Diagnosis Indicator*</b>	Indicates the primary diagnosis.
<b>Diagnosis Type*</b>	Affiliated ICD-9 and ICD-10 code of the diagnosis.  Note: By default, the ICD-10 code can be selected.
<b>Diagnosis Description*</b>	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 *	REQUESTOR TYPE *	REQUESTOR PHONE *	REQUESTOR EMAIL
Maura	Select Requestor Type	Enter Requestor Phone	Enter Requestor Email
PLACE OF SERVICE *	SERVICE TYPE *	ADMIT TYPE *	PREDETERMINATION *
Select Place of Service	Select Service Type	Select Admit Type	Select Predetermination value
AOR REQUIRED	ENCOUNTER ID	EMR ACCOUNT NUMBER	
Select ADR Required value	Enter Encounter Id	Enter EMR Account Number	
Providers REQUESTING PROVIDER * <a href="#">+ ADD REQUESTING PROVIDER</a> FACILITY * <a href="#">+ ADD FACILITY</a> ATTENDING PROVIDER * <a href="#">+ ADD ATTENDING PROVIDER</a>			
Discharge Information			

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



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

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

7. Select the appropriate **place**:

PLACE OF SERVICE \*

Select Place of Service

**Inpatient Hospital**

Skilled Nursing Facility

Nursing Facility

Custodial Care Facility

Hospice

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:

SERVICE TYPE \*

Select Service Type

**Medical Care**

Surgical

Hospice

Long Term Care

Donor Procedures

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

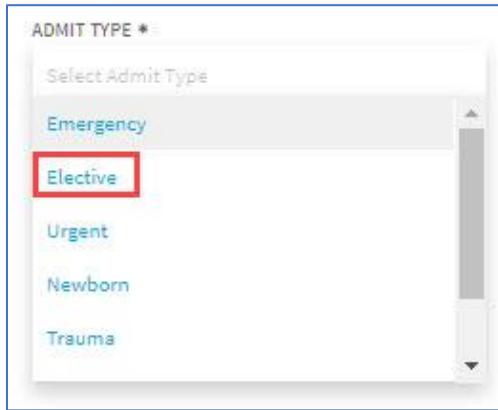
Add Inpatient Request

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

REQUESTOR NAME *	REQUESTOR TYPE *	REQUESTOR PHONE *	REQUESTOR EMAIL
Maura	Member's Representative	(703) 571-2486	Enter Requestor Email
PLACE OF SERVICE *	SERVICE TYPE *	ADMIT TYPE *	PREDETERMINATION *
Inpatient Hospital	Medical Care	Select Admit Type	Select Preadetermination value
AOR REQUIRED	ENCOUNTER ID	EMR ACCOUNT NUMBER	
Select AOR Required value	Enter Encounter Id	Enter EMR Account Number	
Providers REQUESTING PROVIDER * <a href="#">+ ADD REQUESTING PROVIDER</a>			
FACILITY *			

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

11. Select the appropriate **type**:



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

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

- 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**:

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  
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

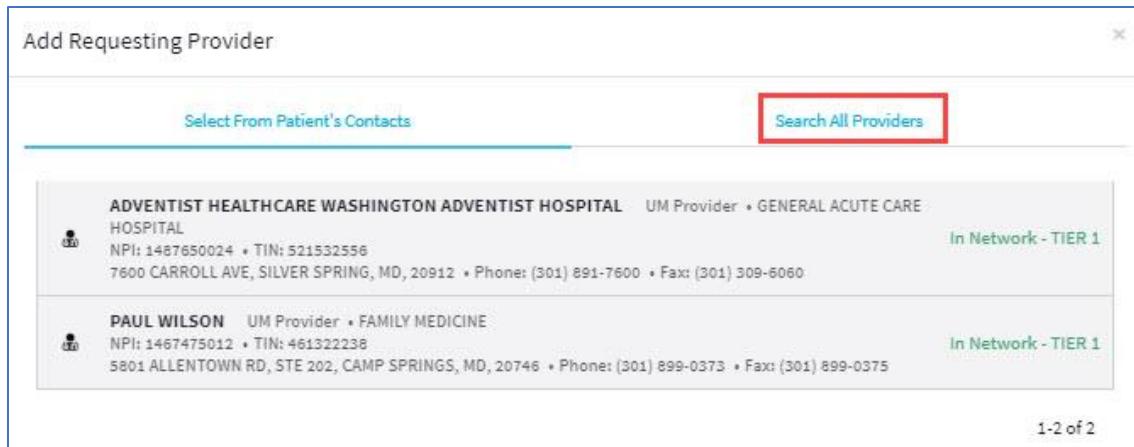
**ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL**   UM Provider • GENERAL ACUTE CARE  
HOSPITAL  
NPI: 1487650024 • TIN: 521532556  
7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060      In **SELECT**

**PAUL WILSON**   UM Provider • FAMILY MEDICINE  
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:



The screenshot shows a search results page with a header 'Add Requesting Provider' and a 'Search All Providers' button highlighted with a red box. Below the header are two provider entries:

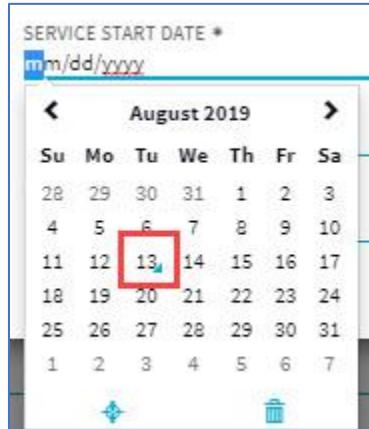
- ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL** UM Provider • GENERAL ACUTE CARE HOSPITAL  
NPI: 1487650024 • TIN: 521532556  
7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060  
In Network - TIER 1
- PAUL WILSON** UM Provider • FAMILY MEDICINE  
NPI: 1467475012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

At the bottom right of the page, it 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.

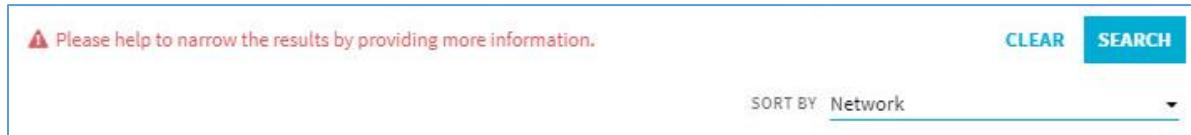
Complete the required field, indicated by an asterisk (\*). However, it is important to include as much information as possible during this search, as there may be several results under the same name.

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



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 screenshot shows a search results page with a warning message: '⚠ Please help to narrow the results by providing more information.' and a 'SEARCH' button. Below the search bar, it says '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      PROVIDER NAME Johnson

SPECIALTY Orthopaedic Surgery      NPI      TIN

CITY Washington      STATE District of Columbia      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**:

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

TIN: 522228444 FAX NUMBER: (202) 291-7689

**SELECT & SAVE AS CONTACT**

JOHNSON, DAVID ORTHOPAEDIC SURGERY

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

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

Providers

REQUESTING PROVIDER \*

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL GENERAL ACUTE CARE HOSPITAL  
NPI: 11487650024

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**

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

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

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

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

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

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

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

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

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

DISCHARGE DISPOSITION

Select Discharge Disposition

Discharged to Home or Self-Care (Routine Discharge)

OR

**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:

The screenshot shows the 'Add Inpatient Request' form in Step 2. The form is divided into several sections:

- Step 1:** Enter Request Details (Completed, indicated by a green checkmark).
- Step 2:** Add Inpatient Review(s) (Currently selected, indicated by a blue circle with the number 2).
- Step 3:** Enter Supporting Documentation (Not yet selected, indicated by a grey circle with the number 3).

Fields in the 'Step 2' section include:

- SOURCE \***: Web
- REVIEW TYPE \***: Initial
- REVIEW PRIORITY \***: Select
- RECEIPT OF COMPLETE CLINICAL REVIEW**: (Field is empty)
- Review 01**: (List item with a minus sign)
- BED TYPE \***: Days
- FOR REQUESTED TYPE**: Days
- TO START ON \***: (Field is empty)
- FOR REQUESTED LOS \***: (Field is empty)
- THRU DATE \***: (Field is empty)

Buttons at the bottom include:

- ADD INPATIENT DAYS**
- ADD PROCEDURE**
- BACK**
- CANCEL**
- SAVE DRAFT AND CLOSE**
- CONTINUE**

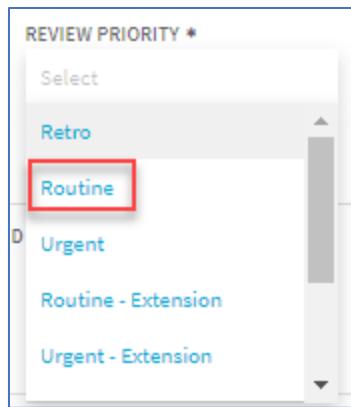
Below is a brief description of each field in Step 2 of adding an inpatient request:

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

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

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

1. Select the appropriate **priority** from the drop-down menu:



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

Add Inpatient Request

Step 1  
Enter Request Details

Step 2  
Add Inpatient Review(s)

Step 3  
Enter Supporting Documentation

SOURCE \* Web

REVIEW TYPE \* Initial

REVIEW PRIORITY \* Routine

RECEIPT OF COMPLETE CLINICAL REVIEW

Review 01

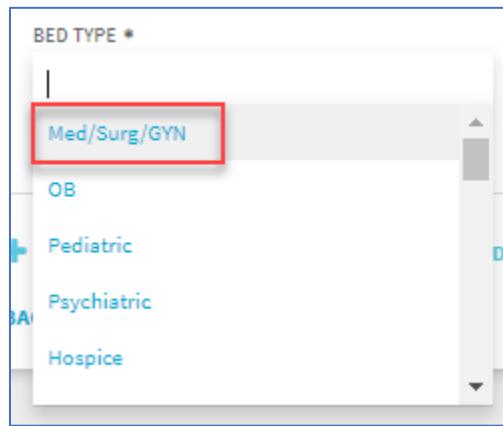
BED TYPE \*   FOR REQUESTED LOS \*

TO START ON \*   THRU DATE \*

BACK CANCEL SAVE DRAFT AND CLOSE CONTINUE

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

3. Select the appropriate **bed type**:



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

TO START ON \*

FOR REQUESTED LOS \*

THRU DATE \*

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

Step 2  
Add Inpatient Review(s)

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 \* Days

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**

Access the previous step by utilizing the Previous feature.

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

Add Inpatient Request

Step 1  
Enter Request Details

Step 2  
Add Inpatient Review(s)

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 WITH  
Select Activity with

CARE NOTES

ACTIVITY CATEGORY \*  
Select Activity Category

RESPONSE  
Select response

ACTIVITY ACTION \*  
Select Activity Action

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

---

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)
Step 3  
Enter Supporting Documentation

---

**Add Care Note (Required)**

ACTIVITY DATE \*  
03/03/2022 07:48:17 pm

ACTIVITY WITH  
Select Activity with

CARE NOTES

ACTIVITY CATEGORY \*  
Select Activity Category

RESPONSE  
Select response

ACTIVITY ACTION \*  
Select Activity Action

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

---

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:

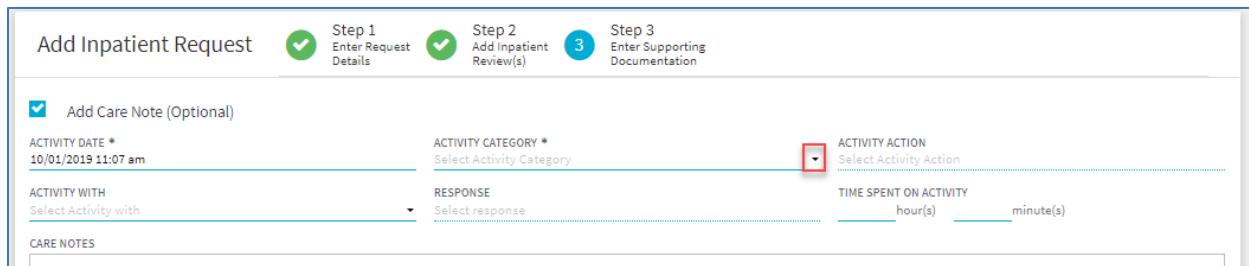
FIELD	DESCRIPTION
<b>Activity Date*</b>	Indicates the date on which the activity occurred.
<b>Activity Category*</b>	Displays the category of the activity. <i>Recommended option: Note</i>
<b>Activity Action**</b>	Indicates the subcategory of the activity (this field is enabled and/or required depending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

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

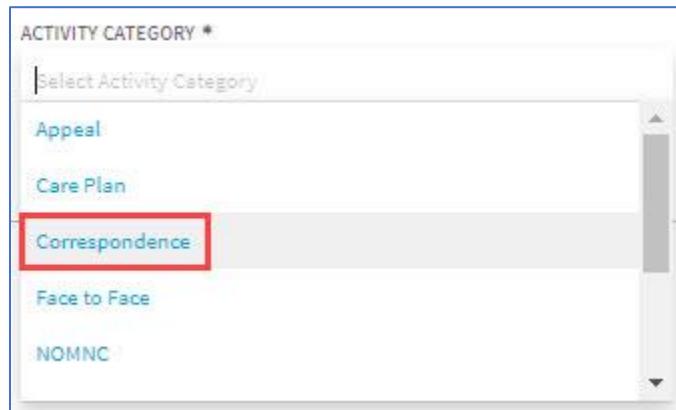


The screenshot shows the 'Add Inpatient Request' form. At the top, there are three steps: Step 1 (Enter Request Details) is completed (green checkmark), Step 2 (Add Inpatient Review(s)) is completed (green checkmark), and Step 3 (Enter Supporting Documentation) is in progress (blue circle with the number 3). Below the steps, there are several input fields:

- ACTIVITY DATE \***: 10/01/2019 11:07 am
- ACTIVITY WITH**: Select Activity with
- CARE NOTES**: (input field)
- ACTIVITY CATEGORY \***: Select Activity Category (highlighted with a red box)
- RESPONSE**: Select response
- ACTIVITY ACTION**: Select Activity Action
- 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**:



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

Add Inpatient Request

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

Add Care Note (Optional)

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

ACTIVITY WITH \*  
Select Activity with

ACTIVITY CATEGORY \*  
Correspondence

ACTIVITY ACTION \*  
Select Activity Action

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) | Step 3: Enter Supporting Documentation

Add Care Note (Optional)

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

ACTIVITY WITH \*  
Select Activity with

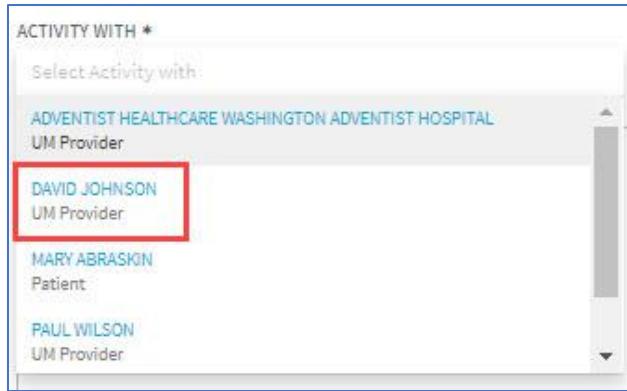
ACTIVITY CATEGORY \*  
Correspondence

ACTIVITY ACTION \*  
Clinical Information: 1st Outreach

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) 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.

<b>Sender*</b>	Displays the patient or patient's contact who provided the document.
<b>Document*</b>	Displays the document to be uploaded.
<b>Document Comments</b>	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:

The screenshot shows the 'Add Inpatient Request' form. At the top, there are three steps: Step 1 (Enter Request Details) is completed (green checkmark), Step 2 (Add Inpatient Review(s)) is completed (green checkmark), and Step 3 (Enter Supporting Documentation) is in progress (blue circle with the number 3). Below these, there are two optional checkboxes: 'Add Care Note (Optional)' and 'Upload Received Document (Optional)'. The 'Upload Received Document' checkbox is checked. The 'RECEIVED DATE/TIME' field is highlighted with a red box. To the right, the 'SENDER \*' dropdown menu is open, showing 'Select a contact'. Below the dropdown, there is a file upload section for 'DOCUMENT (UP TO 50 MB, SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) \*' with a 'Choose File' button. A text area for 'DOCUMENT COMMENTS' is shown with a character limit of 'Remaining Characters: 2000'. At the bottom, there are 'BACK', 'CANCEL', 'SAVE DRAFT AND CLOSE', and 'SAVE REQUEST' buttons.

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

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

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



6. Select **Choose File**:

Add Inpatient Request

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

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.

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

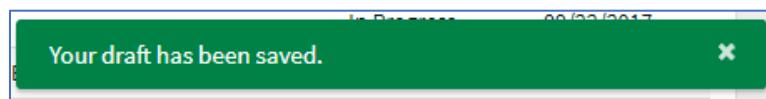
9. Then, select **Save Request**:

The screenshot shows the 'Add Inpatient Request' form. At the top, there are three steps: Step 1 (Enter Request Details) is completed (green checkmark), Step 2 (Add Inpatient Review(s)) is completed (green checkmark), and Step 3 (Enter Supporting Documentation) is in progress (blue circle with the number 3). The 'Upload Received Document (Optional)' checkbox is checked. A file named 'A&G Visio.pdf' is listed under the document section. The 'SAVE REQUEST' button is highlighted with a red box.

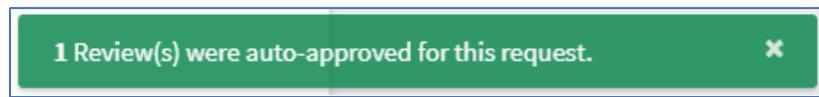
Documents can be removed by selecting the **x**.

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 EncounterId	EMR ACCOUNT NUMBER Enter EMR Account Number								
<b>Providers</b> <p>REQUESTING PROVIDER * + ADD REQUESTING PROVIDER</p> <p>FACILITY/VENDOR * + ADD FACILITY/VENDOR</p> <p>RENDERING PROVIDER + ADD RENDERING PROVIDER</p>									
<b>Third Party Liability</b> <p>MOTOR VEHICLE ACCIDENT <input type="checkbox"/></p> <p>EMPLOYMENT (WORKER'S COMPENSATION) <input type="checkbox"/></p> <p>ANOTHER PARTY RESPONSIBLE <input type="checkbox"/></p>									
<b>Diagnoses</b> <table border="1"> <thead> <tr> <th>Primary</th> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/></td> <td>ICD-10</td> <td><input type="text"/> Select a Description</td> </tr> </tbody> </table> <p>+ ADD DIAGNOSIS</p>				Primary	Type	Description	<input checked="" type="radio"/>	ICD-10	<input type="text"/> Select a Description
Primary	Type	Description							
<input checked="" type="radio"/>	ICD-10	<input type="text"/> Select a Description							
<input type="button" value="CANCEL"/> <input type="button" value="SAVE DRAFT AND CLOSE"/> <input type="button" value="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
<b>Requestor Name*</b>	Displays the name of the person initiating the authorization request.
<b>Requestor Type*</b>	Displays the role of the person requesting the authorization request including: Contracted Provider, Member, Member's Representative, Non-Contracted Provider.
<b>Requestor Phone*</b>	Indicates the phone number of the requestor.
<b>Requestor Email</b>	Displays the email of the requestor.
<b>Place of Service*</b>	Setting where the service can be performed.
<b>Service Type*</b>	Indicates the category of the service.
<b>Predetermination*</b>	Whether the authorization request is being submitted prior to the service.
<b>AOR Required</b>	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>
<b>Encounter ID</b>	Indicates the external system's encounter ID.
<b>EMR Account Number</b>	Indicates the patient's account number in an EMR.
<b>Requesting Provider*</b>	Displays the provider requesting the service.
<b>Facility/Vendor*</b>	Indicates facility or vendor where the service takes place.
<b>Attending/Rendering Provider*</b>	Displays the provider performing the service. Note: Not required for Outpatient; not available for DME.
<b>Motor Vehicle Accident</b>	Whether the service involves a motor vehicle accident.
<b>Country</b>	Indicates country where the motor vehicle accident occurred
<b>State</b>	Indicates the State where the motor vehicle accident occurred.
<b>Accident Date</b>	Indicates the date on which the motor vehicle accident occurred.
<b>Employment (Worker's Compensation)</b>	Whether the service involves a worker's compensation benefit.
<b>State</b>	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**:

Add Outpatient/Home Request

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

REQUESTOR NAME \*  
Maurs Shaffer

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 EncounterId

EMR ACCOUNT NUMBER  
Enter EMR Account Number

Providers

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:

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.

7. Select the appropriate **place**:

PLACE OF SERVICE \*

Select Place of Service

Pharmacy

Office

Home

Outpatient Hospital

Emergency Room - Hospital

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:

SERVICE TYPE \*

Select Service Type

Medical Care

Surgical

Consultation

Diagnostic X-Ray

Diagnostic Lab

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:**

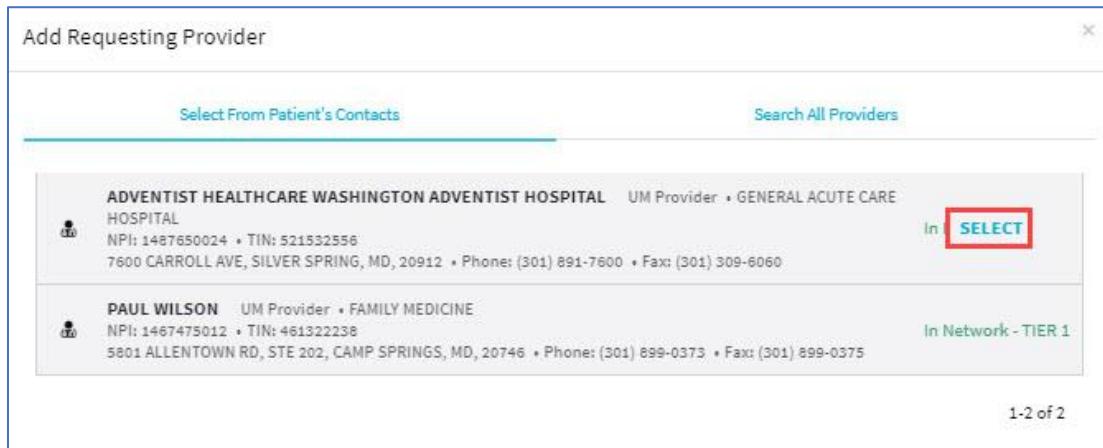
A Requesting Provider can be any type of service provider including a facility, physician, dentist, etc. Note that the Requesting Provider, Facility, and Attending Provider entities may be the same.

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**:



Add Requesting Provider

Select From Patient's Contacts      Search All Providers

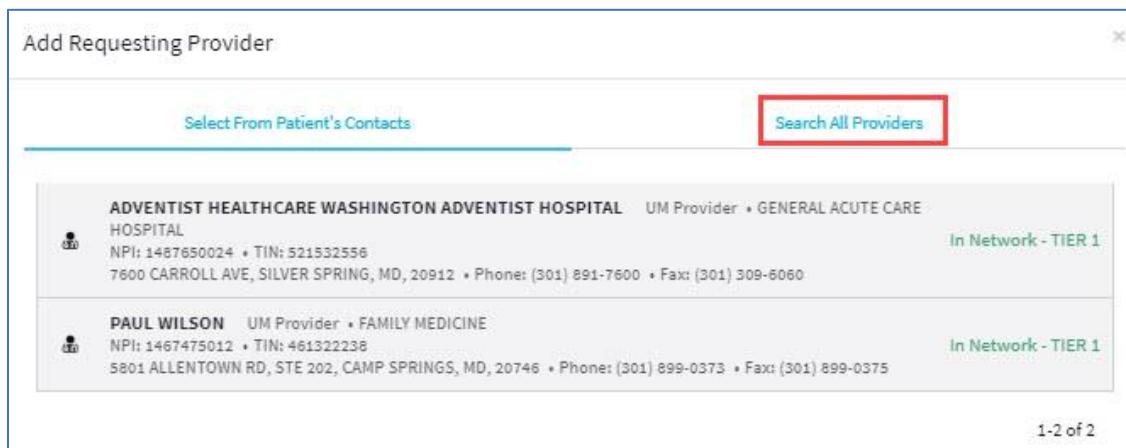
**ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL**   UM Provider • GENERAL ACUTE CARE  
HOSPITAL  
NPI: 1487650024 • TIN: 521532556  
7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060  
In **SELECT**

**PAUL WILSON**   UM Provider • FAMILY MEDICINE  
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  
7600 CARROLL AVE, SILVER SPRING, MD, 20912 • Phone: (301) 891-7600 • Fax: (301) 309-6060  
In Network - TIER 1

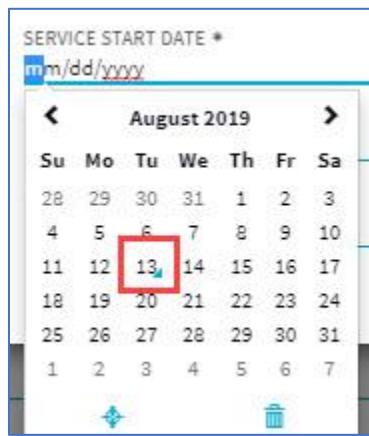
**PAUL WILSON**   UM Provider • FAMILY MEDICINE  
NPI: 1467475012 • TIN: 461322238  
5801 ALLENTOWN RD, STE 202, CAMP SPRINGS, MD, 20746 • Phone: (301) 899-0373 • Fax: (301) 899-0375  
In Network - TIER 1

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:

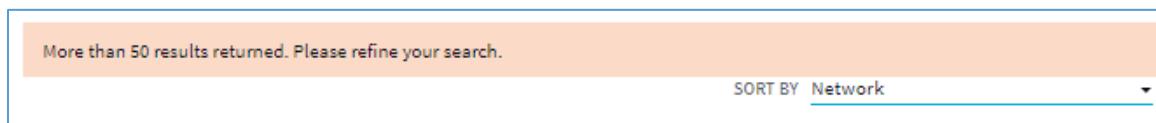


Enter the Provider Name, Specialty, NPI, TIN, City, State, and/or Zip code. Note that the NPI is the single best search parameter for returning an accurate result.

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



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



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

Add Requesting Provider X

<a href="#">Select From Patient's Contacts</a>	<a href="#">Search All Providers</a>
<b>SERVICE START DATE *</b> <input type="text" value="08/13/2019"/>	<b>PROVIDER NAME</b> <input type="text" value="Johnson"/>
<b>SPECIALTY</b> <input type="text"/>	<b>NPI</b> <input type="text"/>
<b>CITY</b> <input type="text"/>	<b>STATE</b> <input type="text" value="District of Columbia"/>
	<b>TIN</b> <input type="text"/>
	<b>ZIP</b> <input type="text"/>

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:

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

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 \*

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

 <b>ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL</b> NPI:1487650024		GENERAL ACUTE CARE HOSPITAL	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 *			
<a href="#">+ ADD FACILITY/VENDOR</a>			
RENDERING PROVIDER			
<a href="#">+ ADD RENDERING PROVIDER</a>			

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 *		
 <b>ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL</b> NPI:1487650024		
GENERAL ACUTE CARE HOSPITAL		
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		
<a href="#">+ ADD RENDERING PROVIDER</a>		
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**

**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 *	REVIEW TYPE *	REVIEW PRIORITY *	RECEIPT OF COMPLETE CLINICAL REVIEW	SERVICE SPECIFICATION *
Web	Initial	Select	Step 1 Enter Request Details	General Service
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Primary - Review 01</p> <p>PROCEDURE DESCRIPTION *</p> <p>REVENUE DESCRIPTION</p> <p>REQUESTED AMOUNT *</p> <p>FOR REQUESTED TYPE *</p> <p>DRUG INFORMATION</p> </div> <div style="width: 45%;"> <p>MODIFIER 1 Select</p> <p>MODIFIER 2 Select</p> <p>BILLED AMOUNT</p> <p>FREQUENCY Per Select</p> <p>ENTER DURATION OR END DATE <input checked="" type="radio"/> Duration   <input type="radio"/> End Date</p> <p>DURATION * Select</p> </div> </div>				
<span style="color: #0070C0;">+ ADD PROCEDURE</span> <span style="margin-left: 20px;">PREVIOUS</span> <span style="margin-left: 20px;">CANCEL</span> <span style="margin-left: 20px;">SAVE DRAFT AND CLOSE</span> <span style="margin-left: 20px; background-color: #0070C0; color: white; border: 1px solid #0070C0; padding: 2px 10px;">ADD DOCUMENTATION</span>				

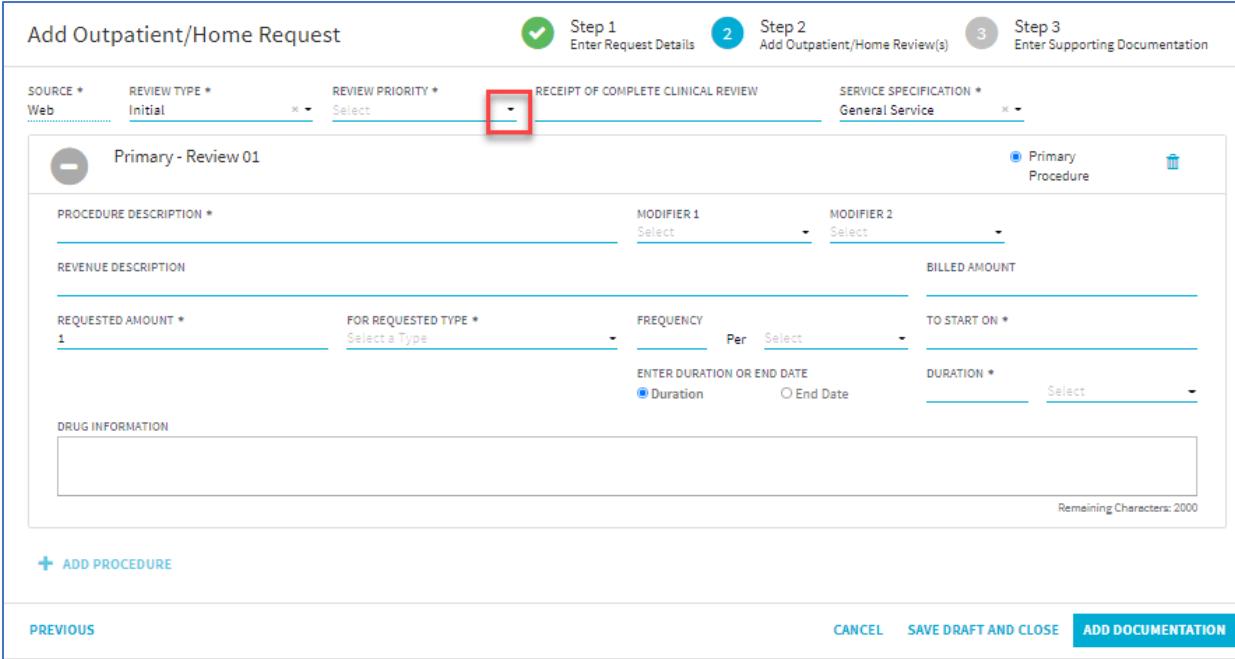
Below is a brief description of each field in Step 2 of adding an outpatient request:

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

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

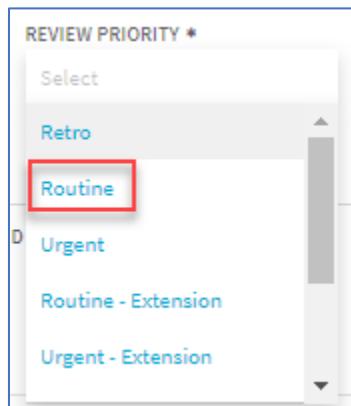


The screenshot shows the 'Add Outpatient/Home Request' form. At the top, there are three tabs: Step 1 (Enter Request Details), Step 2 (Add Outpatient/Home Review(s)), and Step 3 (Enter Supporting Documentation). The Step 2 tab is active. The form includes fields for SOURCE (Web), REVIEW TYPE (Initial), and REVIEW PRIORITY (Select). A red box highlights the 'REVIEW PRIORITY' dropdown menu. Other visible fields include PROCEDURE DESCRIPTION, MODIFIER 1, MODIFIER 2, BILLED AMOUNT, REQUESTED AMOUNT, FOR REQUESTED TYPE, FREQUENCY, TO START ON, and DURATION. There is also a DRUG INFORMATION text area with a character limit of 2000. At the bottom, there are buttons for CANCEL, SAVE DRAFT AND CLOSE, and ADD DOCUMENTATION.

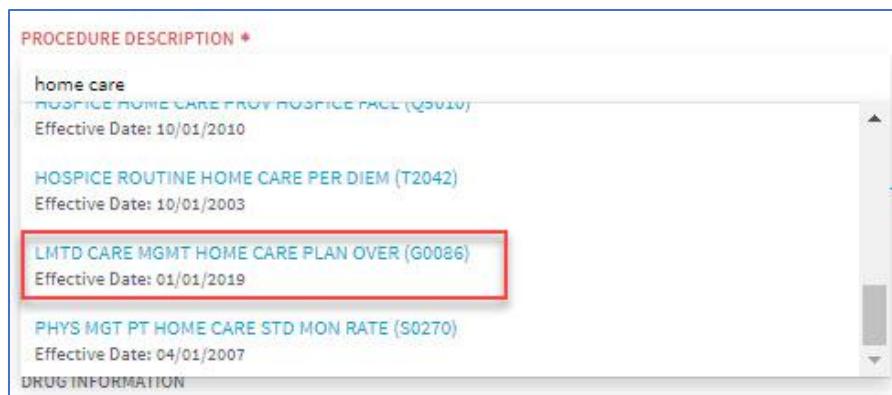
Users may need to utilize the scroll bar to access additional options.

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

2. Select the appropriate **priority** from the drop-down menu:

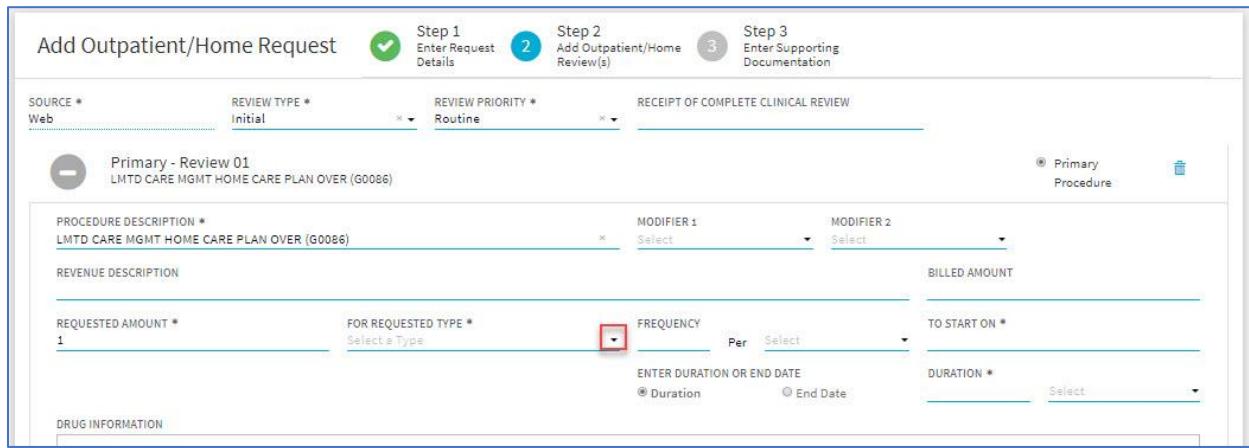


3. Next, enter 3 or more characters in the Procedure Description field to generate a drop-down menu.
4. Select the appropriate **procedure description** from the drop-down menu:



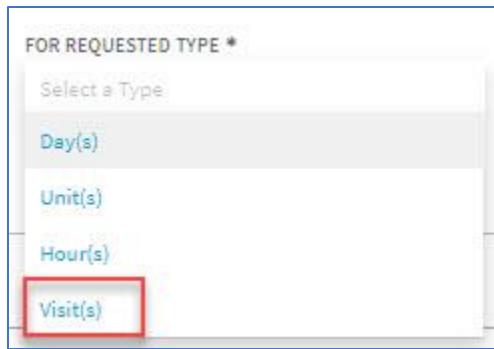
5. Complete any additional optional fields.

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



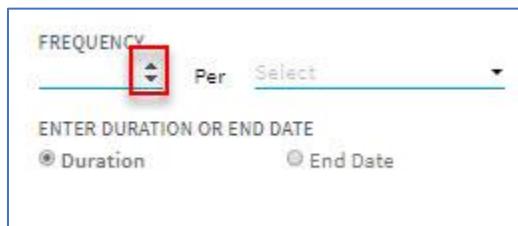
The screenshot shows the 'Add Outpatient/Home Request' form. Step 2 is selected. The 'For Requested Type' dropdown is highlighted with a red box. Other fields include: SOURCE \* Web, REVIEW TYPE \* Initial, REVIEW PRIORITY \* Routine, RECEIPT OF COMPLETE CLINICAL REVIEW, PROCEDURE DESCRIPTION \* LMTD CARE MGMT HOME CARE PLAN OVER (G0086), MODIFIER 1 and MODIFIER 2 (both 'Select'), REVENUE DESCRIPTION, REQUESTED AMOUNT \* 1, and DRUG INFORMATION.

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



The screenshot shows the 'FOR REQUESTED TYPE' dropdown menu. The options are: Day(s), Unit(s), Hour(s), and Visit(s). The 'Visit(s)' option is highlighted with a red box.

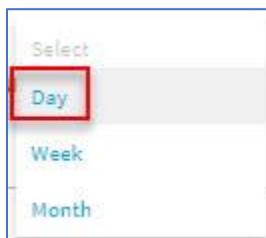
8. Utilize the **up or down arrows** to set the frequency:



The screenshot shows the 'FREQUENCY' dropdown menu. The options are: Duration and End Date. The 'Duration' option is highlighted with a red box.

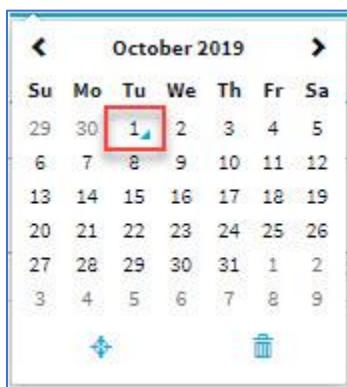
9. Then, select the **Per** drop-down menu.

10. Select a **value**:



11. Select the **TO START ON** field to activate a drop-down menu calendar.

12. Then, select the appropriate **date** from the calendar:



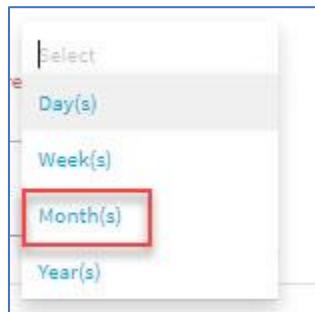
13. Utilize the **up or down arrows** to set the duration:

BILLED AMOUNT	
<hr/>	
TO START ON *	
10/01/2019	
DURATION *	
<input type="button" value="▼"/>	Select <input type="button" value="▼"/>

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

DURATION *	
1	Select
<span style="color: red;">⚠ This field is required.</span>	

15. Select a **value**:



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

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

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

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

Add Outpatient/Home Request

Step 1 Step 2 Step 3

Enter Request Details Add Outpatient/Home Review(s) Enter Supporting Documentation

SOURCE \* REVIEW TYPE \* REVIEW PRIORITY \* RECEIPT OF COMPLETE CLINICAL REVIEW SERVICE SPECIFICATION \*

Web Initial Routine  Primary Procedure

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

PROCEDURE DESCRIPTION \* LMTD CARE MGMT HOME CARE PLAN OVER (G0086)

MODIFIER 1 Select MODIFIER 2 Select

REVENUE DESCRIPTION BILLED AMOUNT

REQUESTED AMOUNT \* 1 FOR REQUESTED TYPE \* FREQUENCY \*

Visit(s) 1 Per Day

ENTER DURATION OR END DATE TO START ON \*

Duration  End Date 03/07/2022

DURATION \* 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 Step 2 Step 3

Enter Request Details Add Outpatient/Home Review(s) Enter Supporting Documentation

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:

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

Add Outpatient/Home Request

Add Care Note (Required)

ACTIVITY DATE \*  
03/07/2022 06:17:34 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
<b>Activity Date*</b>	Indicates the date on which the activity occurred.
<b>Activity Category*</b>	Indicates the category of the activity <i>Recommended option: Note</i>
<b>Activity Action**</b>	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>
<b>Activity With</b>	Displays the patient or patient's contact involved with the activity.
<b>Response**</b>	Displays the outcome of activity (this field is enabled and/or required depending on the selected Activity Category value).
<b>Time Spent on Activity</b>	Indicates the duration of activity.
<b>Care Notes</b>	Displays the notes related to patient's care.
<b>Signature</b>	Indication that the care note is reviewed and finalized.

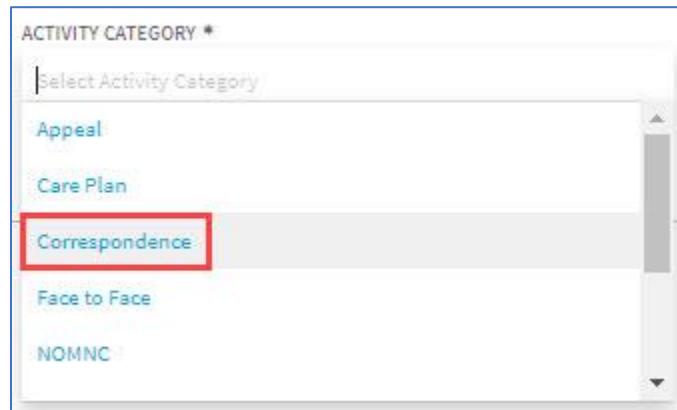
**\* Note:** The asterisk (\*) indicates a required field. Users must complete this field to move on to the next step in the request.

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

## 2. Select the Activity Category:

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

3. Select the appropriate **category**:

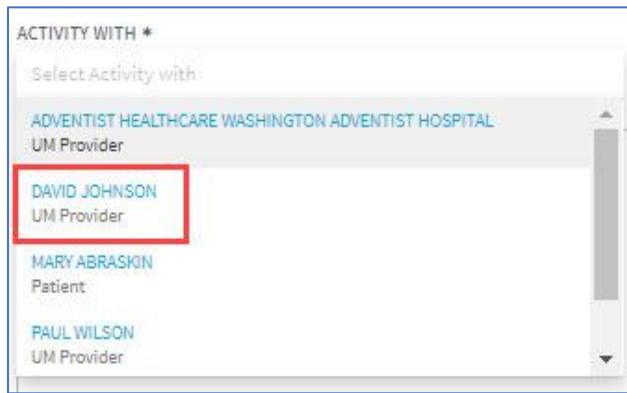


4. Then, select the **Activity Action** drop-down menu:

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

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

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



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

Add Outpatient/Home Request

Step 1 Step 2 Step 3

Enter Request Details Add Outpatient/Home Review(s) Enter Supporting Documentation

ACTIVITY DATE \* 03/07/2022 06:17:34 pm

ACTIVITY WITH \* AZEB TESFALIDET

ACTIVITY CATEGORY \* Correspondence

ACTIVITY ACTION \* Clinical Information: 1st Outreach

RESPONSE \* Select response

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

CARE NOTES Test

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 Step 2 Step 3

Enter Request Details Add Outpatient/Home Review(s) Enter Supporting Documentation

ACTIVITY DATE \* 03/07/2022 06:17:34 pm

ACTIVITY WITH \* AZEB TESFALIDET

ACTIVITY CATEGORY \* Correspondence

ACTIVITY ACTION \* Clinical Information: 1st Outreach

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)
 Step 3  
Enter Supporting Documentation

**Add Care Note (Required)**

ACTIVITY DATE \*  
03/07/2022 06:17:34 pm

ACTIVITY WITH \*  
AZEB TESFALIDET

CARE NOTES  
Test

ACTIVITY CATEGORY \*  
Correspondence

RESPONSE \*  
Select response

ACTIVITY ACTION \*  
Clinical Information: 1st Outreach

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

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**:

A description of each field is provided below:

FIELD	DESCRIPTION
<b>Related To</b>	By default, this read-only field is prepopulated with <b>Patient</b> .
<b>Received Date/Time*</b>	Indicates the date and time at which document related to authorization request is uploaded.
<b>Sender*</b>	Displays the patient or patient's contact who provided document.
<b>Document*</b>	Displays the document to be uploaded.
<b>Document Comments</b>	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:1487850024)  
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  
3323 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

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](#)

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**:

Upload Received Document (Optional)

RELATED TO  
Patient

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

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) \*  
 Smart Ctitles Neha Rathl.pdf

DOCUMENT COMMENTS  
  
 Remaining Characters: 2000

[PREVIOUS](#) [CANCEL](#)

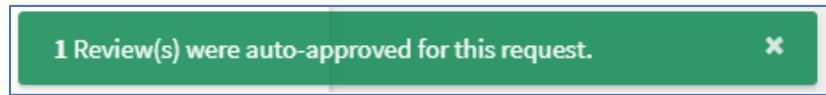
Documents can be removed by selecting the **X**.

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

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



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



## Draft Authorization Requests

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

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 (05/01/1963, 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:

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

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
DME	ABRASKIN, MARY (09/01/1939, F, 6388529)	10/01/2019 12:52:56 PM

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.

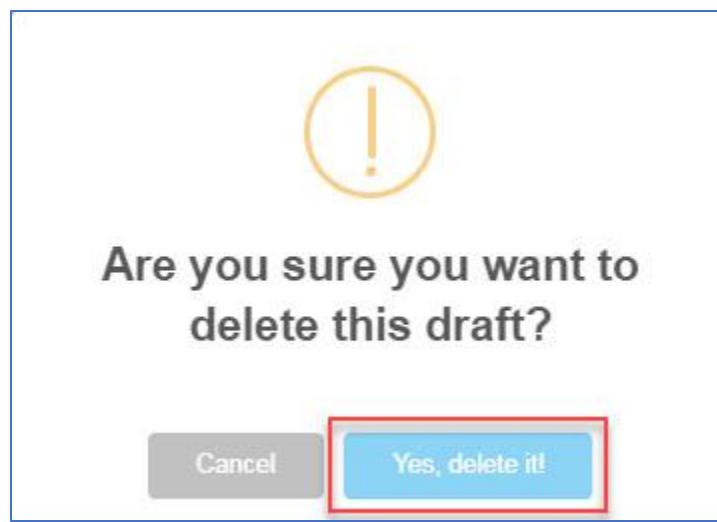
From here, follow the steps in one of the following sections: [Step 1: Enter Request Details \(DME\)](#), [Step 1: Enter Request Details \(Inpatient\)](#), or [Step 1: Enter Request Details \(Outpatient/Home\)](#) depending on the type of Auth Request.

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.

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

Reference # 7010880 - In Progress

**ACTIONS** 

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
<input checked="" type="checkbox"/>	ICD-10	R68.84	JAW PAIN

Care Notes and Communications for Request

Sort by Date  Sort by Type

**EXPAND ALL** **COLLAPSE ALL**

 <b>Communication Received Document</b> SUSAN_X-RAY OF TEETH.docx	08/10/2017 11:13 AM
 <b>Care Note Case Note</b> Notes: Susan called again for severe jaw issue	08/10/2017 11:12 AM
 <b>Communication Received Document</b> MDwiseConnect Approval Letter_no_facility.pdf	08/09/2017 01:01 PM

**Reviews**

**ADD REVIEW**

 <b>Primary Review 01: Aug 21, 2017 - Aug 21, 2017</b> In Progress OFFICE CONSULTATION (99241) • Total Requested: 1	26d OVERDUE
 <b>Review 02: Aug 21, 2017 - Aug 21, 2017</b> In Progress PANORAMIC X-RAY OF JAWS (70355) • Total Requested: 1	5d OVERDUE
 <b>Review 03: Aug 9, 2017 - Aug 9, 2017</b> In Progress ABLATE HEART DYSRHYTHM FOCUS (33250) • Total Requested: 1	21d OVERDUE

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: (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

Reviews

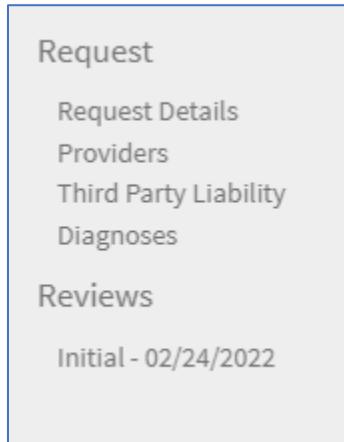
Primary Review 01: Feb 24, 2022 - Mar 23, 2022 Void INJECTION ABCIXIMAB 10 MG (J0130) • Total Requested: 1
---

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

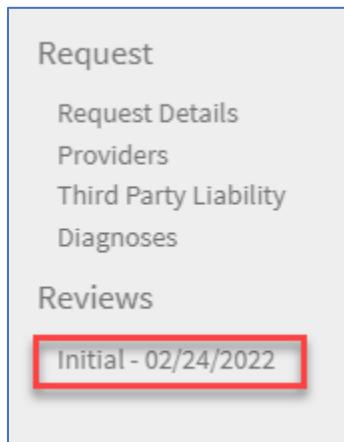
- Quickly Navigate to a Section
- Edit Authorization Request Details
- Add an Additional Review
- View Review Details
- Edit a Review
- Add Communication
- Add a Care Note
- Designate a Primary Procedure
- Navigate to Patient's Information Page

### 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:



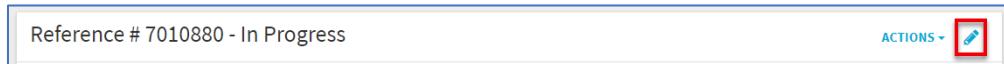
Select the corresponding **hyperlink** to navigate directly to the corresponding section:



## 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**:



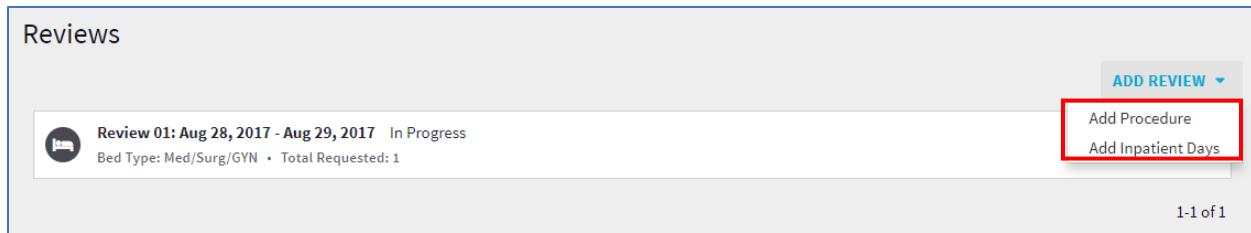
3. Edit and save the request details.

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.



**\* 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	22d	OVERDUE
Bed Type: Pediatric	• Total Requested: 7		
 Review 03: Aug 9, 2017 - Aug 10, 2017	In Progress	34d	OVERDUE
Bed Type: OB	• Total Requested: 1		
 Review 04: Aug 16, 2017 - Aug 17, 2017	In Progress	33d	OVERDUE
ABLATE HEART DYSRHYTHM FOCUS (33251)	• Total Requested: 1		
 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 ▾

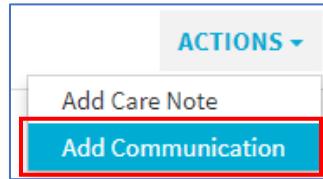
3. Edit and save the review details.

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

## Add Communication

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

1. From the Actions drop-down menu within a request or review, select **Add Communication**:



A pop-up window appears, which enables users to upload a related document, as described in the Supporting Documentation Details section.

Add Communication

Upload Received Document

RELATED TO  
Auth Review

RECEIVED DATE/TIME \*  
03/15/2022 08:29:26 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

2. 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		<a href="#">EXPAND ALL</a> <a href="#">COLLAPSE ALL</a>
Communication Received Document test doc.docx		08/22/2017 03:40 PM
Care Note Additional Information Requested Notes:		08/21/2017 01:16 PM

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

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		
SENDER AMY VILLAVICENCIO	DOCUMENT TYPE Received Document	RECEIVED DATE 08/10/2017 11:13 AM
ENTERED BY Appeal1, Jin	ENTERED DATE 08/10/2017 11:14 AM	
<b>Care Note Case Note</b> Notes: Susan called again for severe jaw issue 08/10/2017 11:12 AM		
<b>Communication Received Document</b> 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

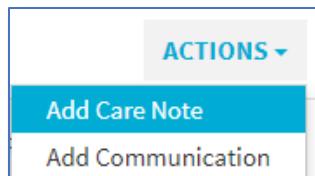
Initial - 07/20/2017  
Initial - 08/10/2017  
Extension - 08/10/2017

**\*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

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

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

<input checked="" type="checkbox"/> <a href="#">Care Note</a> <a href="#">Case Note</a> Notes: Care note for Susan			<a href="#">EDIT</a> <a href="#">SIGN CARE NOTE</a> <a href="#">VOID CARE NOTE</a>
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

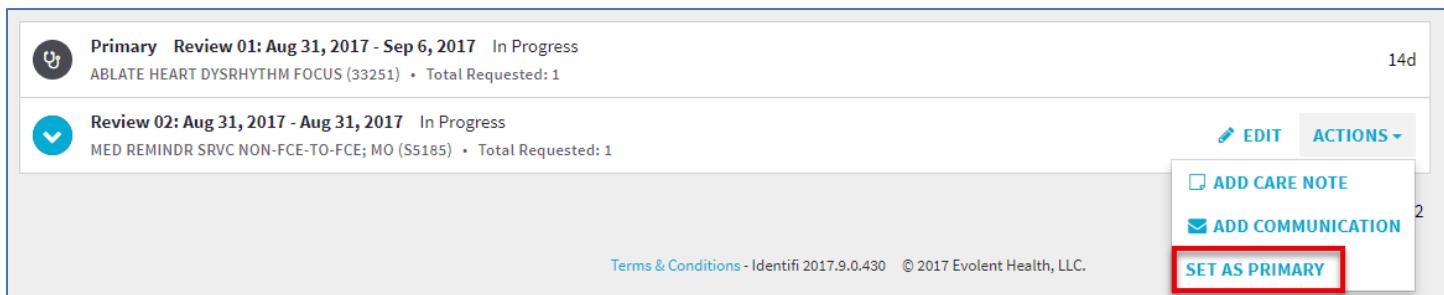
\* **Note:** only the creator of a care note can take actions on it, which includes editing, signing, and voiding a care note.

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

### Designate a Primary Procedure

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

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



Primary Review 01: Aug 31, 2017 - Sep 6, 2017 In Progress  
ABLADE HEART DYSRHYTHM FOCUS (33251) • Total Requested: 1 14d

Review 02: Aug 31, 2017 - Aug 31, 2017 In Progress  
MED REMINDR SRVC NON-FCE-TO-FCE; MO (S5185) • Total Requested: 1

EDIT ACTIONS ▾

ADD CARE NOTE  
 ADD COMMUNICATION  
**SET AS PRIMARY**

Terms & Conditions - Identifi 2017.9.0.430 © 2017 Evolent Health, LLC. 2

### Navigate to Patient's Information Page

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

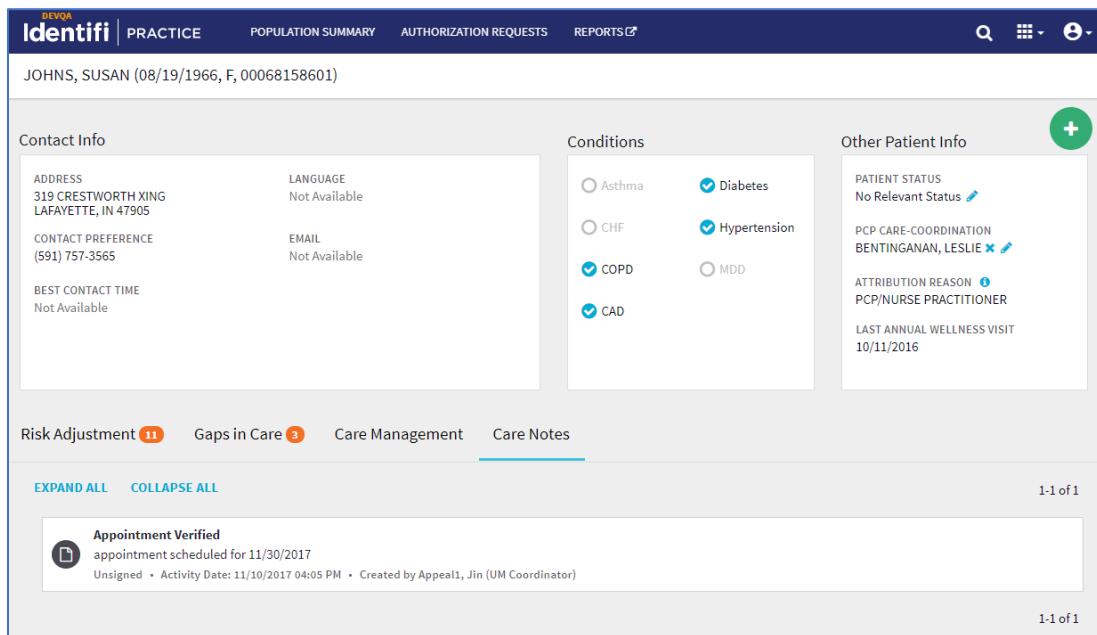
1. Navigate beyond the authorization requests home page to create or view an authorization request for a patient.
2. Click the **patient details** hyperlink:



DEVQA Identifi | PRACTICE POPULATION SUMMARY AUTHORIZATION REQUESTS REPORTS ▾

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

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



The screenshot shows the Identifi Practice interface for a patient named Susan Johns. The top navigation bar includes links for Population Summary, Authorization Requests, and Reports. The main content area displays the patient's contact information, conditions, and other patient details.

**Contact Info**

- ADDRESS: 319 CRESTWORTH XING LAFAYETTE, IN 47905
- LANGUAGE: Not Available
- CONTACT PREFERENCE: (591) 757-3565
- EMAIL: Not Available
- BEST CONTACT TIME: Not Available

**Conditions**

- Asthma
- Diabetes
- CHF
- Hypertension
- COPD
- MDD
- CAD

**Other Patient Info**

- PATIENT STATUS: No Relevant Status
- PCP CARE-COORDINATION: BENTINGANAN, LESLIE X edit
- ATTRIBUTION REASON: PCP/NURSE PRACTITIONER
- LAST ANNUAL WELLNESS VISIT: 10/11/2016

**Risk Adjustment** (11)   **Gaps in Care** (3)   **Care Management**   **Care Notes**

**EXPAND ALL**   **COLLAPSE ALL**

**Appointment Verified**  
D appointment scheduled for 11/30/2017  
 Unsigned • Activity Date: 11/10/2017 04:05 PM • Created by Appeal1, Jin (UM Coordinator)

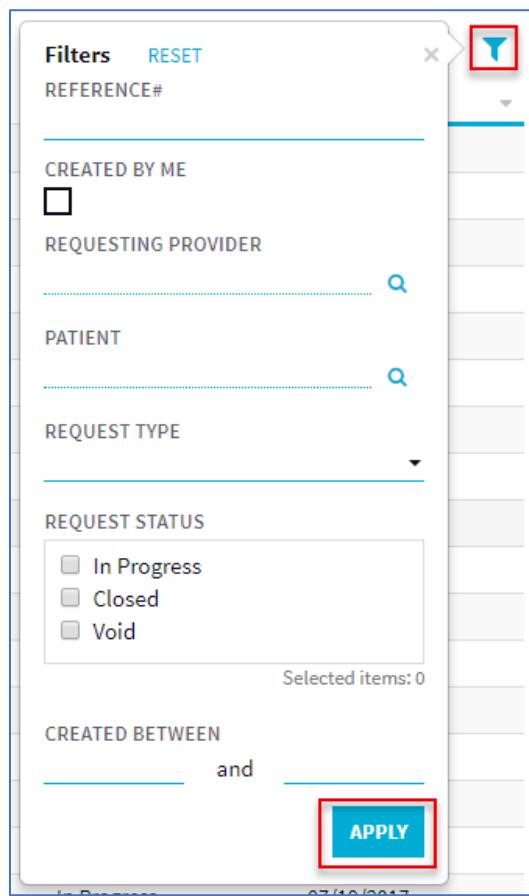
1-1 of 1

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**:



4. Review the list of search results.

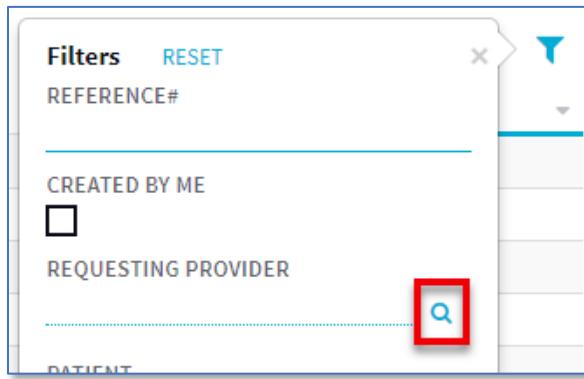
A description of each search field is provided below:

FIELD	DESCRIPTION
<b>Reference #</b>	Displays the unique identifier of an authorization request.
<b>Created By Me</b>	Whether the authorization request was created by the user.
<b>Requesting Provider</b>	Indicates the requesting provider of an authorization request.
<b>Patient</b>	Indicates the patient for which the authorization request was created
<b>Request Type</b>	<p>A description of the request. There are three request types available:</p> <ul style="list-style-type: none"> <li>• DME</li> <li>• Inpatient</li> <li>• Outpatient/Home</li> </ul>
<b>Request Status</b>	<p>There are three statuses, which display the progression of authorization requests over time:</p> <ol style="list-style-type: none"> <li>1. In Progress: the authorization request is actively being managed</li> <li>2. Closed: the authorization request does not have any remaining tasks</li> <li>3. Void: the authorization request is invalid</li> </ol>
<b>Created Between</b>	Indicates the date range in which the authorization request was created.
<b>Reset</b>	Reset the search form.

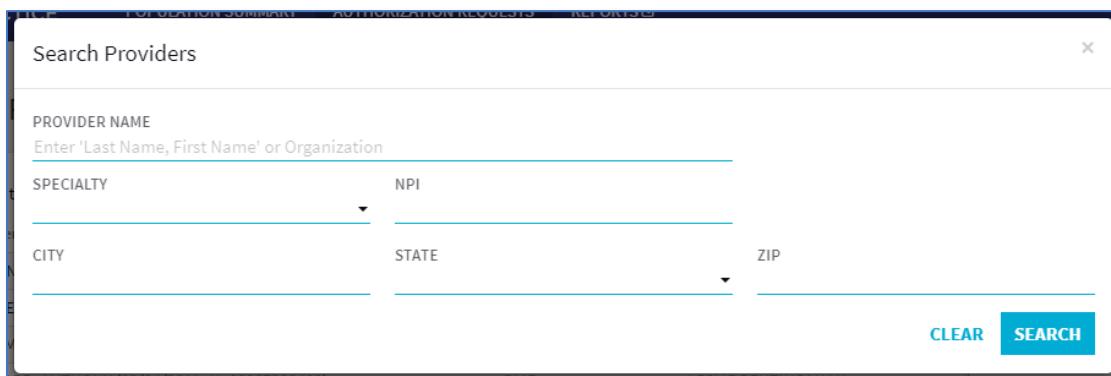
## Requesting Provider Lookup

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

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

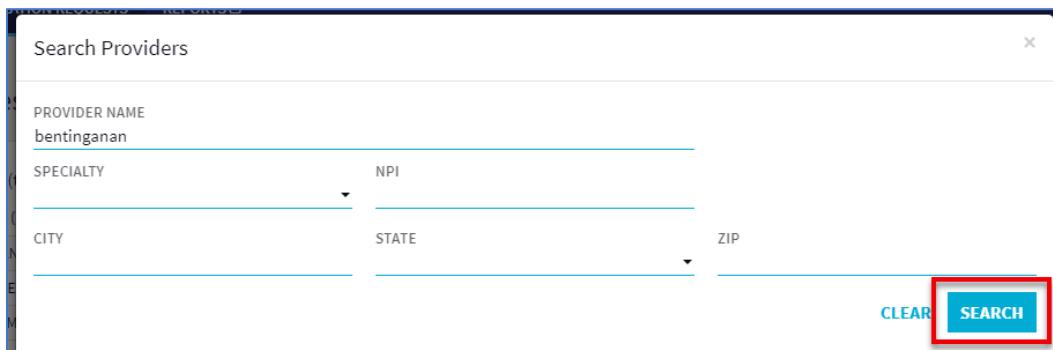


2. Begin the search by entering the provider's name\*, NPI, Zip Code, or a combination of his or her Specialty/City/State:



**\* Note:** if users would like to search by the provider's full name, format the keyword search accordingly: 'last name' + comma + 'first name'.

3. Select **Search**:



4. Select the **provider** from the search results.

5. View the provider's name within the Requesting Provider field:



#### *General Search Information*

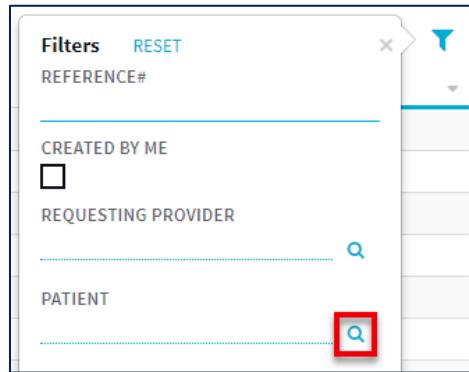
There may be multiple results for the same provider, but with different addresses and specialties.

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

#### Patient Lookup

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

1. Within the filter screen, select the Patient **magnifying glass**:



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

Search for a Patient

FIRST NAME randy	LAST NAME martzall	PATIENT ID	DATE OF BIRTH 10/11/1945
		<input type="button" value="CLEAR"/> <input style="background-color: red; color: white; border: 2px solid red; border-radius: 5px; padding: 2px 10px;" type="button" value="SEARCH"/>	
<b>MARTZALL, RANDY (Active)</b> 113 S KIRKWOOD AVE, BLOOMINGTON, Indiana 47404			
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

## 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.

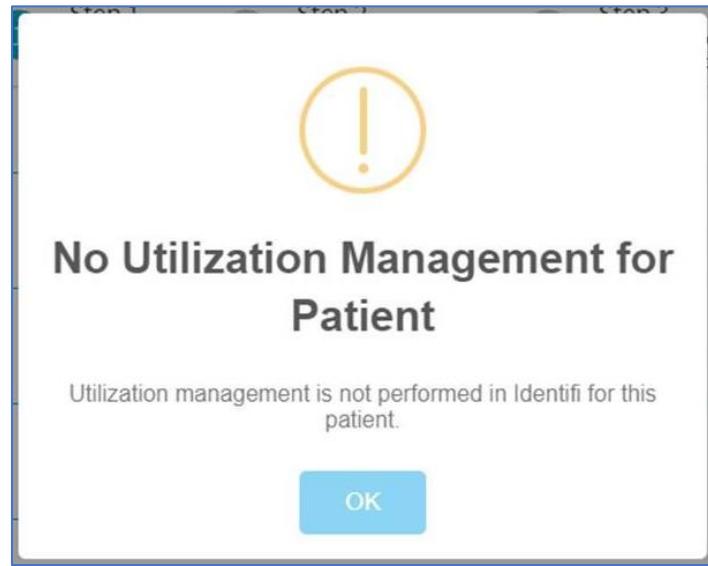
Each such sub filter parameter can be removed by clicking on the **x** within the tag, or by performing a new search.

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

Authorization Requests						
				Display Requests:	Created By Me	▼
Request Type: DME	<b>X</b>	<b>CLEAR ALL</b>				▼
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

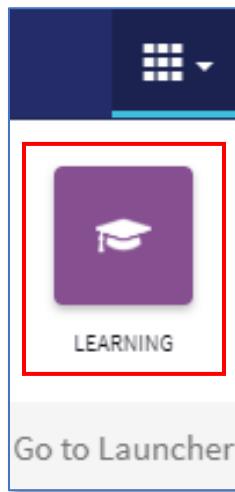
Identifi Practice Auth users are automatically provisioned for Practice Auth materials on Identifi Learning, Evolent's product documentation and training material application. Users have access to Identifi Learning through [myidentifi.com](http://myidentifi.com). Content includes a product overview, 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:

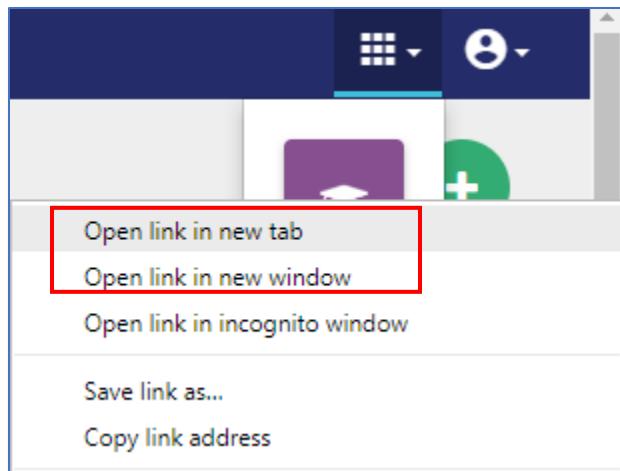


Select the **Learning tile** from the drop-down menu of applications:



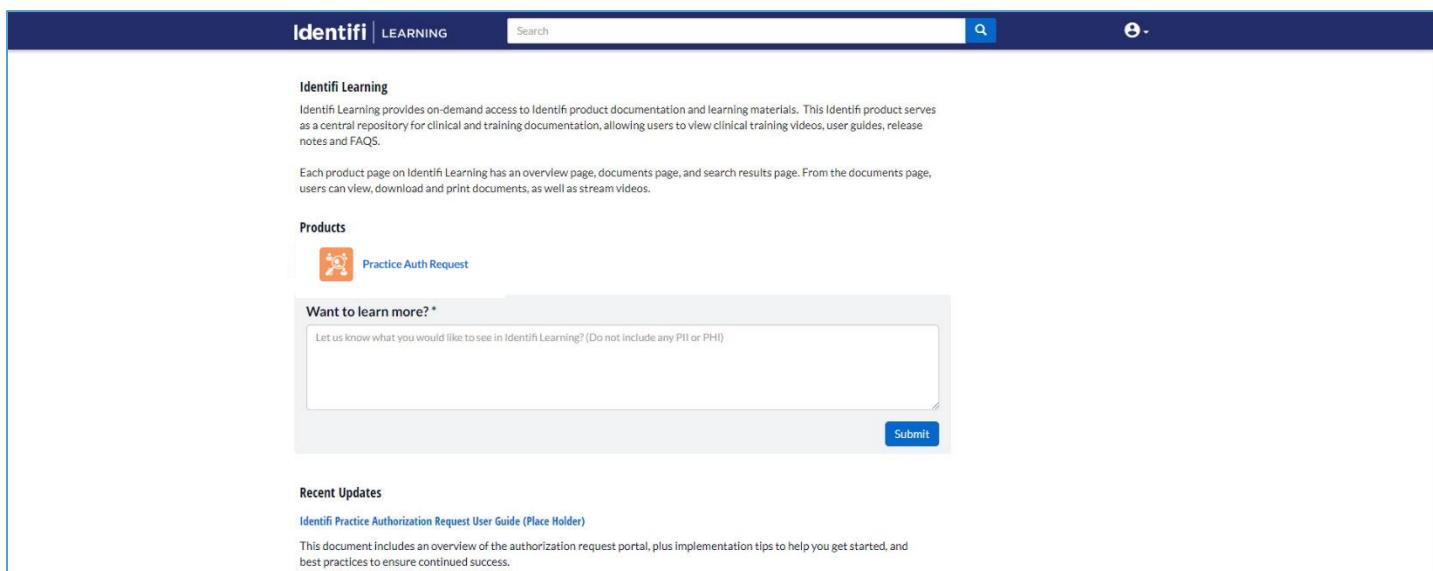
Alternatively, users can right select the Learning tile to activate a drop-down menu.

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:



**Identifi | LEARNING**

**Identifi Learning**  
Identifi Learning provides on-demand access to Identifi product documentation and learning materials. This Identifi product serves as a central repository for clinical and training documentation, allowing users to view clinical training videos, user guides, release notes and FAQs.

Each product page on Identifi Learning has an overview page, documents page, and search results page. From the documents page, users can view, download and print documents, as well as stream videos.

**Products**

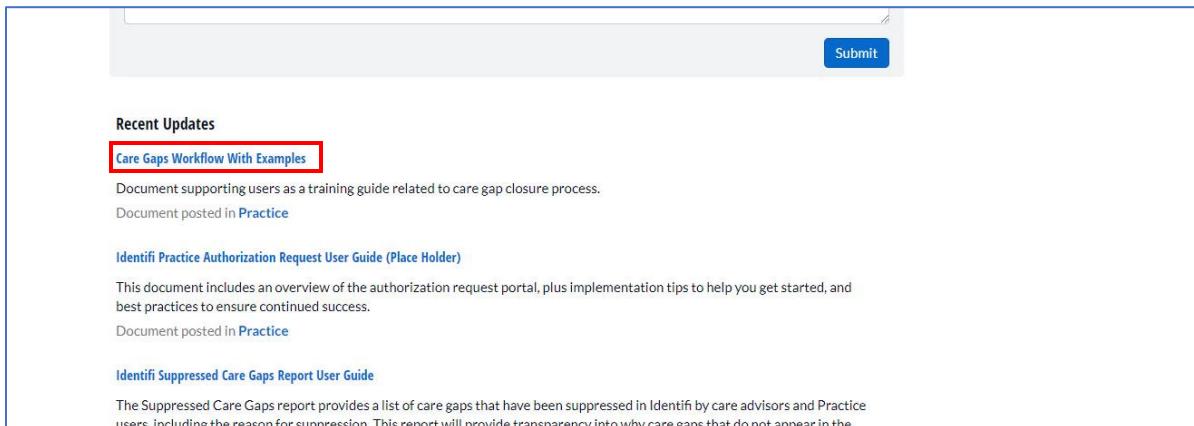
-  Practice Auth Request

**Want to learn more? \***  
Let us know what you would like to see in Identifi Learning? (Do not include any PII or PHI)

**Recent Updates**  
**Identifi Practice Authorization Request User Guide (Place Holder)**  
This document includes an overview of the authorization request portal, plus implementation tips to help you get started, and best practices to ensure continued success.

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**:



Recent Updates

[Care Gaps Workflow With Examples](#)

Document supporting users as a training guide related to care gap closure process.  
Document posted in [Practice](#)

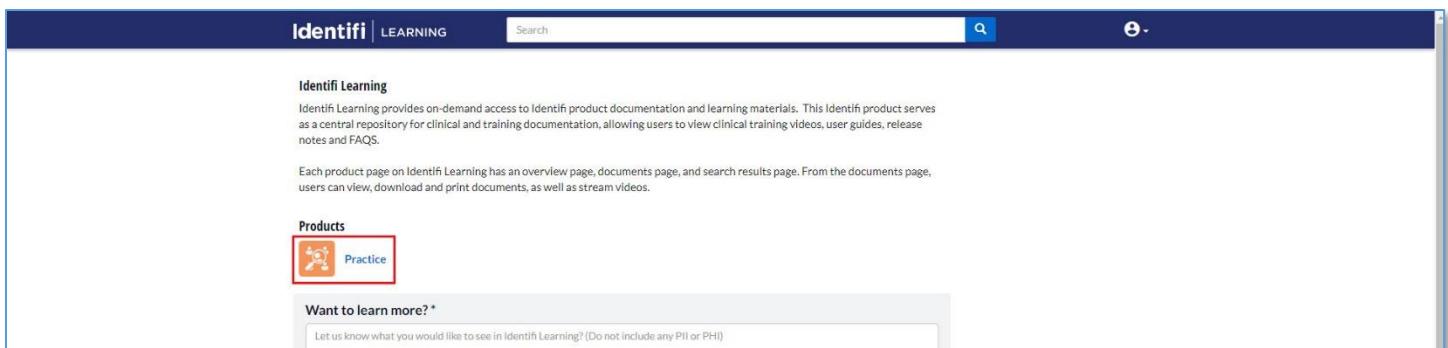
**Identifi Practice Authorization Request User Guide (Place Holder)**

This document includes an overview of the authorization request portal, plus implementation tips to help you get started, and best practices to ensure continued success.  
Document posted in [Practice](#)

**Identifi Suppressed Care Gaps Report User Guide**

The Suppressed Care Gaps report provides a list of care gaps that have been suppressed in Identifi by care advisors and Practice users, including the reason for suppression. This report will provide transparency into why care gaps that do not appear in the

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



Identifi | LEARNING

Identifi Learning

Identifi Learning provides on-demand access to Identifi product documentation and learning materials. This Identifi product serves as a central repository for clinical and training documentation, allowing users to view clinical training videos, user guides, release notes and FAQs.

Each product page on Identifi Learning has an overview page, documents page, and search results page. From the documents page, users can view, download and print documents, as well as stream videos.

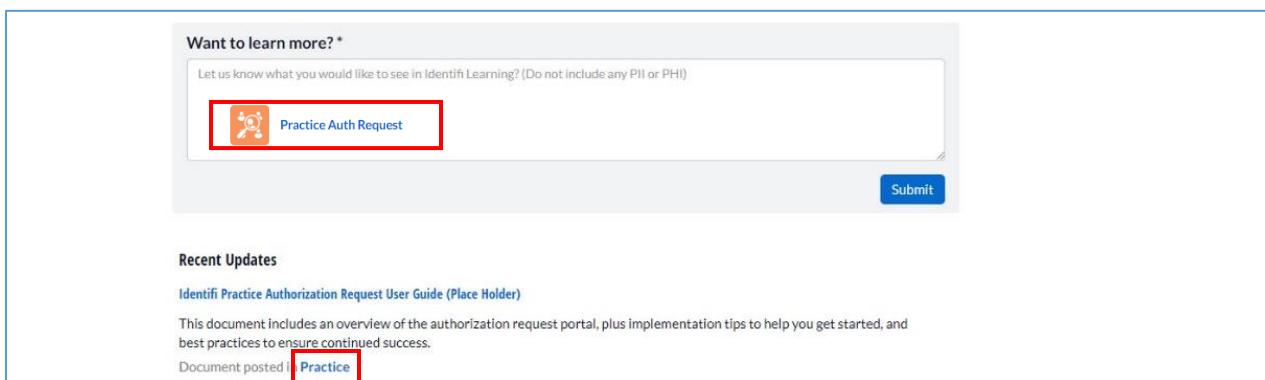
Products

[Practice](#)

Want to learn more? \*

Let us know what you would like to see in Identifi Learning? (Do not include any PII or PHI)

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



Want to learn more? \*

Let us know what you would like to see in Identifi Learning? (Do not include any PII or PHI)

[Practice Auth Request](#)

Recent Updates

**Identifi Practice Authorization Request User Guide (Place Holder)**

This document includes an overview of the authorization request portal, plus implementation tips to help you get started, and best practices to ensure continued success.  
Document posted in [Practice](#)

## 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:

**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**

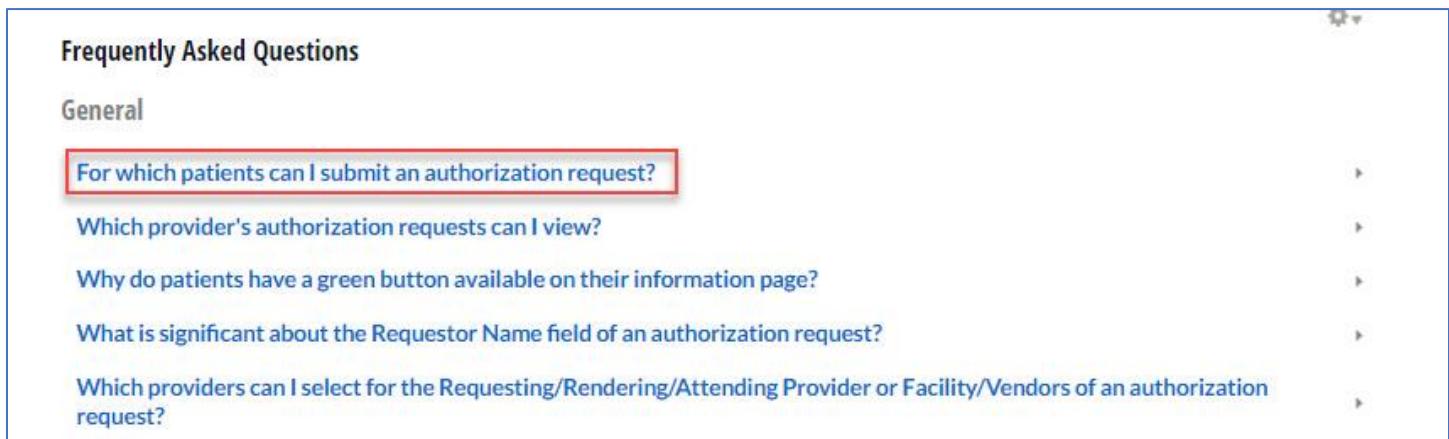
- [For which patients can I submit an authorization request?](#)
- [Which provider's authorization requests can I view?](#)
- [Why do patients have a green button available on their information page?](#)
- [What is significant about the Requestor Name field of an authorization request?](#)
- [Which providers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



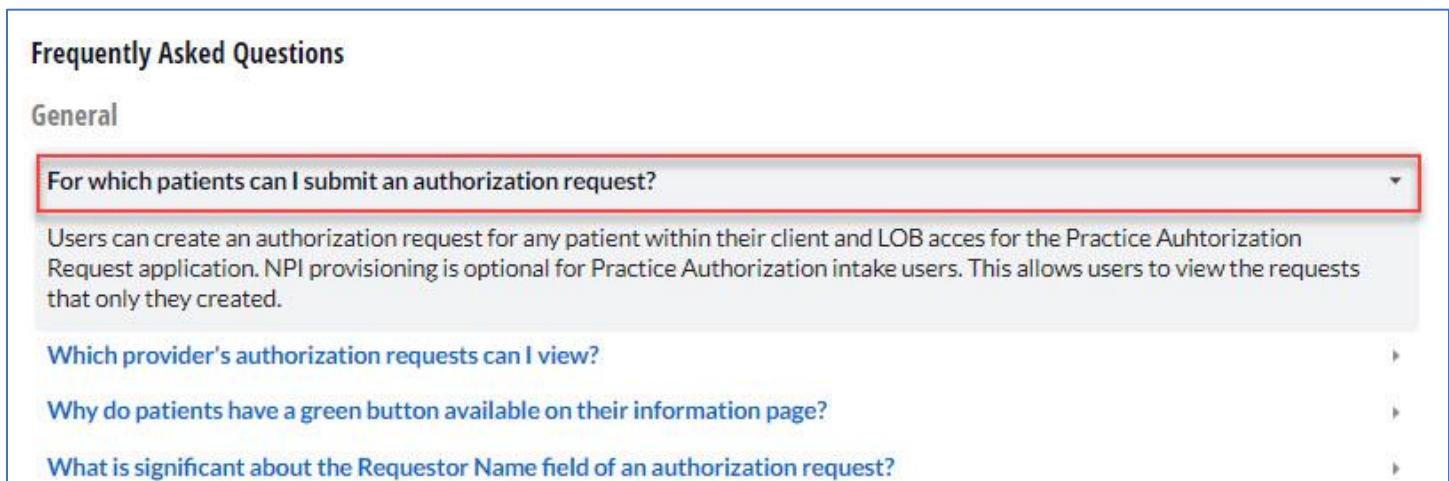
**Frequently Asked Questions**

**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**

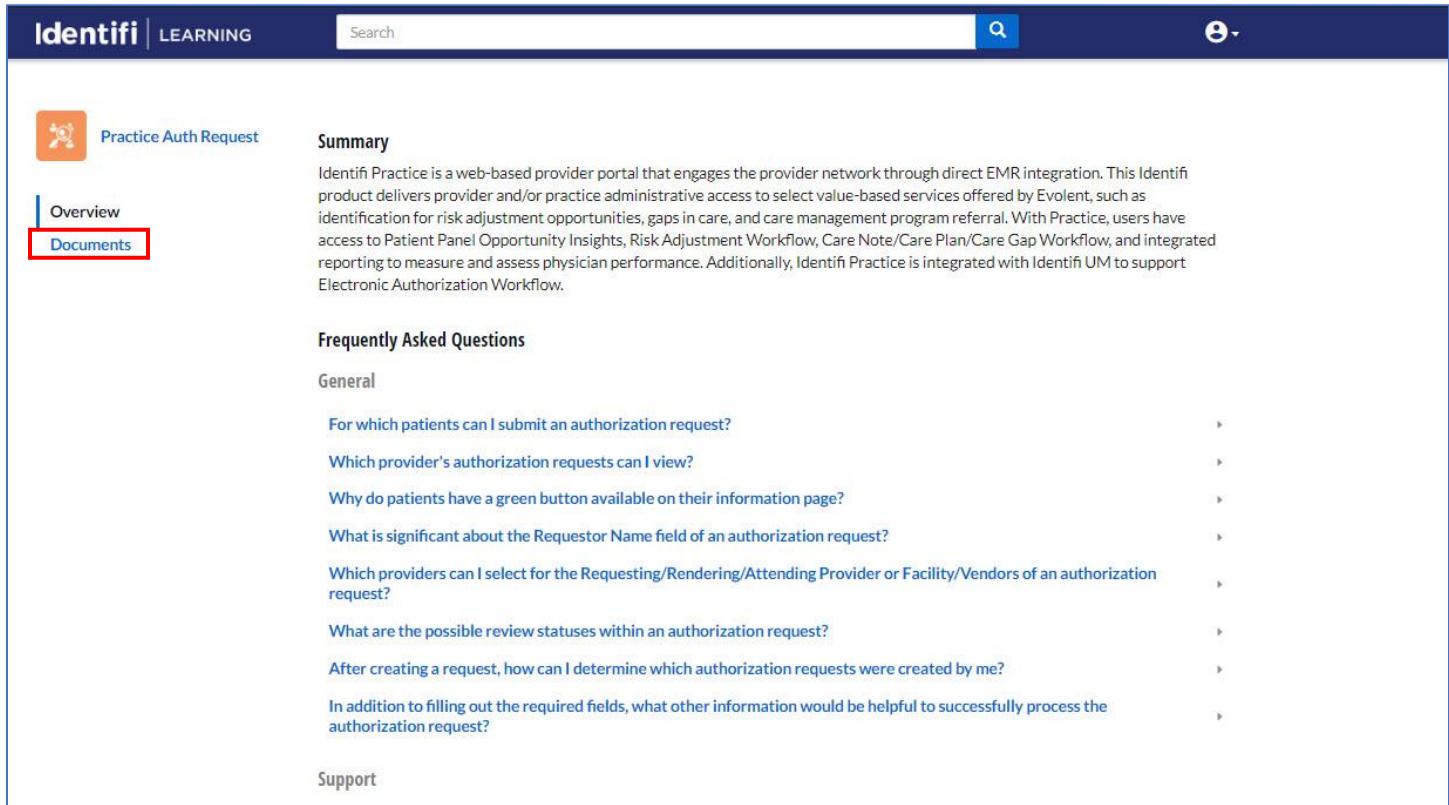
- For which patients can I submit an authorization request?**

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.
- 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:



**Identifi | LEARNING**

**Practice Auth Request**

**Overview** **Documents** 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**

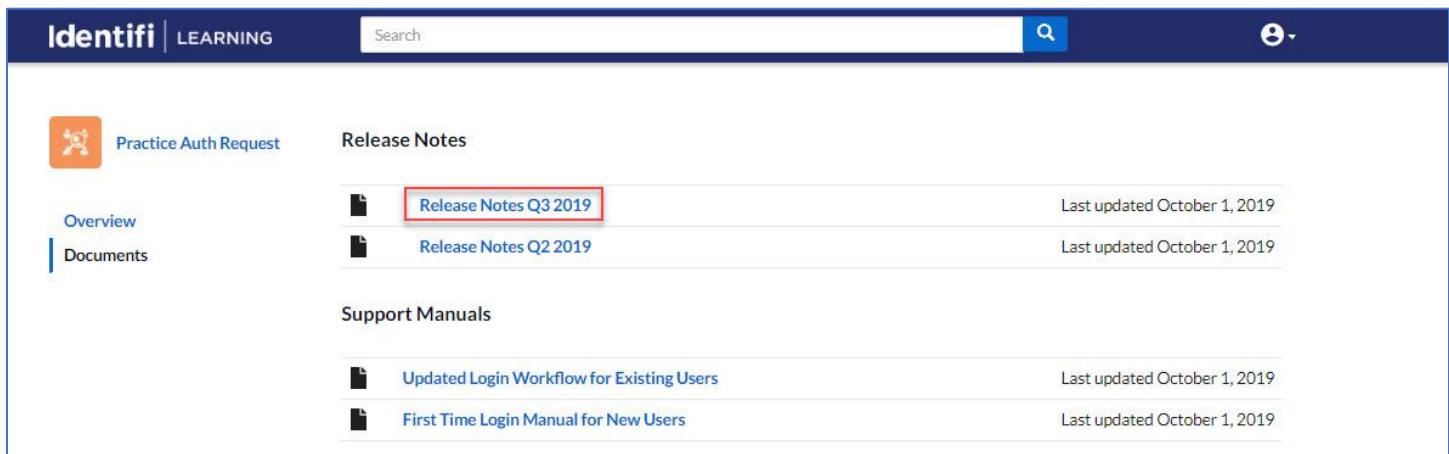
- [For which patients can I submit an authorization request?](#)
- [Which provider's authorization requests can I view?](#)
- [Why do patients have a green button available on their information page?](#)
- [What is significant about the Requestor Name field of an authorization request?](#)
- [Which providers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

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**:



**Identifi | LEARNING**

**Practice Auth Request**

**Overview** **Documents** Documents

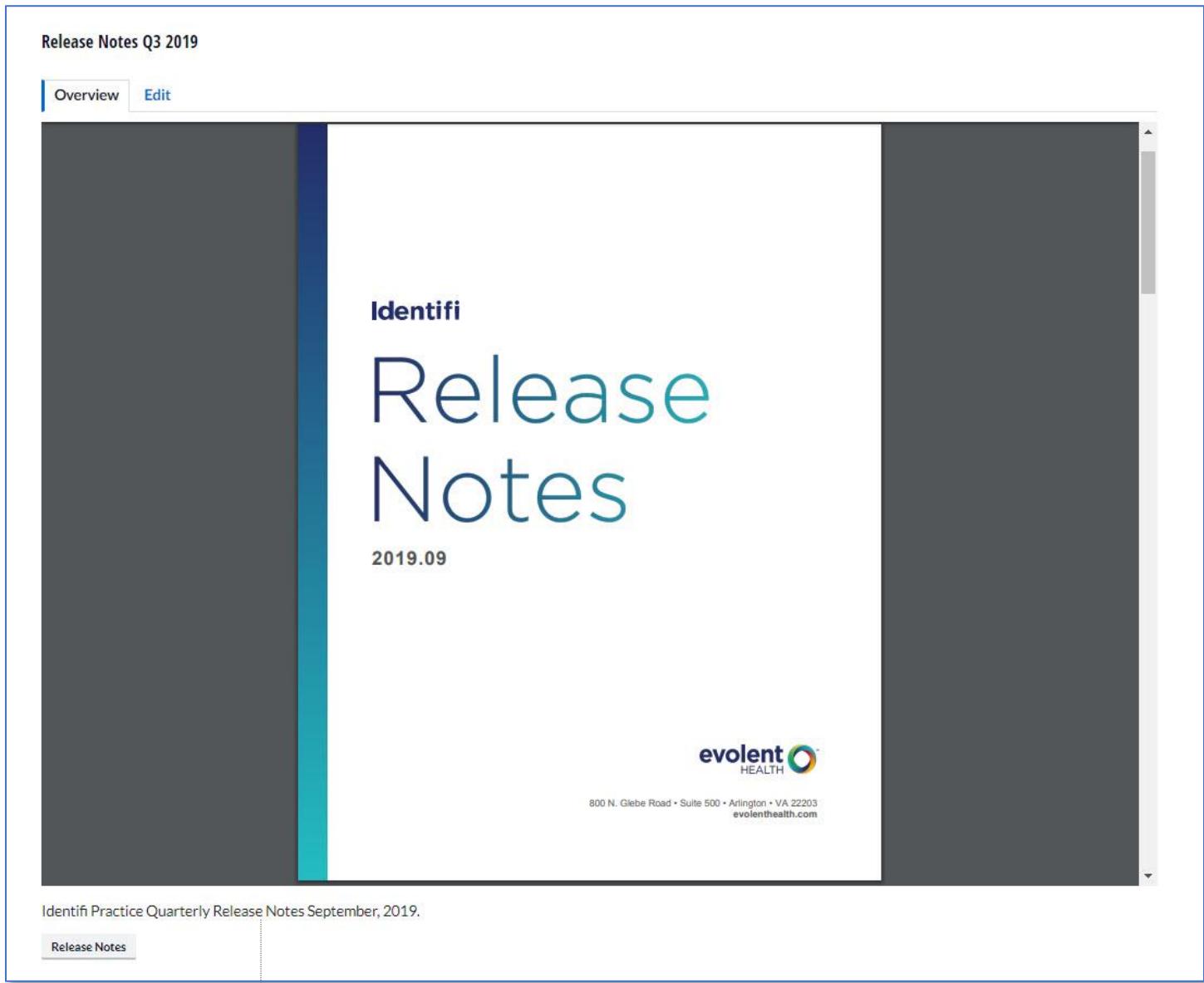
**Release Notes**

<a href="#">Release Notes Q3 2019</a>	Last updated October 1, 2019
<a href="#">Release Notes Q2 2019</a>	Last updated October 1, 2019

**Support Manuals**

<a href="#">Updated Login Workflow for Existing Users</a>	Last updated October 1, 2019
<a href="#">First Time Login Manual for New Users</a>	Last updated October 1, 2019

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



Release Notes Q3 2019

Overview Edit

Identifi

# Release Notes

2019.09

evolent HEALTH

800 N. Glebe Road • Suite 500 • Arlington • VA 22203  
evolenthealth.com

Identifi Practice Quarterly Release Notes September, 2019.

Release Notes

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.

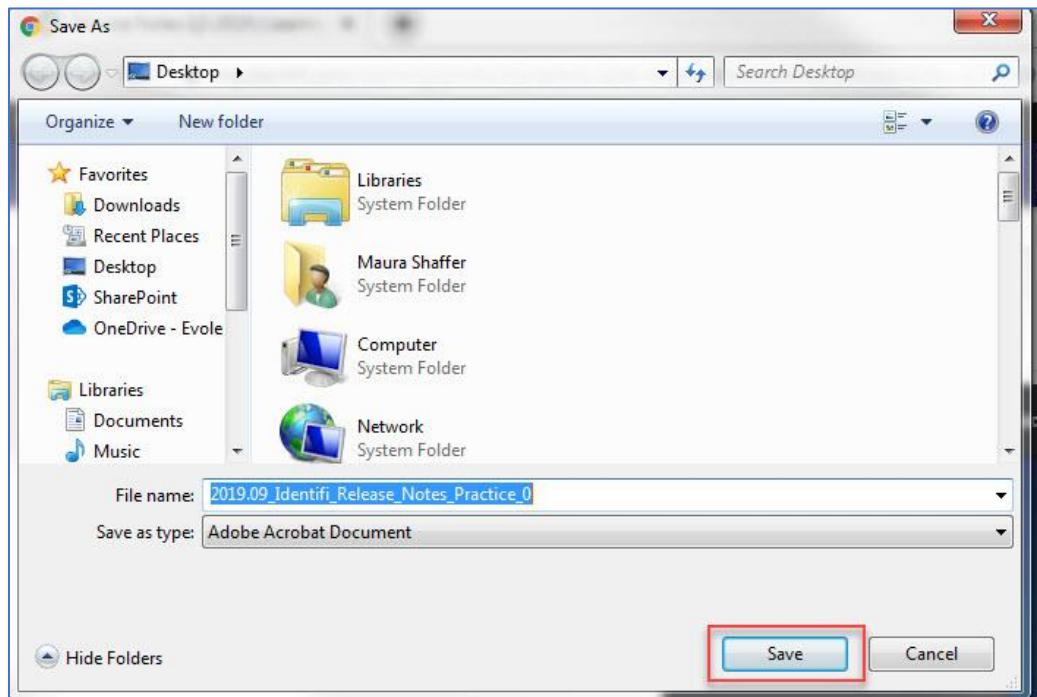
## Downloading a Document

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



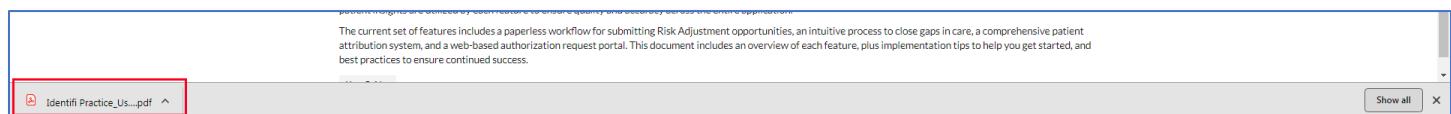
A pop-up appears, asking users to choose a name and file location for the document.

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.

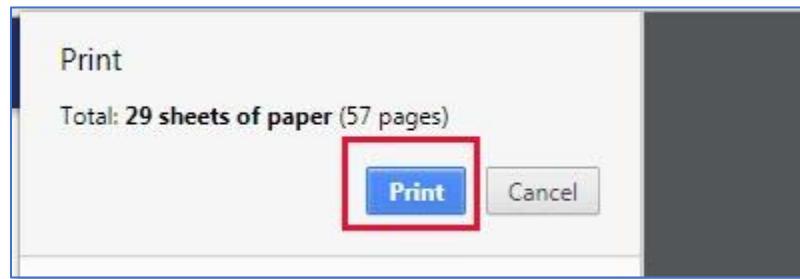
## Printing a Document

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



A print screen generates.

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

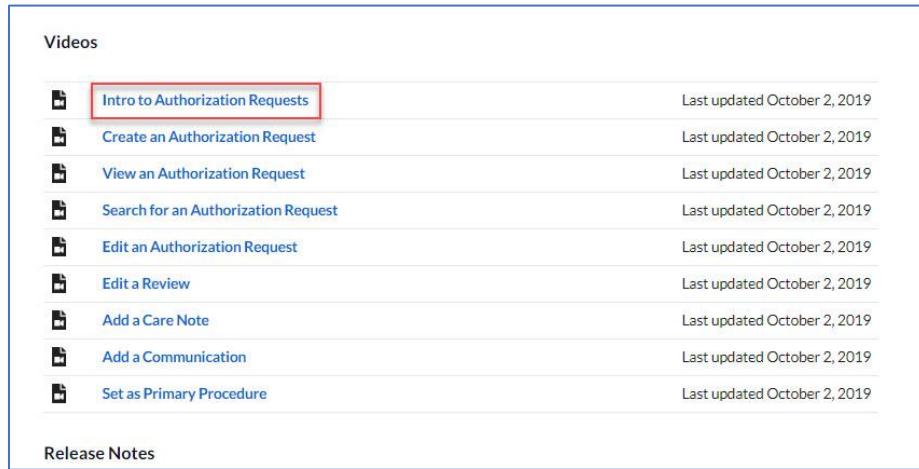


To return to the Documents page, select the **back arrow** in the web browser.

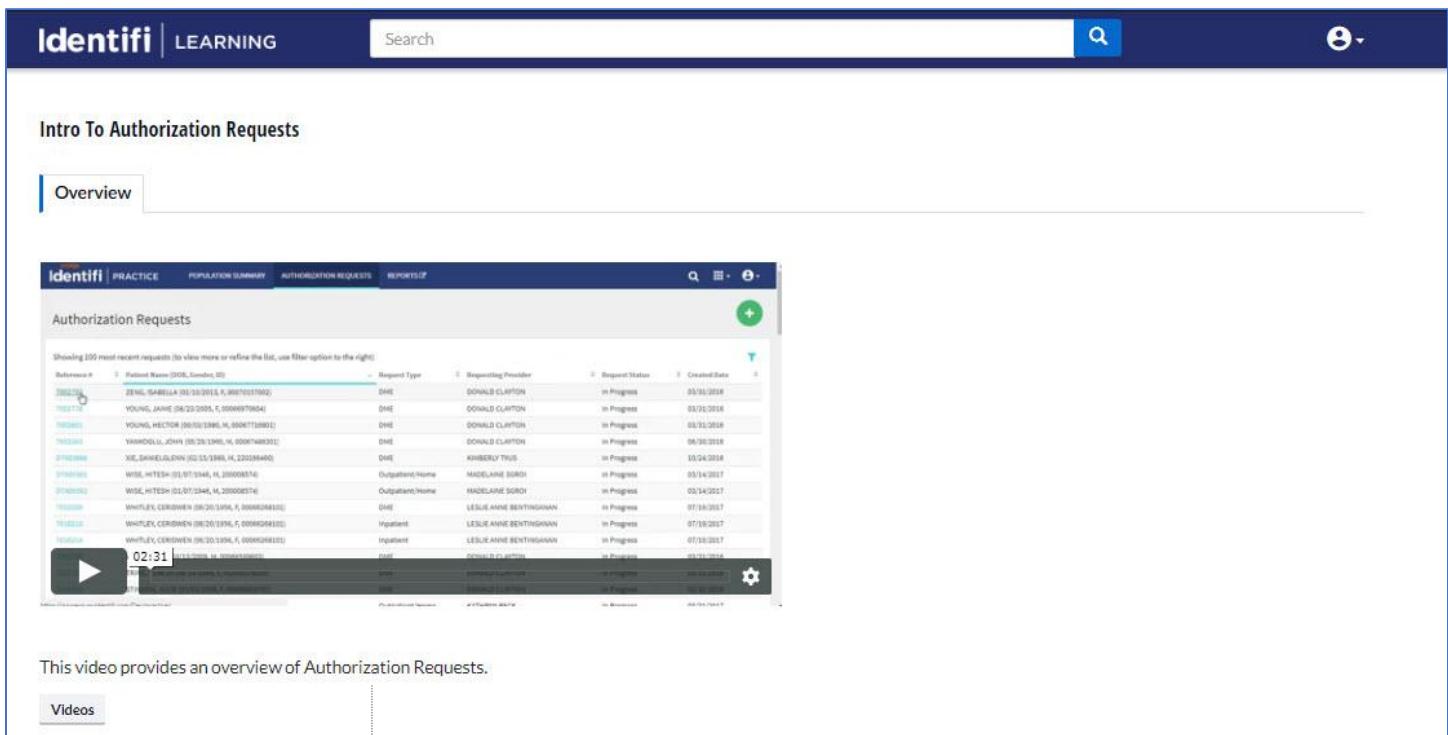
## Viewing a Video

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

To open and view, select the **video title**:



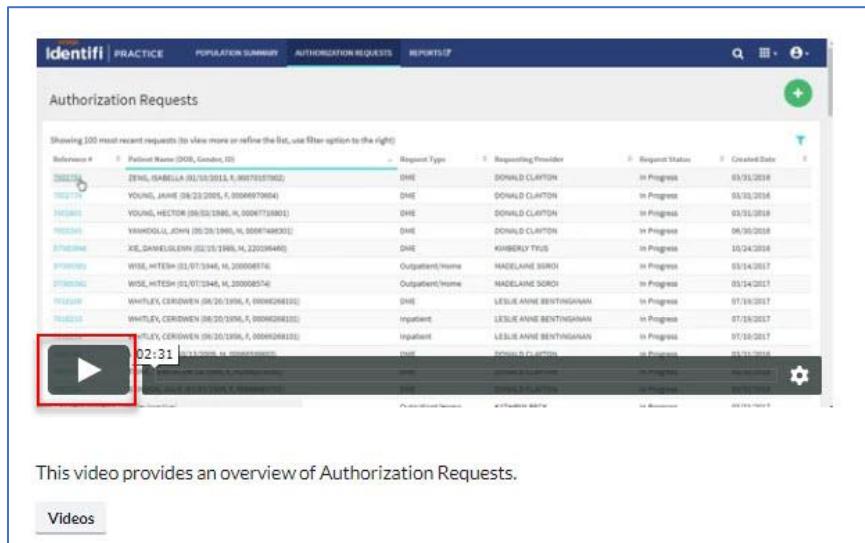
Upon selecting the video, a preview loads, as seen below:



The screenshot shows the Identifi Practice software interface. At the top, there is a navigation bar with 'Identifi LEARNING' on the left, a search bar in the center, and a user icon on the right. Below the navigation bar, the title 'Intro To Authorization Requests' is displayed. A 'Overview' button is highlighted with a blue border. The main content area shows a table titled 'Authorization Requests' with 100 rows. The table includes columns for Reference #, Patient Name (>ID#, LastName, SSN), Request Type, Requesting Provider, Request Status, and Created Date. A video player is overlaid on the table, showing a play button and a timestamp of '02:31'. The video description below the player reads: 'This video provides an overview of Authorization Requests.'

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

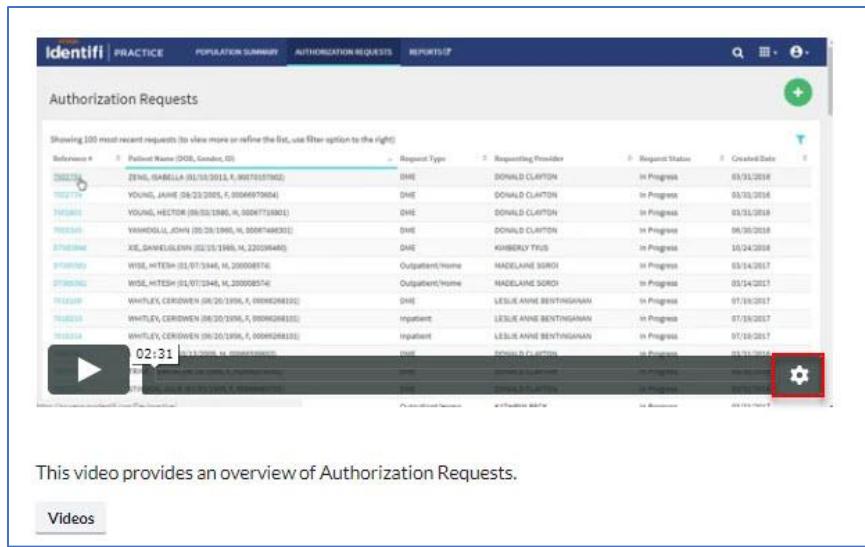
To watch the video, select the **play button**:



This video provides an overview of Authorization Requests.

**Videos**

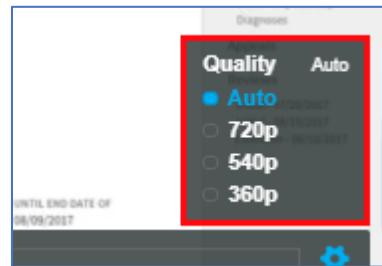
Users can also alter the resolution by selecting the **settings gear icon**:



This video provides an overview of Authorization Requests.

**Videos**

Choose the appropriate **quality**:



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

## Search

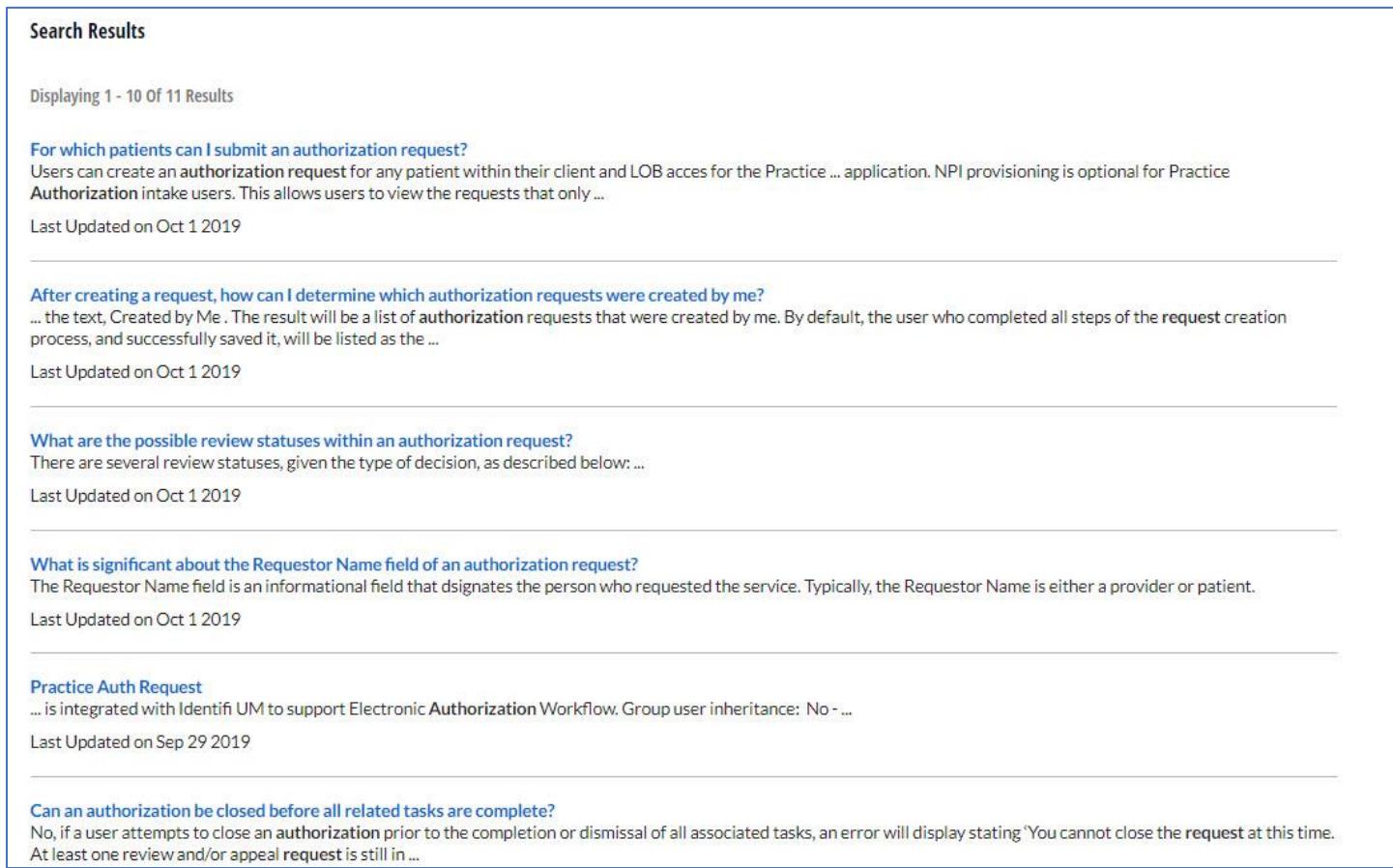
The search feature is in the Identifi Task Bar and can be accessed from any page in Identifi Learning.

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



The screenshot shows the Identifi Learning interface. At the top, there is a search bar with the text "authorization request" and a magnifying glass icon. Below the search bar, the page title is "Practice Auth Request". On the left, there is a sidebar with "Overview" and "Documents" options. The main content area is titled "Summary" and contains a detailed description of Identifi Practice as a web-based provider portal. The text mentions direct EMR integration, provider and practice administrative access, and various service offerings like risk adjustment opportunities and care management program referral.

A search results page generates, as seen below:



The screenshot shows a "Search Results" page with the following items:

- 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 ... 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: ...  
Last Updated on Oct 1 2019
- 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.  
Last Updated on Oct 1 2019
- Practice Auth Request**  
... is integrated with Identifi UM to support Electronic Authorization Workflow. Group user inheritance: No - ...  
Last Updated on Sep 29 2019
- Can an authorization be closed before all related tasks are complete?**  
No, if a user attempts to close an authorization prior to the completion or dismissal of all associated tasks, an error will display stating 'You cannot close the request at this time. At least one review and/or appeal request is still in ...'

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 access 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?

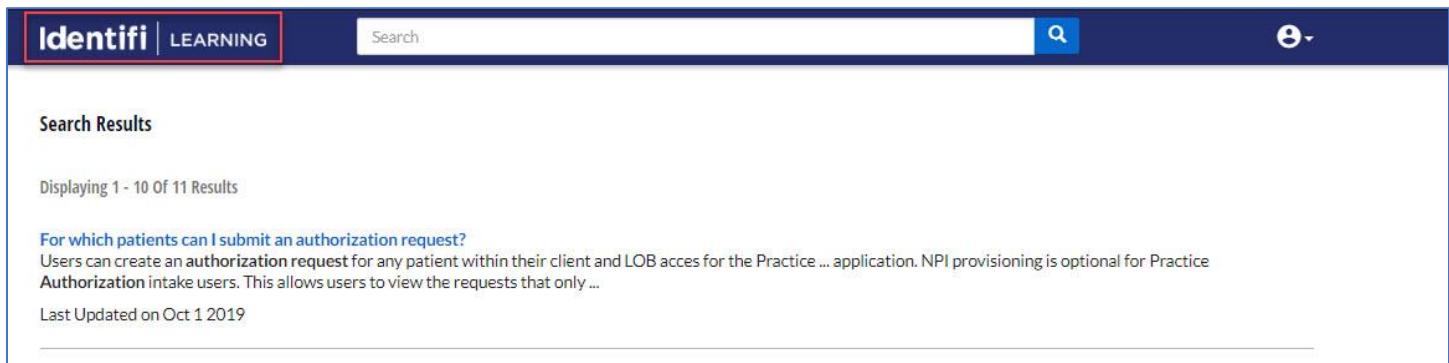
... the text, Created by Me. The result will be a list of authorization requests that were created by me. By default, the user who completed all steps of the request creation process, and successfully saved it, will be listed as the ...

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:



The screenshot shows the Identifi Learning interface with a dark blue header. The header includes the 'Identifi | LEARNING' logo, a search bar with the placeholder 'Search', and a user profile icon. Below the header, the page title 'Search Results' is displayed, followed by the text 'Displaying 1 - 10 Of 11 Results'. A list of search results is shown, with the first item 'For which patients can I submit an authorization request?' highlighted with a red border. The result content is identical to the one shown above. The page has a clean, modern design with a white background and a blue header.

## 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**:

The screenshot shows a software interface for managing medical authorization requests. The top navigation bar includes 'Identifi', 'PRACTICE', 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS', and 'REPORTS'. The main content area displays a table of requests with columns for 'Reference #', 'Patient Name (SISL, Leader, ID)', 'Request Type', 'Requesting Provider', and 'Status'. A 'Filter' button is located at the top right of the table. The bottom left corner features a video player with a play button and the text '05:32'. At the bottom of the page, a red box highlights the 'Practice Authorization Request Videos' link.

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

Identifi | LEARNING

Search

 Profile

Tagged With 'Practice Authorization Request Videos'

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[View Authorization Request](#)

---

[Set As Primary Procedure](#)

---

**Search For An Authorization Request**  
Instructional video guiding users through the process of searching for an authroization request.

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[Intro To Authorization Requests](#)

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[Edit Review](#)

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[Edit Authorization Request](#)

---

[Create Authorization Request](#)

---

[Add Communication](#)

---

[Add A Care Note](#)

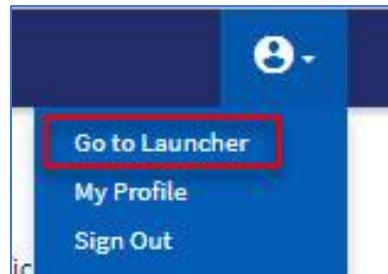
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## Return to Identifi Practice

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

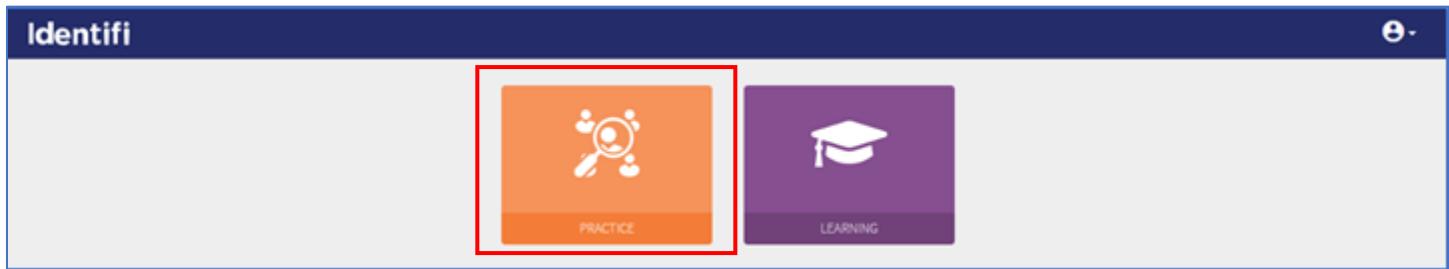


To continue, select **Go to Launcher** from the drop-down menu:



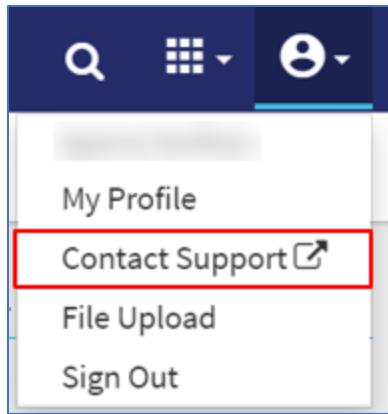
Users can be redirected to the Launcher tile page.

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](https://support.evolenthealth.com) to raise a ticket.

Service Desk Portal

### Evolent Health Service Desk

Do you need help? Choose an option on this portal to request access, report a problem, or raise a general request for a task.

What do you need help with?

Search 

Request for Support	Icon	Description
Provider Disputes		
		<b>Report an Issue</b> Select this option to report an issue regarding a system outage, performance degradation, application interruption, or other issues.
		<b>Request Access</b> Select this option to submit a request for access to applications as a new user or existing user.
		<b>General Request</b> Select this option for an operational request, new feature, change request, informational inquiry.
		<b>Corporate IT &amp; Infrastructure Helpdesk</b> Visit the following: <a href="https://evlt.saasit.com/">https://evlt.saasit.com/</a> to submit requests related to Evolent Corporate IT, Helpdesk, and Infrastructure.

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