GuidingCare®
Authorization Portal User Guide

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This documentation is for GuidingCare, including any associated products not limited to the following: Population Health, Authorization Portal, Mobile Clinician, Member Portal, Care-Payer, HealthRules Connector, and HealthRules Payer.

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Introduction to GuidingCare Authorization Portal

The Authorization Portal integrates with GuidingCare. The Authorization Portal is a tool for providers to electronically submit authorizations and receive automated responses and real-time updates. Providers can check the status of authorizations, add supporting documentation, withdraw requests, make updates and submit appeals on authorizations in one easy-to-use interface.

Single Sign-On (SSO)

TheAuthorization Portal supports SSO functionality to eliminate the need to maintain separate login credentials.

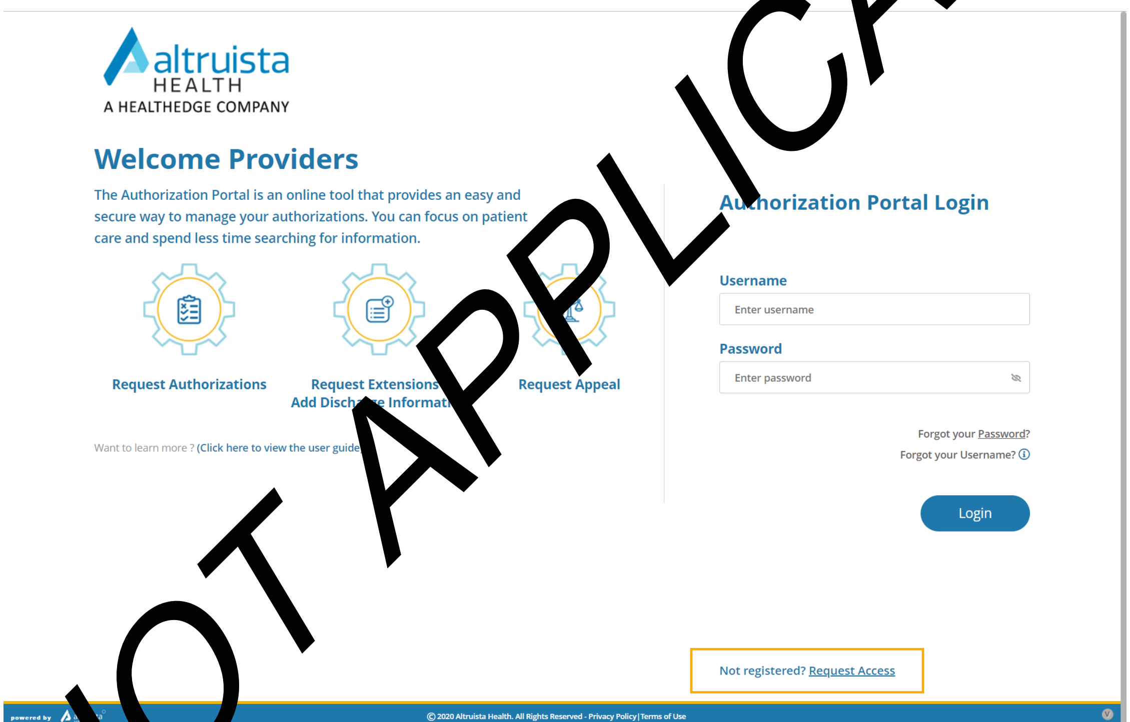
Registration and Login

If you are a new user to the Authorization Portal, you can request access using your provider code (NPI, tax ID or other ID).

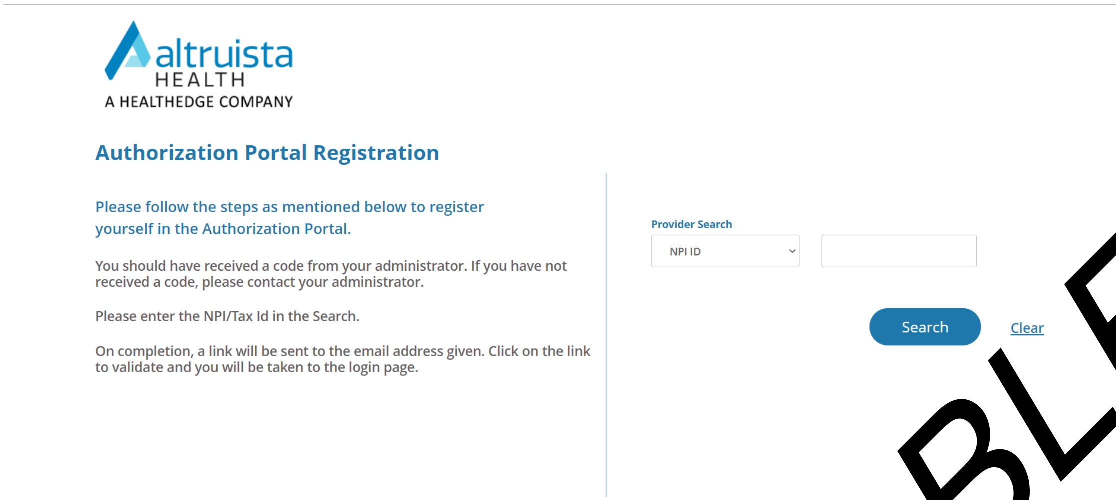
This section includes instructions for registering, logging in, troubleshooting login, and dealing with forgotten password/username or inactivated account.

Registration Procedure

1. Select the **Request Access** link.



2. Select the ID type from the drop-down list.
3. Enter your ID in the text field.
4. Select **Search**.



- If your ID is not found, you will receive an error message.
- If the information you entered is valid, the registration fields display.

5. Enter your name in the **First Name** and **Last Name** fields.
6. Enter a unique user name in the **User Name** field. The user name rules are as follows:

   User Name Rules

   Create a unique user ID using characters with no spaces and using the following restrictions.

   - User name has atleast 8 characters
   - User name has maximum of 15 characters
   - Special characters limited to ONLY a Period "." and Underscore "_ "
   - A period cannot be the last character at the end of the user name

   Note: A combination of letters and numbers may be used.

   As you meet the user name requirements, a green check mark displays next to the requirement.

   If you choose a user name already in use, a message displays, prompting you to choose a new user name.

7. Enter your password in the **Password** and **Confirm Password** fields.

   The password rules are as follows:

Password Rules

- Password cannot contain user name, first name or last name.
- Password has at least 8 characters.
- Password has maximum of 12 characters.
- Password has at least 1 uppercase letter.
- Password has at least 1 lowercase letter.
- Password has at least 1 number.
- Password has at least 1 of these special characters ~ ! # $ % ^ & * _ - | /() {} [] : ; " , . ? @.
- Both password fields should match each other.

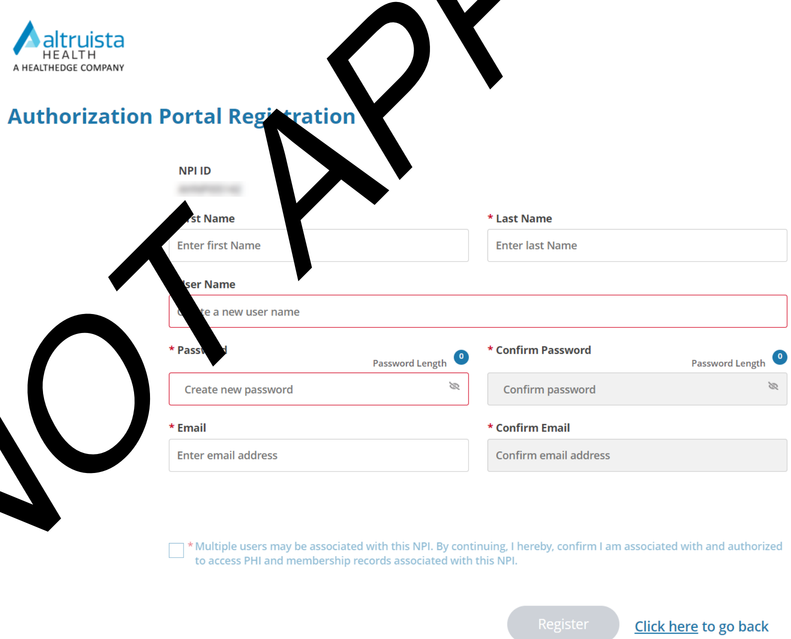
As you meet the password requirements, a green check mark displays next to the requirement.

8. Enter your email in the **Email** and **Confirm Email** fields.
9. Select the checkbox next to the disclaimer.
10. Select **Register**.

    A success message displays to let you know you have registered successfully.

    After you successfully register, your system administrator will need to activate your account before you can log in. If you have any questions, please contact your system administrator.

    The **Register** button will not be enabled until all registration field criteria are met.



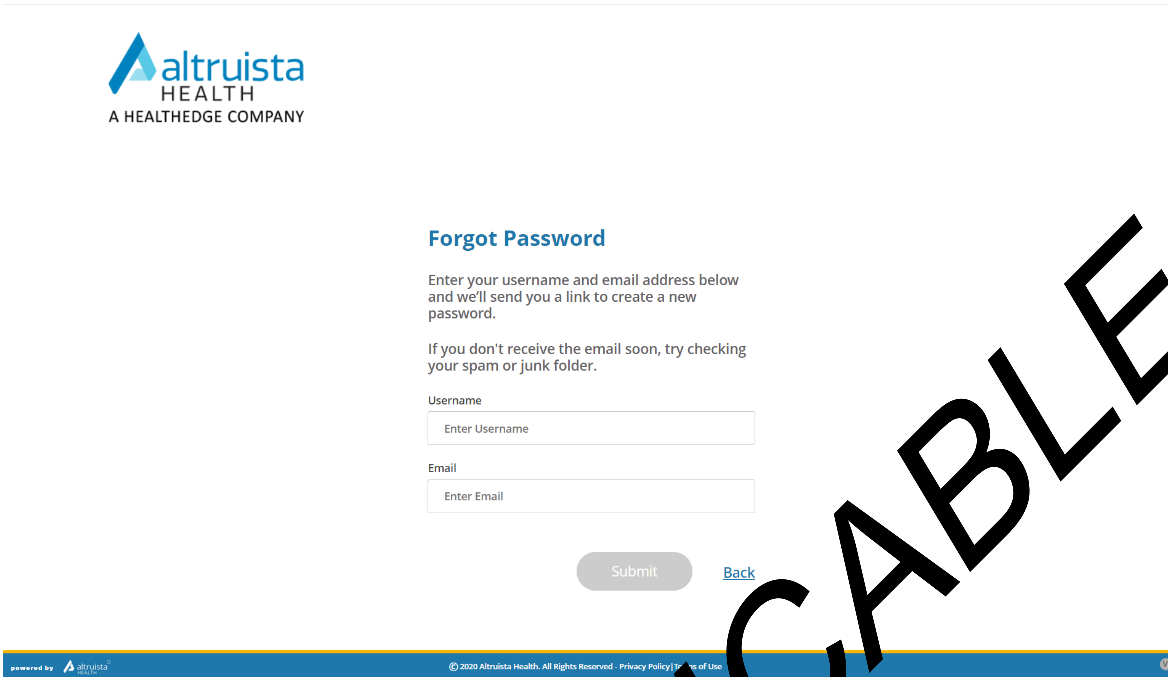
Recover a Forgotten Password

Recover your password if you forgot it.

1. Select the **Password** link below the **Username** and **Password** fields.

2. The Forgot Password page displays.
3. Enter your **Username** and **Email**.
4. Select **Submit**.

NOT APPLICABLE



You will receive a system-generated email with a link to reset your password.

If you enter the wrong password, you only have 4 more attempts to enter the correct password. If you cannot log in, please contact your system administrator.

Forgot Username

If you forgot your Authorization Portal Username, please contact your system administrator.

Account Inactivated

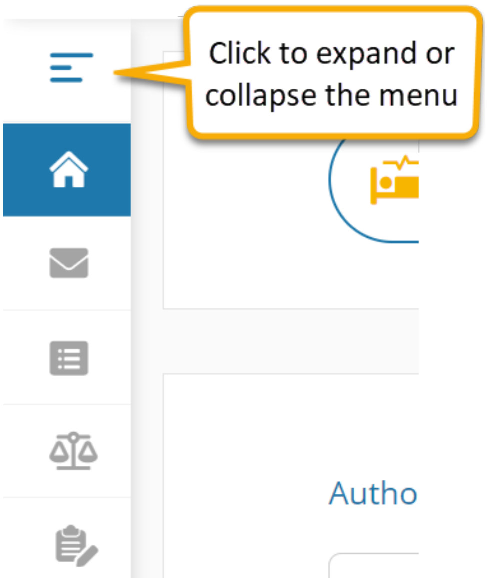
You will get the message that your account is inactivated. Please contact your system administrator.

Navigation

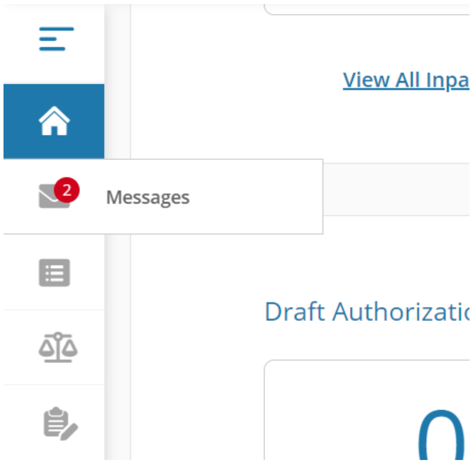
Depending on information passed in the single sign-on SAML, you will have different landing pages such as the Authorization List to review authorization status or the Member Search page to start a new authorization. The navigation bar on the left side of the portal consists of the following tabs:

- Home
- Messages
- Authorization List
- Appeal List
- Draft Authorization List

The tabs available in your menu depend on the configuration of your portal.



When you point to the navigation icon, the navigation icon label displays. The collapsed navigation bar only displays the icons.



The display of tabs available in your portal may vary.

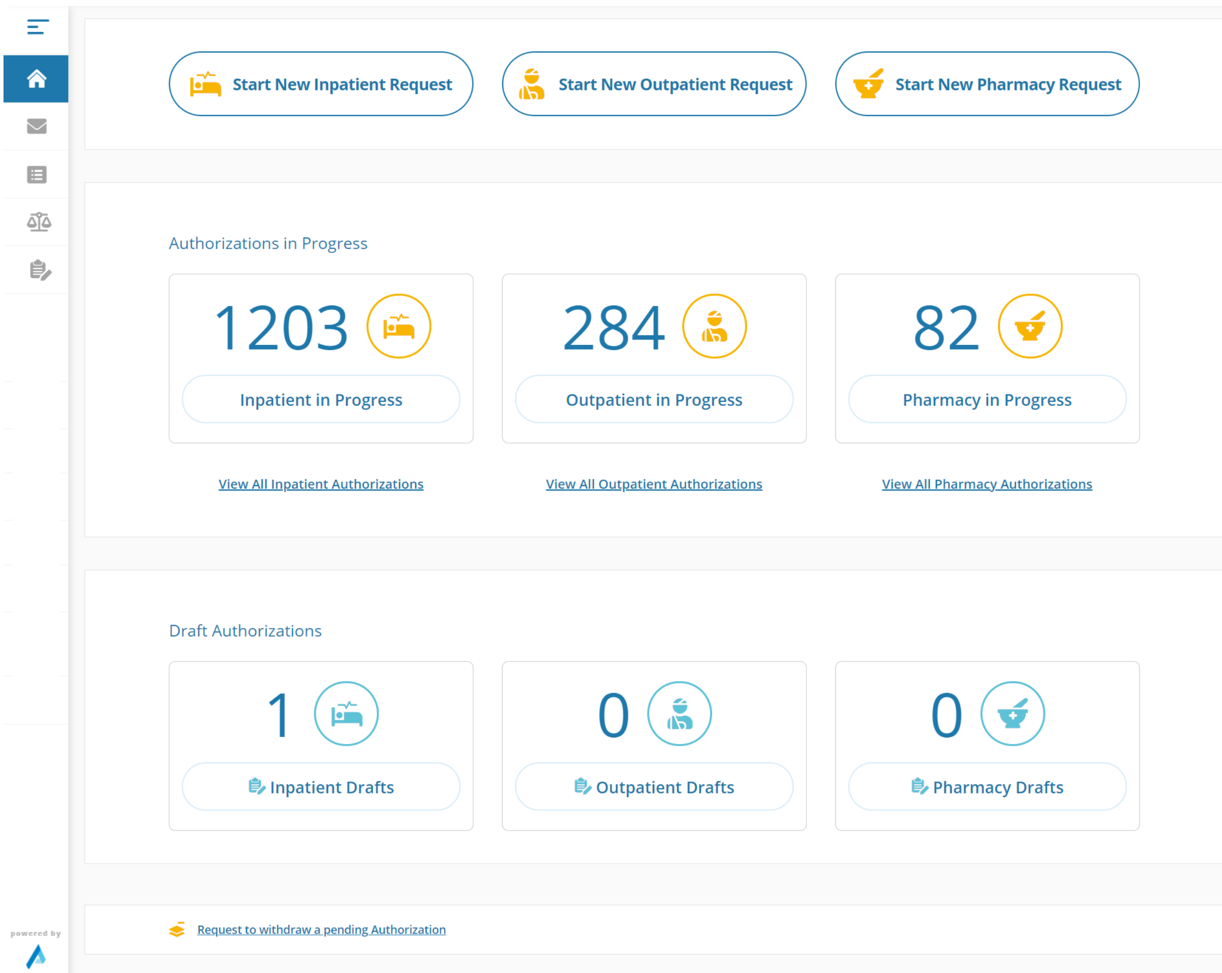
External Links

If configured, an **External Links** menu is available in the upper right-hand corner of your window. Select **External Links** to view and access links to external resources.

Since there is no interface betweenAuthorization Portal and these external resources, best practice is to save any information from these links using notes, documents and attachments inAuthorization Portal.

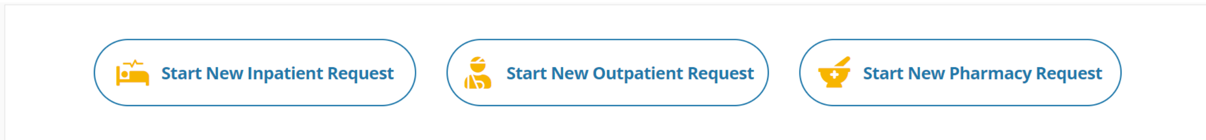
Home

From the Home page, you can start a new authorization, navigate to view authorizations in progress or withdraw a pending authorization request. There is a count of the authorizations in progress by type, as well as a count of the authorization drafts by type.



Start a New Request

The first section on the Home page contains buttons that navigate you to the four-step wizard that you can use to enter a new authorization request.



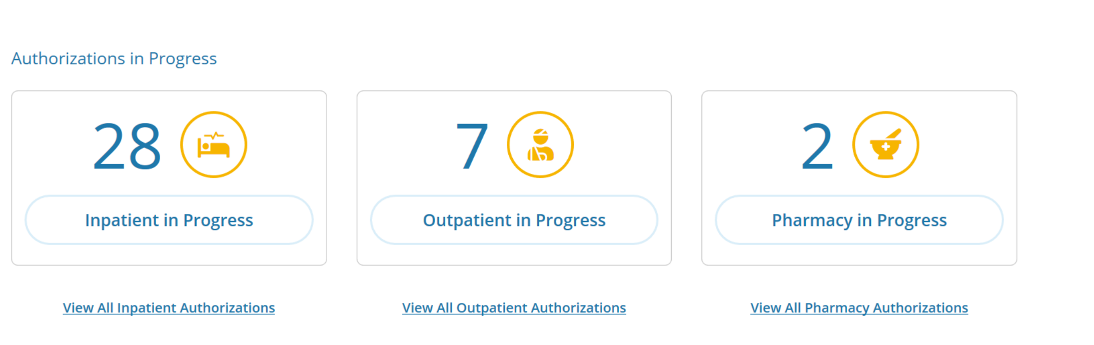
Some authorization classes (Inpatient, Outpatient and Pharmacy) may not be visible on your Home page, depending on the configuration of your portal.

For more information on starting a new authorization request, refer to New Authorization Request.

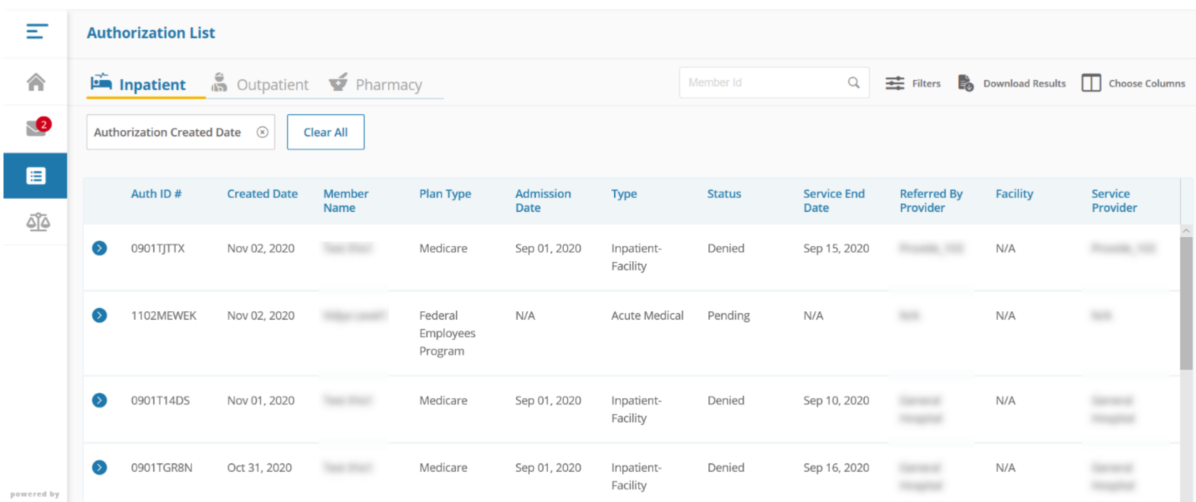
View Authorizations in Progress

You can view your **Authorization List** from the Home page. From this list, you can check on the status of all in-progress authorizations. The **Authorizations in Progress** tiles display the count of in-progress authorizations. You can select anywhere in these tiles to go to the **Authorization List**.

1. Select the tile of the in-progress authorizations that you would like to view. The Authorization List appears.



The authorizations visible depend on your portal configuration.

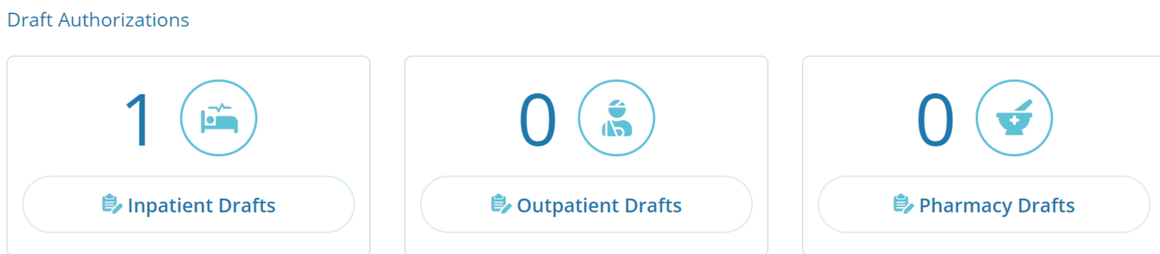


For more information, refer to the Authorization List.

Draft Authorizations

Draft authorizations are authorizations that have been saved in the portal, but not yet submitted for review. The **Draft Authorizations** display on your Home page.

The availability of the draft authorization functionality is dependent on the configuration of your portal.



New Authorization Request

You can either start a new authorization request by SSO SAML navigating you to the Member Search page directly or selecting the relevant button on the Home page to start a new authorization request.

This section describes the process.

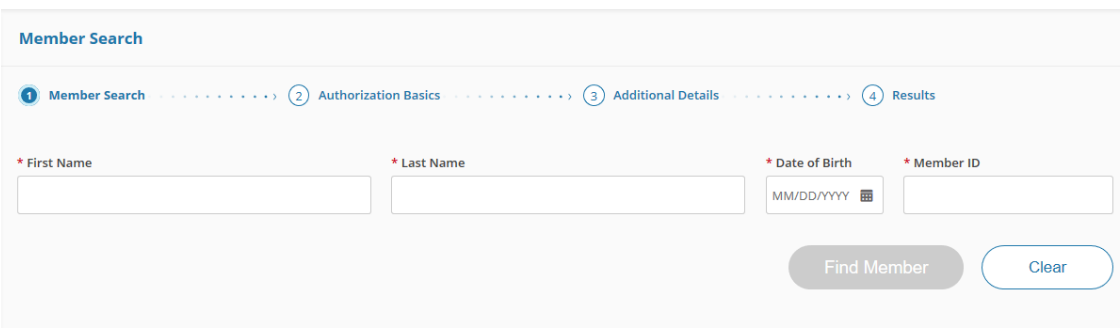
Step 1: Member Search

The Member Search page is the first step in a four-step wizard you can use to create an authorization electronically.

1. If you are on the Home page, select **New Inpatient Request** for inpatient authorizations, **New Outpatient Request** for outpatient authorizations or **New Pharmacy Request** for pharmacy authorizations. The Member Search page displays.

   OR

2. Depending on the information you entered in your portal, you may be navigated directly to the Member Search page.

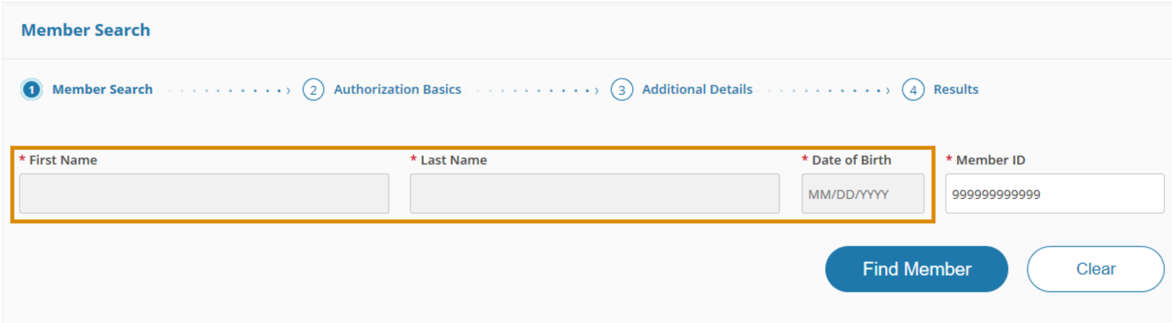
   

   Required fields are indicated by a red asterisk (*).

   Required fields on this page are configurable per client.

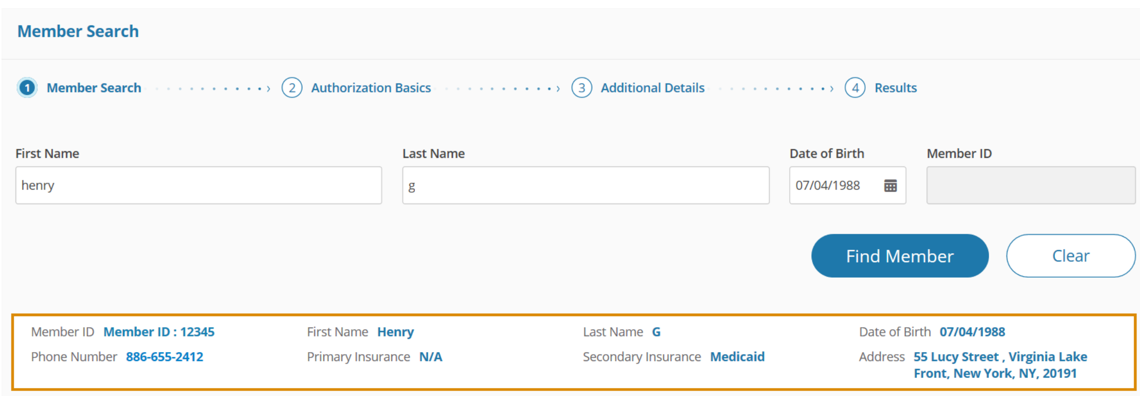
   You can search for a member by exact name and date of birth OR by their member ID.

3. Search for a member:



- To search for a member by name and birthdate, enter all three search criteria together (**First Name**, **Last Name** and **Date of Birth**). After you start typing in any of these three fields, the **Member ID** field becomes inactive. After you enter all three criteria, the **Find Member** button becomes active.
- To search by **Member ID**, the **First Name**, **Last Name** and **Date of Birth** fields become inactive. After you enter the Member ID, the **Find Member** button becomes active.

5. Select **Find Member**. A tile or list of tiles displays with member demographic information.
6. Select the appropriate member.



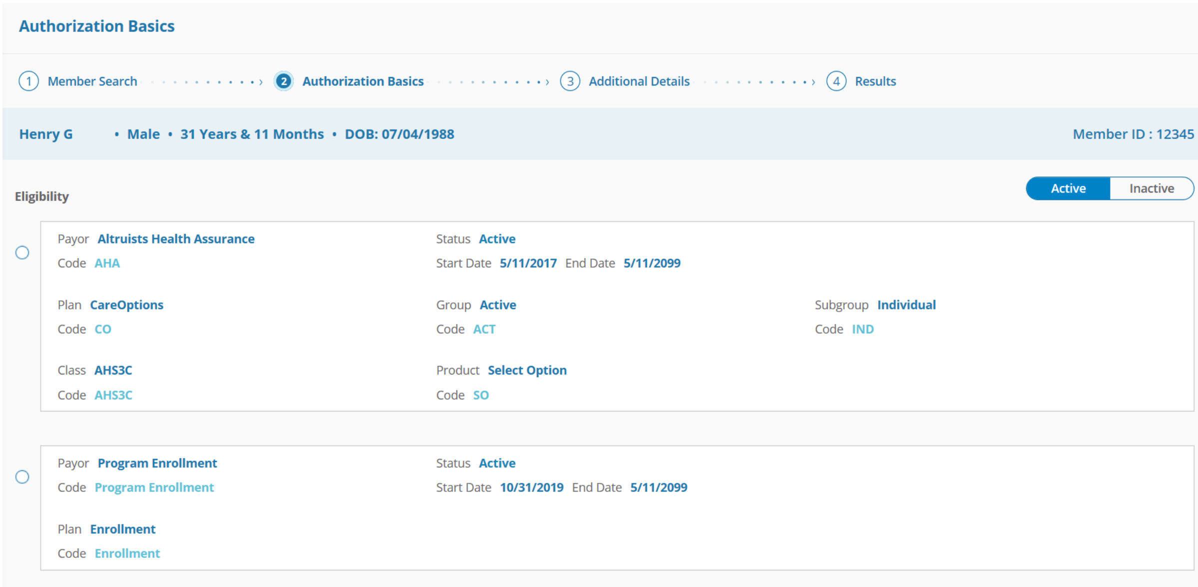
An alert may display to warn you that the member is missing primary insurance.

Step 2: Authorization Basics

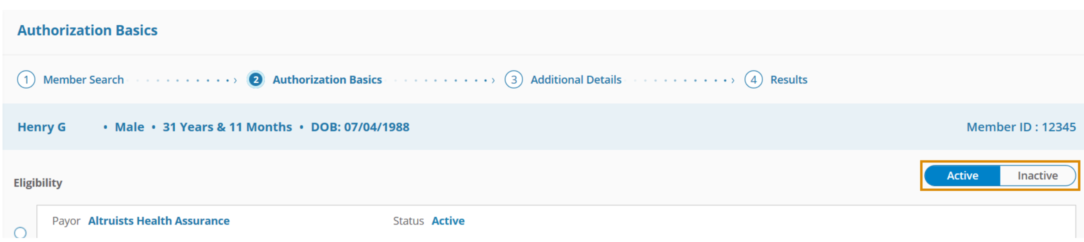
Tip: The fields that display on this page depend on your selections, starting with **Authorization Type**, and are configurable by authorization template in GuidingCare. For example, the following steps are based on creating an inpatient authorization.

Procedure

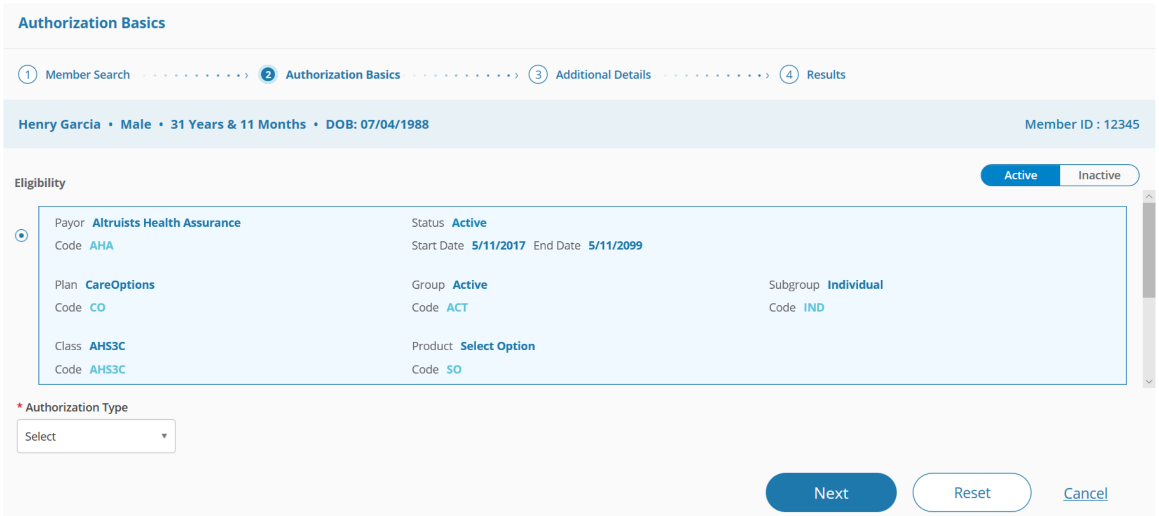
1. The Authorization Basics page appears with the member's name, gender, age, date of birth (DOB) and member ID number.



2. Select the eligibility of the member. You can filter eligibilities by **Active** or **Inactive**. The **Authorization Type** drop-down list displays.



3. Select the **Authorization Type**. The page refreshes with additional fields.



If yourAuthorization Portal is enabled with Integrated Authorization Review (IAR), please refer to the Integrated Authorization Review (IAR) section.

The fields that display as well as the field labels will vary depending on the eligibility and authorization type you select.

If a field is smart search enabled, you can type a few characters in the field and press the down arrow to view results.

The following table lists the fields that may or may not display depending on your selections. Depending on your portal configuration, you may have additional fields configured that are not on this list.

Field	Description
Auth Priority	Select from a list of priorities. Authorization priorities can range from urgent to elective.
Referred By Provider Name	Select a provider search method: Provider Name, Provider Code, NPI or Tax ID. The text field is a smart search field. Select the magnifying glass for a more advanced search. Depending on your portal configuration, only in-network providers may appear in your smart search. Advanced search includes out-of-network providers. This field may be prepopulated with your provider details.
Referred By Provider Name & Servicing Provider are same	Select this check box to populate the Servicing Provider field with the same details as the Referred By Provider Name field.

Field	Description
Servicing Provider	Select a provider search method: Provider Name, Provider Code, NPI or Tax ID. The text field is a smart search field. Select the magnifying glass for a more advanced search. Depending on your portal configuration, only in-network providers may appear in your smart search. Advanced search includes out-of-network providers. This field may be prepopulated with your provider details.
Facility Provider Name	Select a provider search method: Provider Name, Provider Code, NPI or Tax ID. The text field is a smart search field. Select the magnifying glass for a more advanced search. Depending on your portal configuration, only in-network providers may appear in your smart search. Advanced search includes out-of-network providers. This field may be prepopulated with your provider details.
Actual Admission Date and Time	Use the calendar to select or enter the member’s admission date. Use the keyboard shortcut t-n and press Tab to populate today’s date.
Expected Discharge Date	Use the calendar to select or enter the date the member is expected to be discharged from care. Use the keyboard shortcut t-n and press Tab to populate today’s date.
Date Noted	Use the calendar to select or enter the date on which this authorization is noted. Use the keyboard shortcut t-n and press Tab to populate today’s date.
Admission Type	Select the circumstances under which the member was or will be admitted.
Treatment Type	Select the appropriate type of service.
Place Of Service	Select the setting the service was provided.
Number Of Days	Enter the number of days the member received services.
Diagnosis Description	This field is smart search enabled by diagnosis code or description.

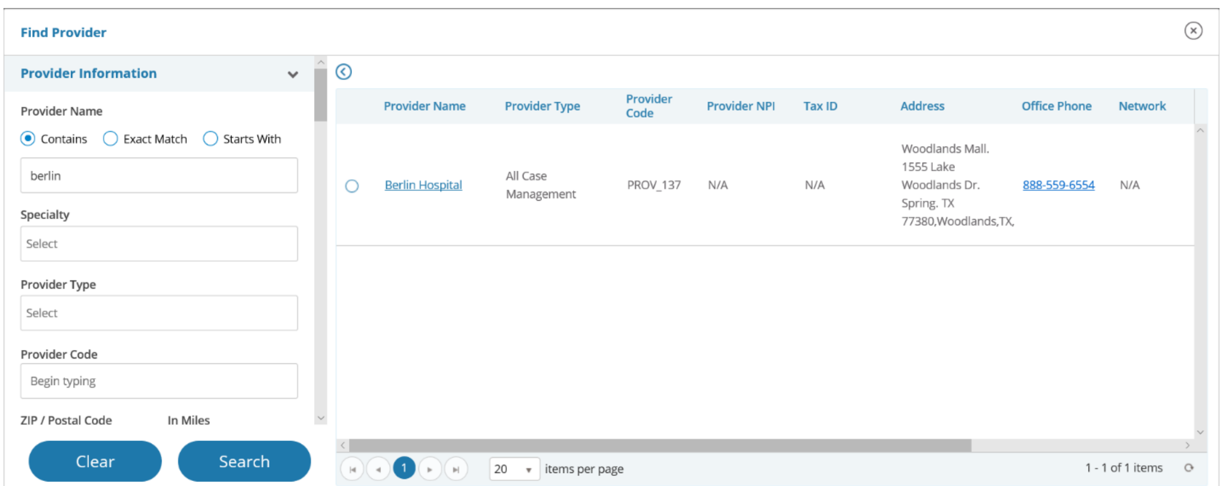
Field	Description
Diagnosis Code	The code automatically populates depending on the diagnosis you selected in the Diagnosis Description field.
+	Select + to add an additional diagnosis line.
Primary Diagnosis	Select this radio button if you have more than one diagnosis line.
Procedure Description	This field is smart search enabled by diagnosis code or description.
Procedure Code	The code automatically populates depending on the diagnosis you selected in the Diagnosis Description field.
Modifier	Select the procedure modifier, if applicable, to further describe the procedure.
Policy Code Link	If applicable, select the Policy Code Link to search for and select a medical policy for the health plan against which to review the authorization. A Policy Search window opens.
Unit Type	Select the type of units for the procedure.
From Date	Use the calendar to select or enter the from date of the procedure.
To Date	Use the calendar to select or enter the to date of the procedure.
Req.	Enter the number of requested units for the procedure.
+	Select + to add an additional procedure line.
Primary Procedure	Select this radio button if you have more than one procedure line.
Medication Description	This field is smart search enabled by medication code or description.
Medication Code	The code auto-populates depending on the medication you selected in the Medication Description field.
Strength	Enter the strength of the medication.
Frequency	Select the appropriate frequency of the medication.
From Date	Use the calendar to select or enter the from date of the medication.
To Date	Use the calendar to select or enter the to date of the medication.
Req.	Enter the number of requested units for the medication.

Field	Description
+	Select + to add an additional medication line.
Disclaimer	You may be required to acknowledge a disclaimer before proceeding. You must read the disclaimer and select the check box. The Submit button will remain disabled until you select the check box.
Save as Draft	Select this button to save the authorization details as a draft instead of submitting it for review.

4. Select **Next** or **Save as Draft**.

Provider Advanced Search

You can select the magnifying glass next to any of the provider fields to do an advanced search. The advanced search opens in a new window. In this window, you can use several advanced search options to find a provider.



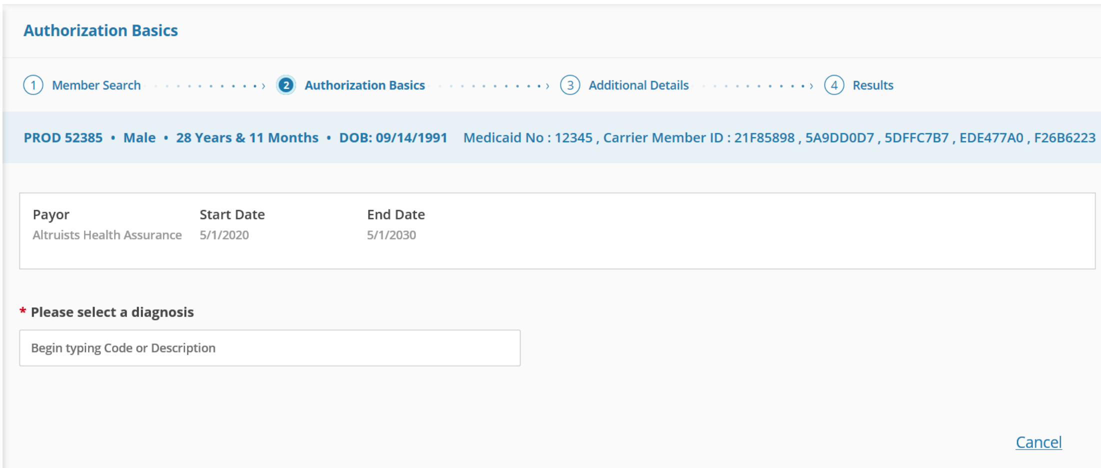
Integrated Authorization Review (IAR)

If IAR is enabled for theAuthorization Portal, you will be routed seamlessly to an integrated window where a real-time check for certain benefits will happen as defined by the plan.

Example: You only want authorization requests for contracted services. IAR helps prevent the submission of non-contracted authorization requests. IAR starts after you select the eligibility and authorization type of the member. IAR questions appear in sequence; after you answer one question, the next question in the sequence appears.

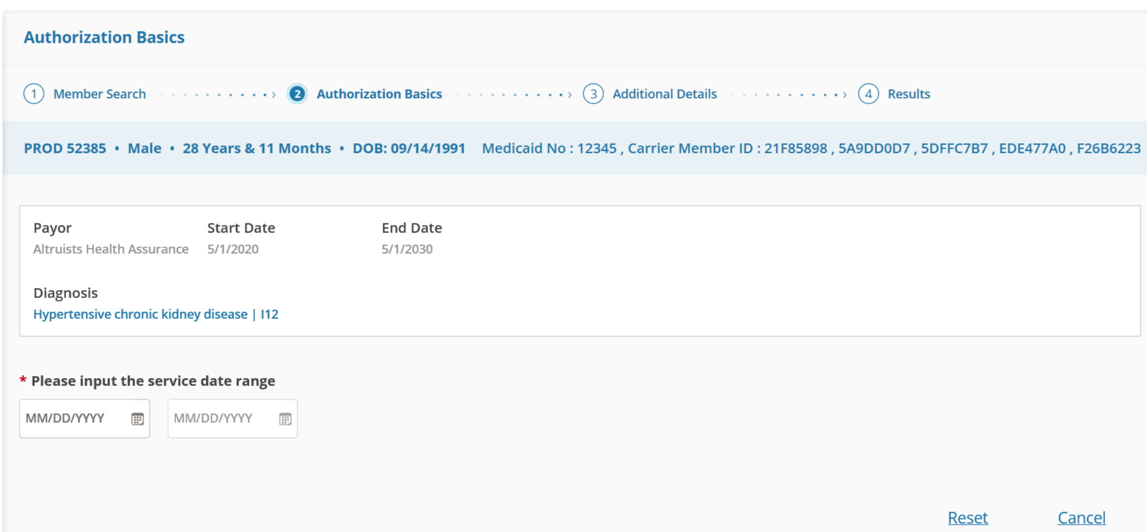
1. After you select the eligibility, select the member's diagnosis. The diagnosis appears in blue in the banner above.

   The diagnosis field is smart search enabled. Type the first few characters of the diagnosis description or code and press the down arrow, a list of results appears, allowing you to select from that list.



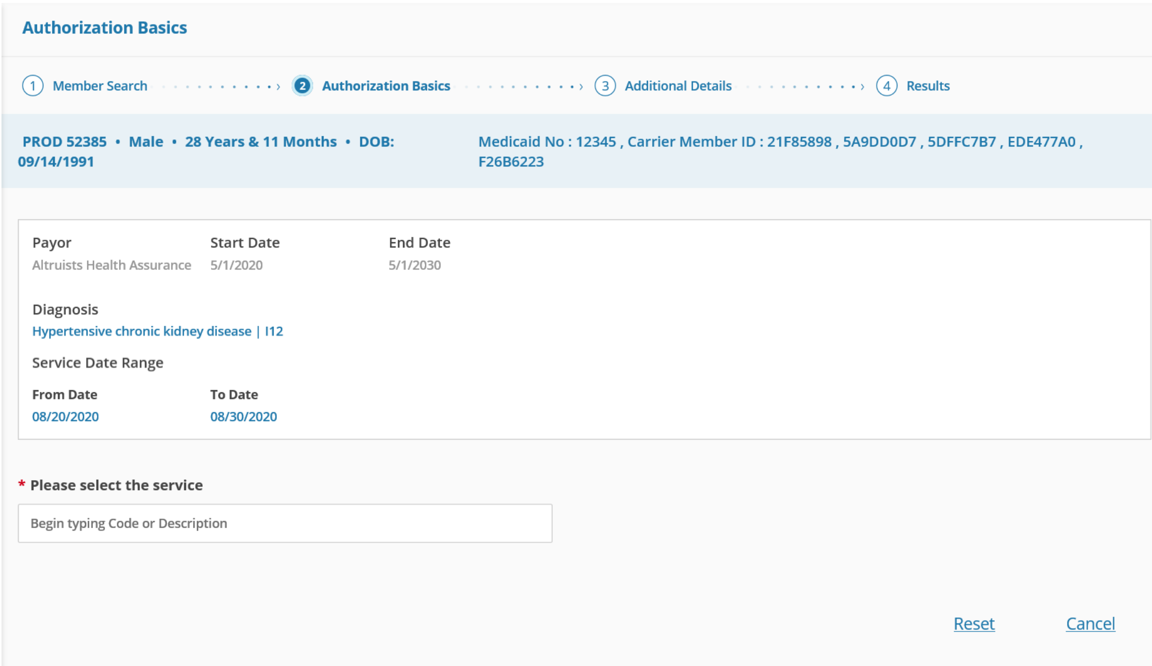
2. Select the service date range from the calendars. The service date range appears in blue in the banner above.

   The system displays the from and to dates based on the member's eligibility dates in IAR, so that correct dates are captured without any further validations needed.



3. Select the service requested for the member. The service appears in blue in the banner above.

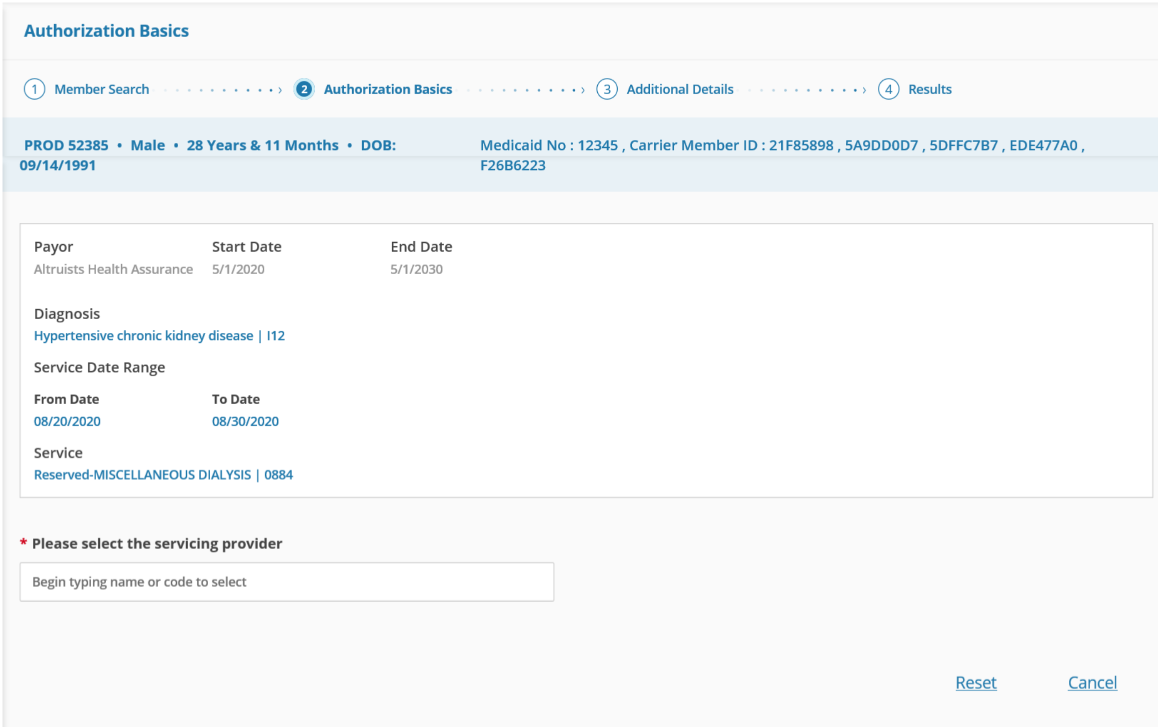
   The service requested field is smart search enabled. Type the first few characters of the service and press the down arrow, a list of results appears, allowing you to select from that list.



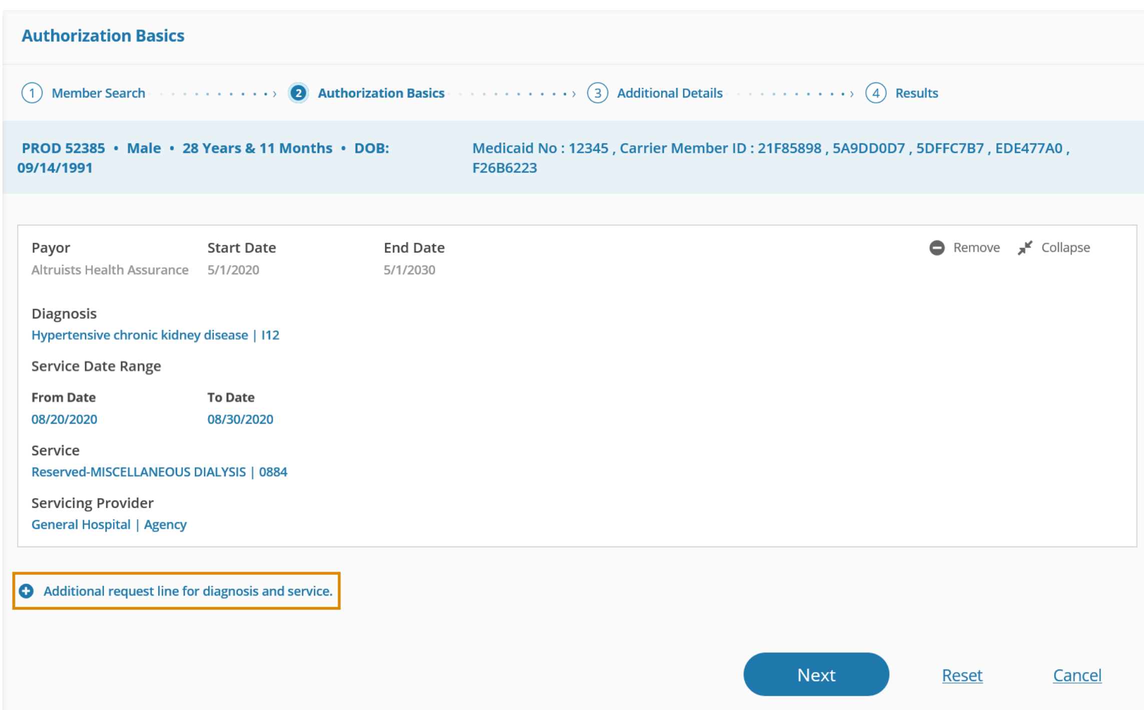
4. Select the servicing provider.

   The servicing provider appears in blue in the banner above.

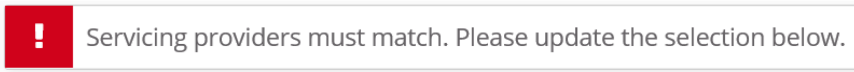
   This field is smart search enabled. Type the first few characters of the provider’s name or code and press the down arrow, a list of results appears, allowing you to select from that list.



Tip: You can add additional diagnosis/service lines by selecting **Additional request line for diagnosis and service**.



If you add more than one diagnosis/service line, the servicing providers must match. If they do match, a message displays, asking you to update the information.



Select **Remove** to remove a diagnosis/service line.

Select **Collapse** to collapse the diagnosis/service line details.

5. Select **Next**.

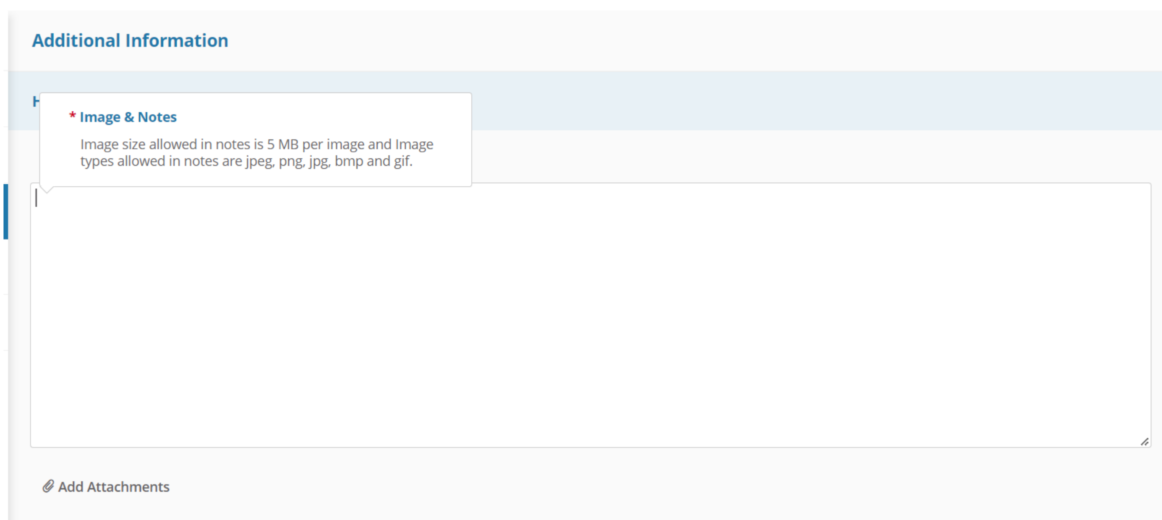
   The authorization entry fields display with the information you entered for the diagnosis/service line (s) already populated.

Step 3: Additional Details

Step 3 allows you to add notes to the authorization request.

1. The **Add Note** field appears.

   You can either type in this field or copy and paste text and/or images. Image limitations are listed in a tooltip that displays when you point to the field.



2. Select **Add Attachments** to add documentation.

   Refer to Add Attachments for more information.

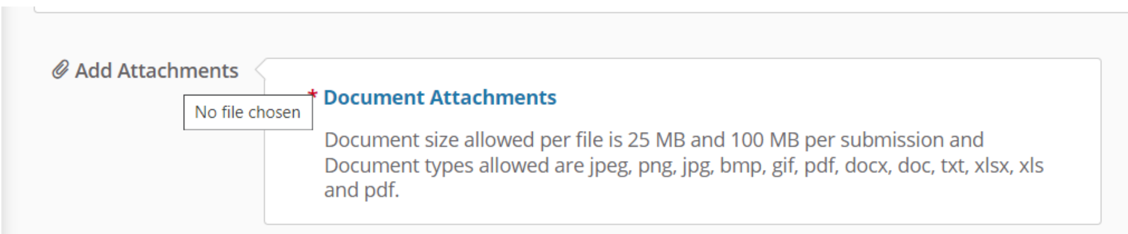
   You may be required to acknowledge a disclaimer before proceeding to the next step. You must read the disclaimer and select the check box to continue. The **Submit** button will remain disabled until you select the disclaimer check box.

3. Select **Submit**.
4. Rules run to determine if you should walk through criteria or if the authorization requires additional review.

   If your portal is integrated with external guidelines, you will have a button to select and the guidelines will open in a new window.

Add Attachments

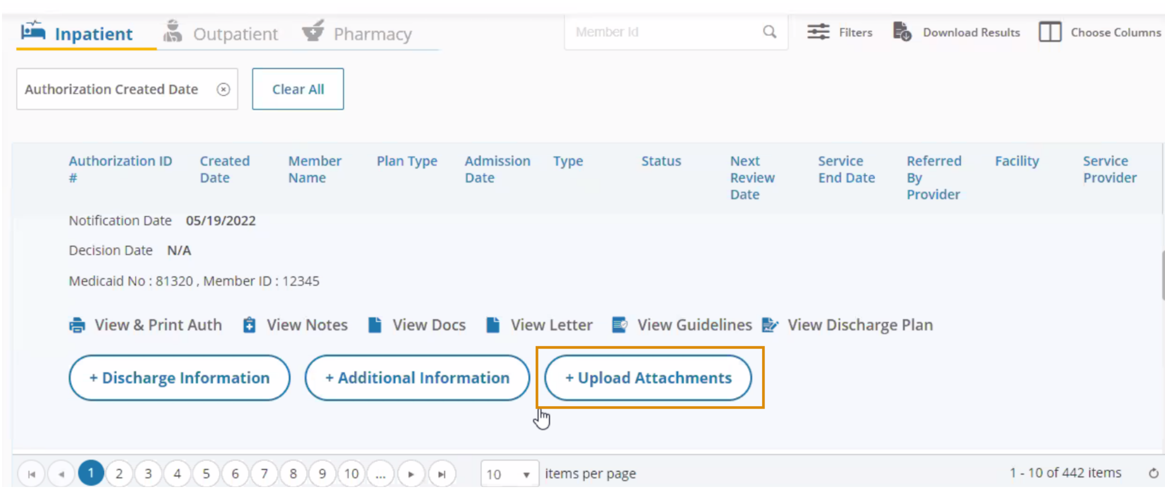
Attachment limitations are listed in a tooltip when you point to the Add Attachments link.



If the upload fails, a failure message displays with a list of attachments that failed to upload. You can try to upload the failed attachments again. Some of the reasons your attachment(s) might fail to upload include:

- File size too large (>100 MB)
- File size is 0
- Wrong file type (accepted file types are listed in the tooltip)
- Corrupted file

If your attachment fails to upload, an **Upload Attachments** button displays only to you in the authorization line so that you can try and upload the attachment(s) again. Please note that other users will not be able to see the **Upload Attachments** button. The system will try and upload the document three times before displaying a failure message along with the **Upload Attachments** button.

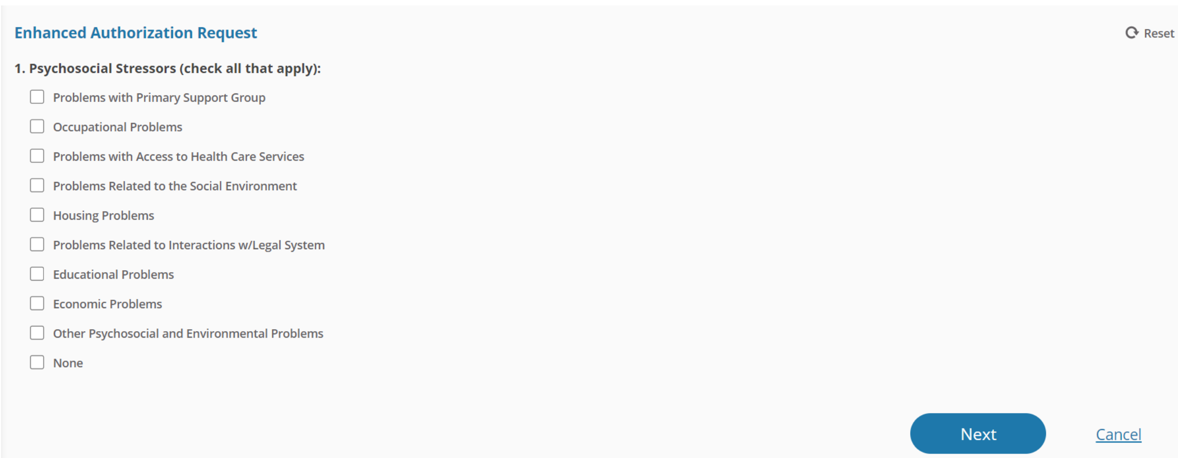


Internal Guidelines

If configured, authorization types can trigger guided questions forAuthorization Portal users to complete. You must answer the questions in order and cannot go back to previous questions in the assessment. Assessments are configured by administrators in GuidingCare.

You will see questions that must be answered after selecting **Next** in the Authorization Basics window. Answer the question and select **Next**.

Based on the response, you will be guided through the assessment workflow. Guideline assessments display in the Additional Details step of the authorization request process. After you answer one question and select **Next**, the system will display the next question in the assessment.



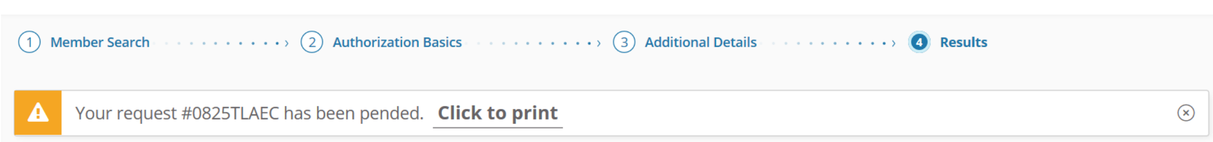
Reset will clear your responses and return you to the first question of the assessment.

If you need to cancel the request and the assessment, you can cancel the authorization request and return to the member search page. Canceled assessment responses will not be recorded. A confirmation message displays before you can reset or cancel an assessment.

When guidelines are launched/additional details submitted, assessment responses will be saved against the authorization. You can still add attachments and notes to authorizations with assessments.

Step 4: Results

A message appears with the system-generated authorization number and lets you know the status of the authorization. The full details of the authorization display below the message. The following window shows an example of an authorization in pending status.



The details of the authorization display below the message.

The **Select to print** link produces a printer-friendly/downloadable version of the authorization details.

Messages

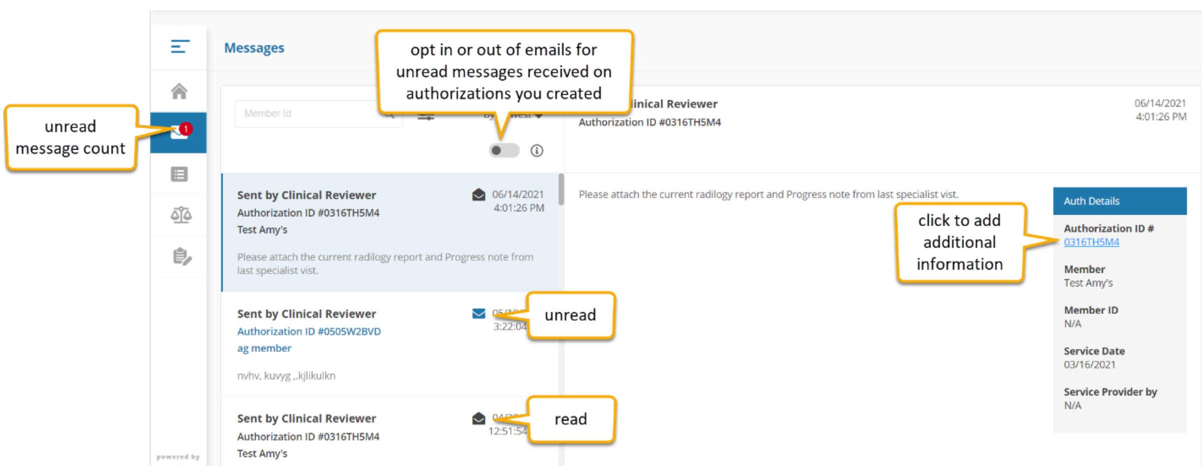
The Messages page displays any messages sent from reviewers. Reviewers usually send messages to request additional information. These messages are currently created in GuidingCarewithin the authorization and are read-only in theAuthorization Portal.

If you have any unread messages, a red indicator of the unread message count displays on the Messages tab in the menu.

Select a message on the left to open the full text in a reading pane on the right, along with some details about the authorization. The Auth ID link opens Additional Information about the authorization. Refer to Add Additional Information.

A closed envelope icon indicates an unread message and an open envelope icon indicates a read message.

If configured, a toggle displays that allows you to opt in or out of receiving system-generated emails for unread messages received on authorizations you created.

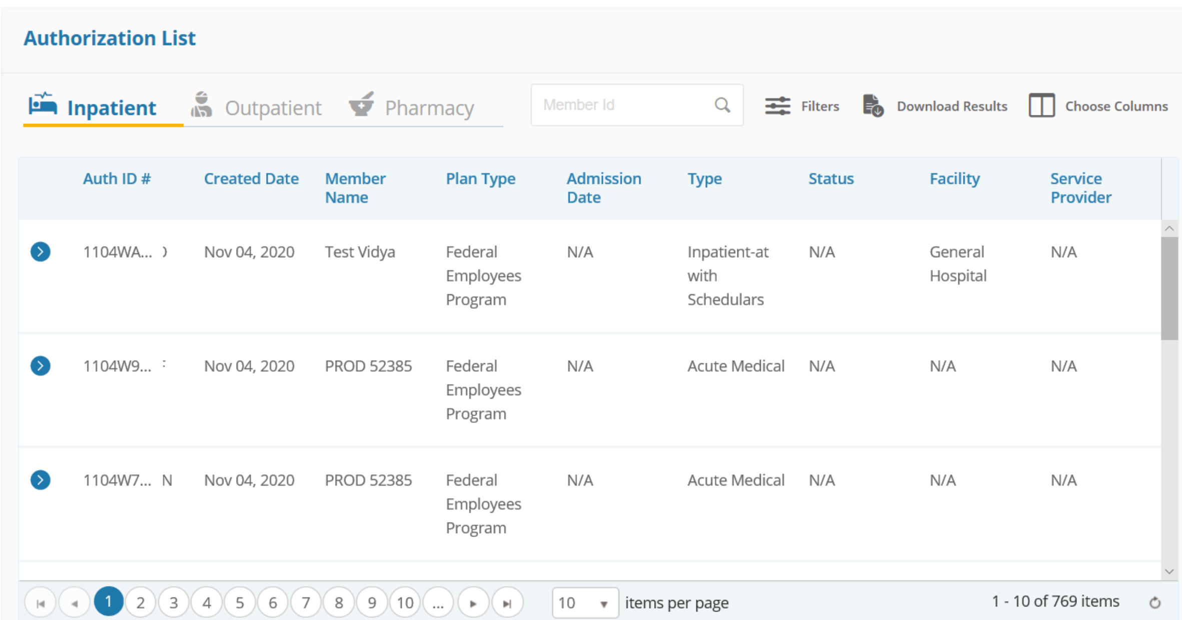


Authorization List

The **Authorization List** contains grids with information about the authorizations submitted by your organization. Depending on the information you enter in the portal, you may be taken directly to the Authorization List or you can use the menu to navigate to the Authorization List.

The Authorization List is automatically filtered by **Authorization Created Date** for the past one year from the current date.

The Authorization List is split into tabs for each authorization template. Depending on the tab you select, the grid may display different columns. The following example is for inpatient authorizations.



The Authorization List grid consist of the following columns:

Column	Description
Authorization ID #	The unique, system-generated ID number assigned to the authorization.
Created Date	The date on which the authorization was created.
Member Name	The first and last name of the member for which the authorization was created.
Plan Type	The member's plan type associated with the authorization.

Column	Description
Admission Date (Inpatient)	For inpatient services, this is the date of admission.
Procedure Date (Outpatient and Pharmacy)	For outpatient and pharmacy services, this is the date of the procedure.
Type	This column lists the type of authorization.
Status	The overall authorization status: ▪ Pending – The authorization has been submitted and is pending a decision. ▪ Denied – The authorization has been denied. You can start an appeal. ▪ Approved – The authorization has been approved for payment. ▪ Partially Approved – Only some service lines in the authorization have been approved.
Next Review Date	For Denied, Pending, Void or any other status, the **Next Review Date** column will be N/A. The date in the Next Review Date column will always be the next date to the End Date of the approved authorization and will always automatically populate. This column can be added via Choose Columns.
Service End Date	The maximum end date in all service lines. This column can be added via Choose Columns.
Referred By Provider	The name of the referring provider. The referring provider is the provider who requested the service. This column can be added via Choose Columns.
Facility	The name of the facility provider.
Service Provider	The name of the service provider.

Authorization List Grid Navigation

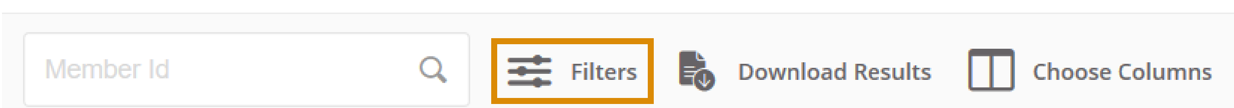
You can sort any of the columns in ascending or descending order by selecting on the column headers. An up arrow (▲) next to the column header indicates ascending order while a down arrow (▲) indicates descending order.

The bar at the bottom of the grid provides additional navigational tools:

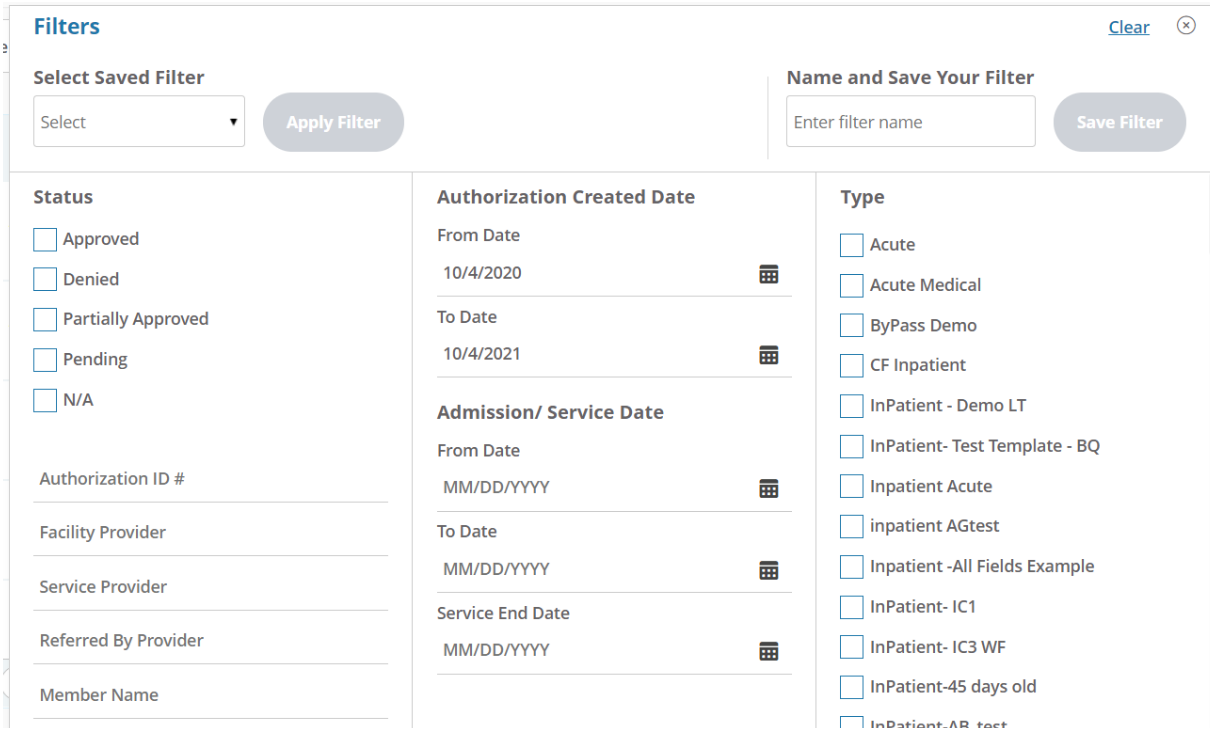
Tool	Description
	Go to the first page
	Go to the previous page
1 2	Jump to a page number
	Go to the next page
	Go to the last page
10 ▾ items per page	Change the number of rows displaying per page to 5, 10 or 20
1 - 10 of 17 items	The number of authorizations displaying out of the total number of authorizations
	Refresh

Authorization List Filters

You can use the **Member Id** field to filter the list by member.

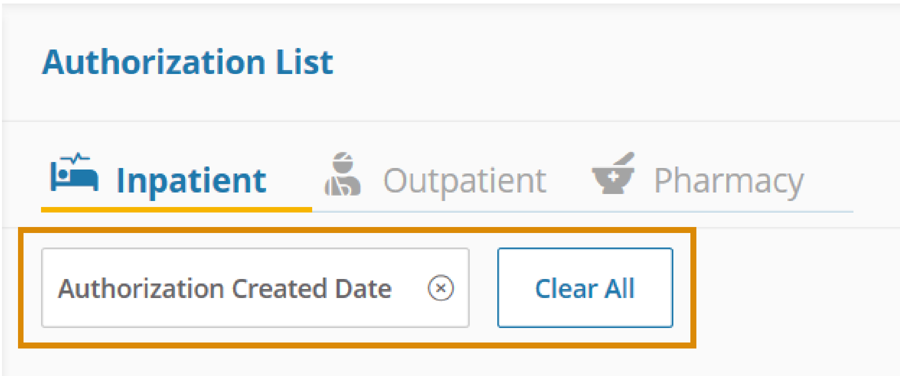


Select **Filters** for more filter options:



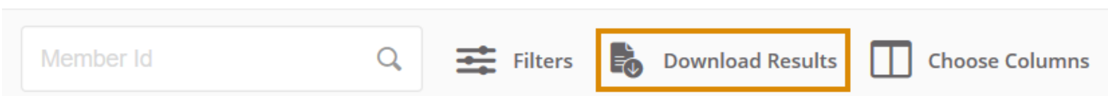
Filter	Description
Select Saved Filter	You can select any filters you have saved and select **Apply Filter**.
Name and Save Your Filter	If you want to save your filter to use later, first select the filters you want to save and then enter a name for the filter in the **Name and Save Your Filter** field and select **Save Filter**.
Status	Filter the list by status: **Approved**, **Denied**, **Partially Approved**, **Pending** or **N/A**.
Authorization ID #	You can use this filter to find the exact authorization by entering the unique ID number.
Facility Provider	Filter the list by the facility provider name.
Service Provider	Filter the list by service provider name.
Referred By Provider	Filter the list by referred by provider name.
Member Name	Filter the list by member name.
Authorization Created Date	Enter a date range for the authorization created date to filter the list.
Admission/ Service Date	Enter a date range for the admission/service date to filter the list.
Type	Select a type or types of authorizations by which to filter the list.

After you apply filters, they display as individual labels above the list. You can select the X to remove each filter individually or select **Clear All** to clear all of the filters at after.



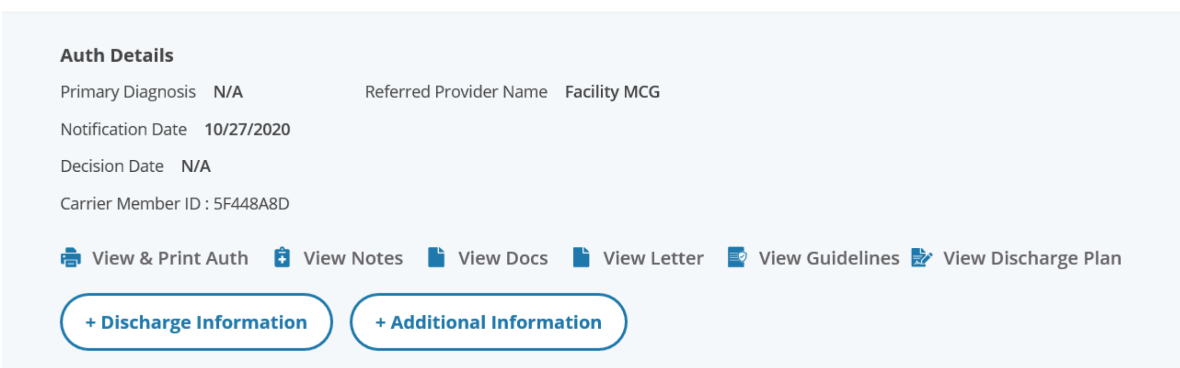
Download Results

Select **Download Results** to export the grid to an Excel spreadsheet.



Auth Details

You can select to expand an authorization in the grid to view additional information and options. The options that display depend on the status of the authorization.



The following options are available on each authorization, depending on status:

Option	Description
View & Print Auth	View a summary of the authorization in a printer-friendly/downloadable format.

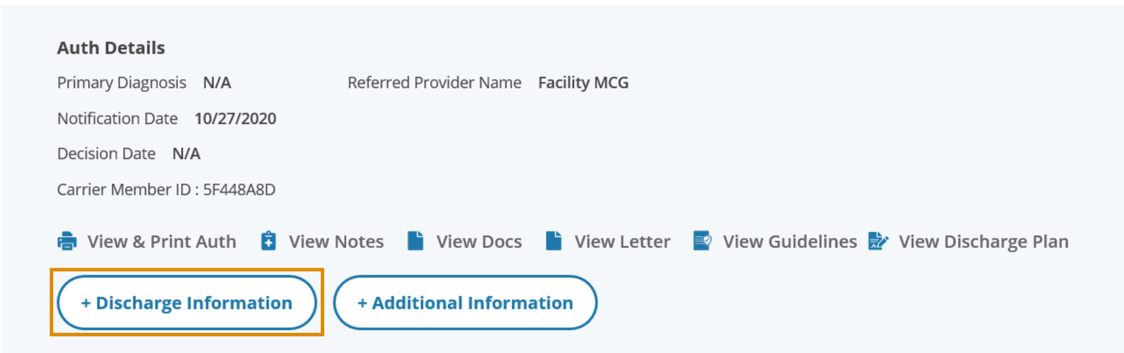
Option	Description
View Notes	View any authorization notes, extension notes or discharge notes associated with the authorization. You can view all notes or view the latest notes using the options.
View Docs	View any documents associated with the authorization in a new window.
View Letter	View any letters associated with the authorization in a new window.
View Guidelines	View and/or print assessment responses. If there are no assessments run on an authorization, the system will display “Guidelines not found”.
View Discharge Plan	View a grid with discharge plan responses. If there are no discharge plans run on the authorization, the system will display “Discharge Plan not found”.
View Extension Guidelines	This link is only visible on Approved and Partially Approved authorizations. View a grid with extension guideline responses. If no extension guidelines have been run on the authorization, the system will display “No records found”.

Add Discharge Information

This option is available when an inpatient authorization is in any status except **N/A**.

To add discharge information for an authorization:

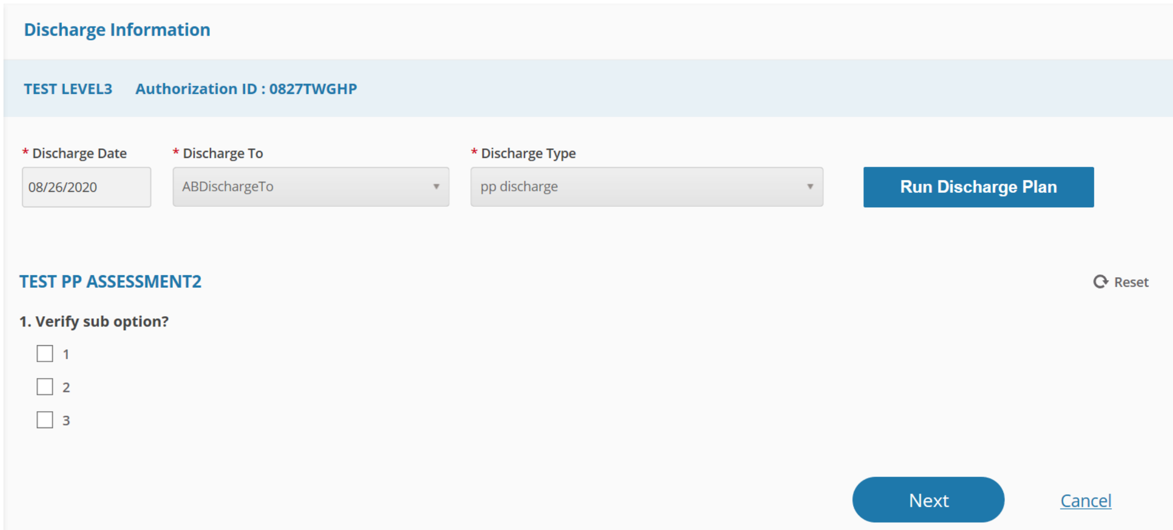
1. Select **+Discharge Information**. The Discharge Information page appears.



2. Select the **Discharge Date** from the calendar.
3. Select the location to **Discharge To** from the drop down list.
4. Select the **Discharge Type** from the drop down list.
5. Select **Run Discharge Plan** to save the discharge information to the authorization.

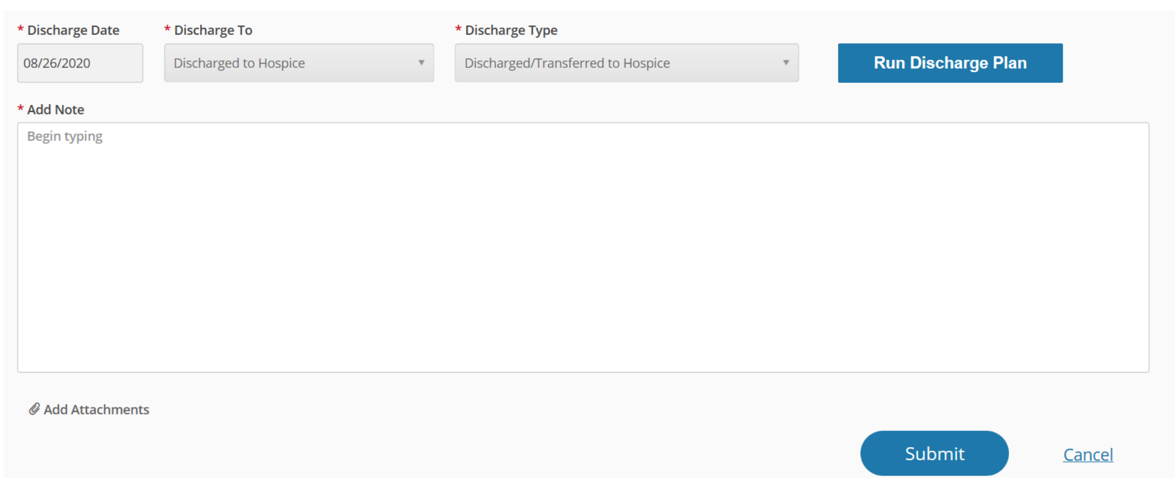
   To cancel adding discharge information, select **Cancel**. A confirmation message displays to prevent accidental cancelation.

6. If there is a discharge plan assessment configured to the **Discharge Type**, the **Run Discharge Plan** button will be enabled. You must select the button to begin the guided assessment questions. After you answer one question, select **Next** and the subsequent question in the assessment displays. After you complete the discharge assessment, the notes and attachment fields will display.



7. Enter the note text in the **Add Note** field.
8. Select **Add Attachments** to add any relevant attachments to the discharge plan.

   You may be required to acknowledge a disclaimer before proceeding to the next step. You must read the disclaimer and select the check box to continue. The **Submit** button will remain disabled until you select the disclaimer check box.
9. Select **Submit**.

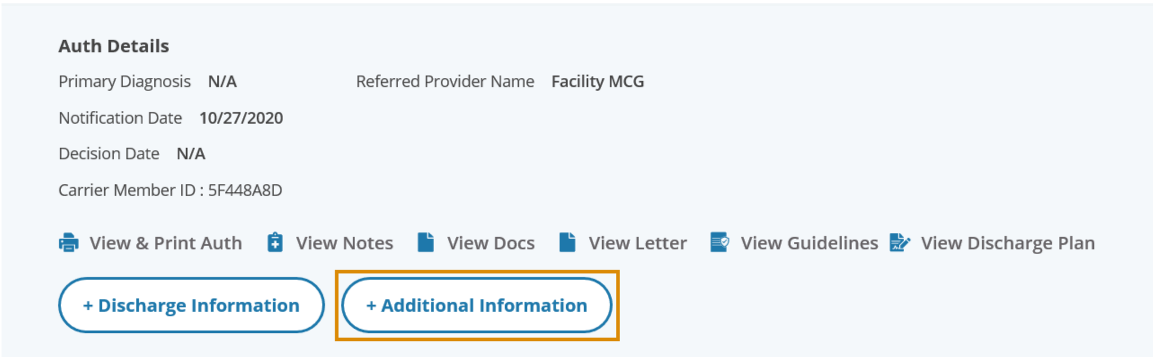


Add Additional Information

You can add additional information to authorizations with a status of **Pending** and from the **Authorization List** or **Messages**.

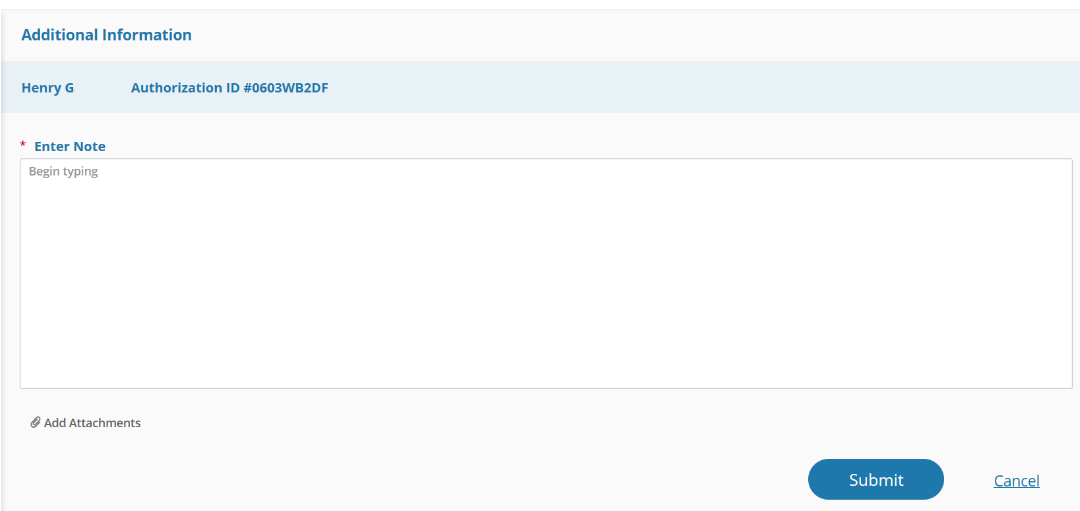
To add additional information to an authorization:

1. Select **+Additional Information**. The Additional Information page appears.



2. Enter additional information text in the **Enter Note** box.
3. Select **Add Attachments** to add attachments.

   You may be required to acknowledge a disclaimer before proceeding to the next step. You must read the disclaimer and select the check box to continue. The **Submit** button will remain disabled until you select the disclaimer check box.
4. Select **Submit** to save the additional information.

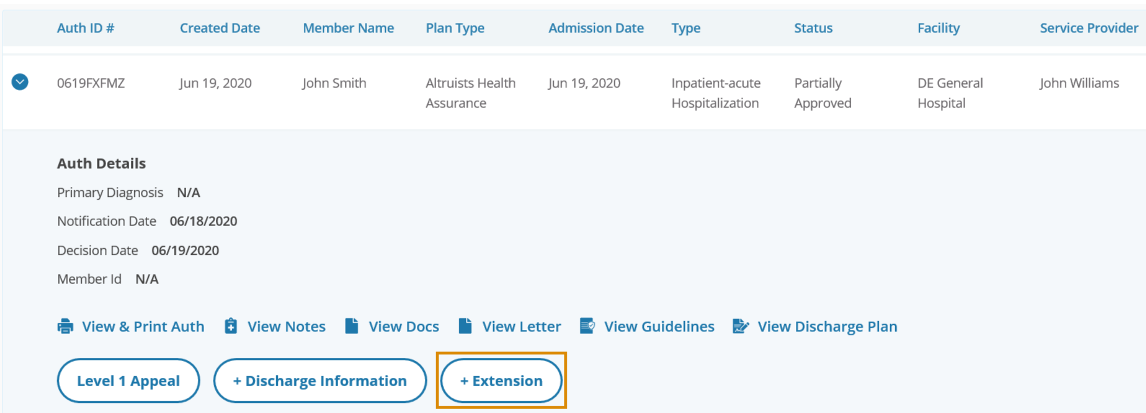


Request an Extension

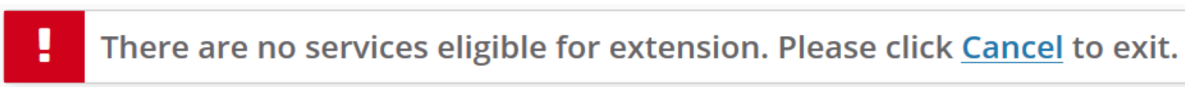
You can request an extension to authorizations with statuses of **Partially Approved** or **Approved**.

To request an extension to an authorization:

1. Select **+Extension**. The **Request Extension** window displays.



If there are no services eligible for extension, a message displays:

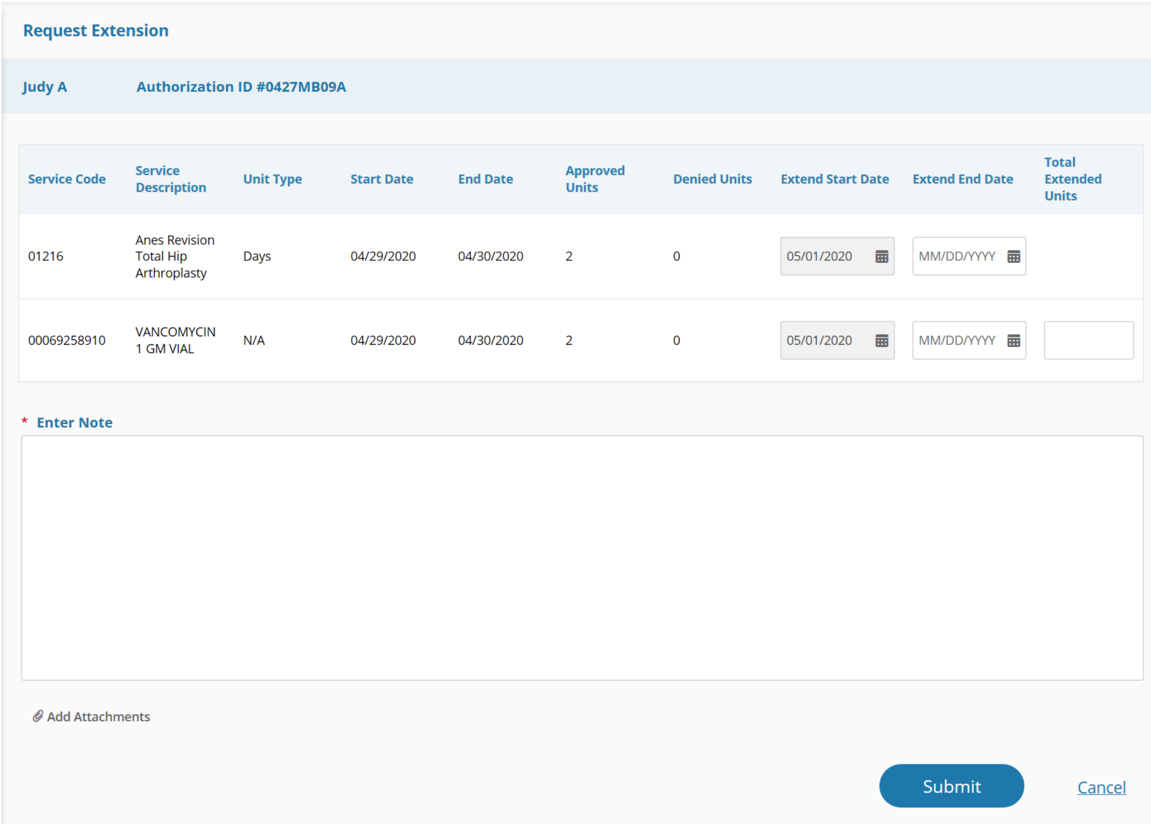


2. For each service line, select the requested end date from the **Extend Start Date** calendar.
3. Select the requested end date from the **Extend End Date** calendar.
4. When the **Unit Type** is **Days**, after you select the **Extend End Date**, the Total Extended Units field auto populates.

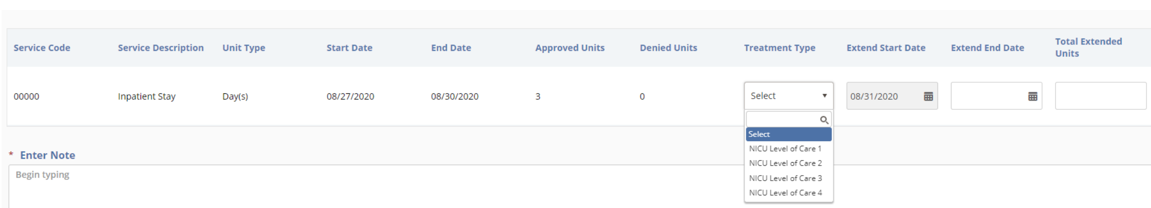
   If the **Unit Type** is anything other than **Days**, you will need to calculate and manually enter the **Total Extended Units** value.
5. Enter note text in the **Enter Note** text box.
6. If there is an assessment configured to the extension, a **Run Guidelines** button will be enabled. You must select the button to begin the guided assessment questions. After you answer one question, select **Next** and the subsequent question in the assessment displays. After you complete the extension assessment, the notes and attachment fields will display.
7. Select **Add Attachments** to add attachments.

   You may be required to acknowledge a disclaimer before proceeding to the next step. You must read the disclaimer and select the check box to continue. The Submit button will remain disabled until you select the disclaimer check box.

8. Select **Submit** to save the extension request.



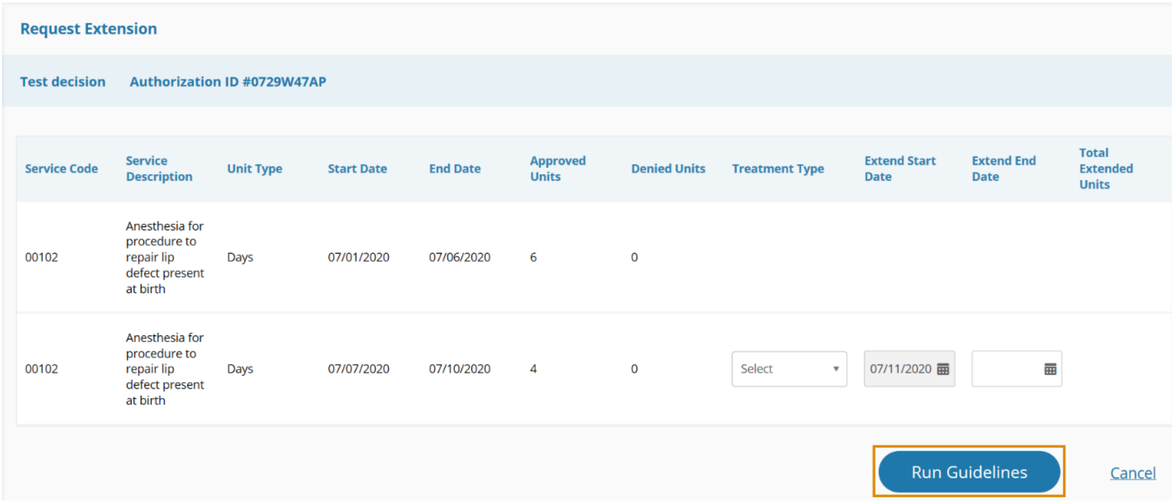
If configured, **Treatment Type** is available for NICU levels changes to be captured on extended Inpatient request.



If your portal is integrated with external guidelines and required on extensions, the guidelines will open in a new window.

Run Guidelines on an Extension Request

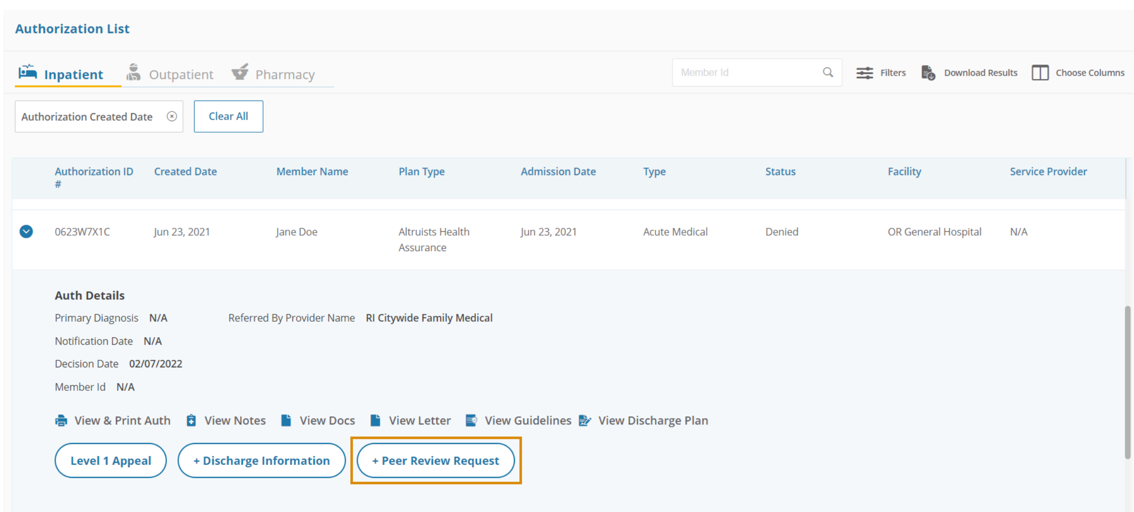
Depending on the authorization, some service line extension requests may require you to complete an assessment. If an assessment is triggered, the **Run Guidelines** button will display on the **Request Extension** window instead of the **Submit** button. After you select **Run Guidelines**, you will be directed to answer questions in a step-by-step workflow mode.



Add a Peer Review Request

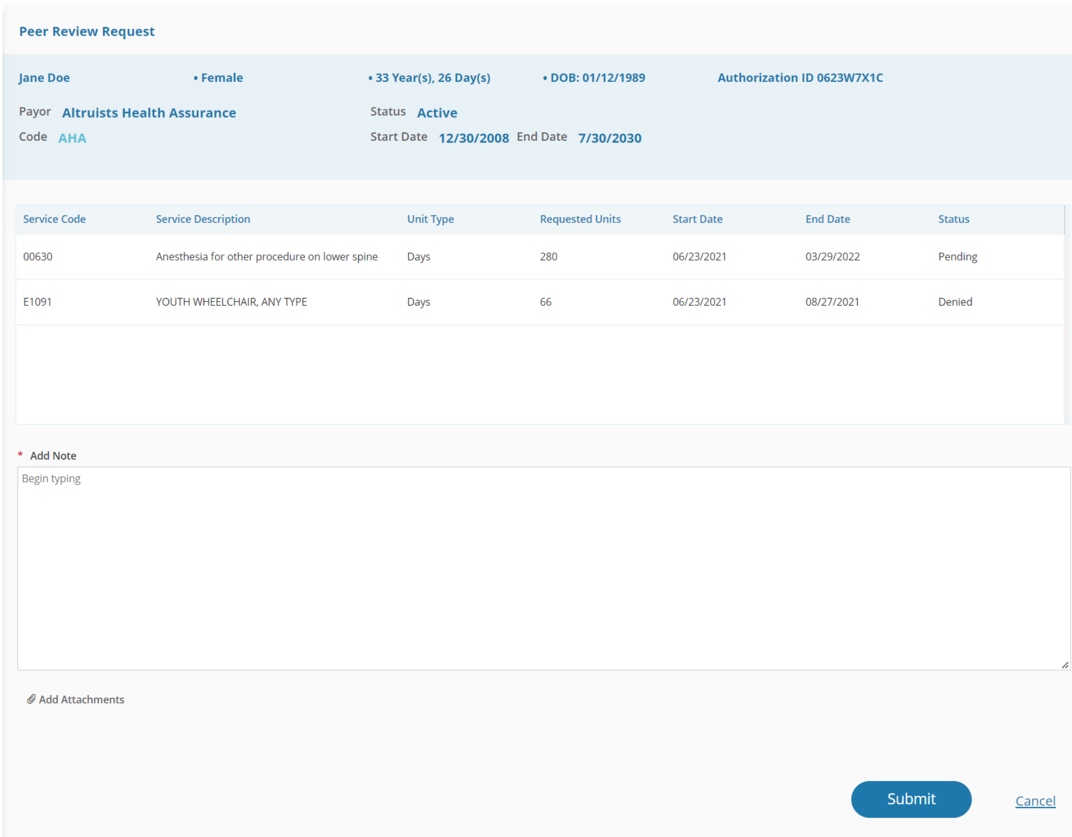
Depending on configuration, you may be able to request peer-to-peer review of authorizations with at least one denied or partially approved service line.

1. Select **Peer Review Request**.



2. The **Peer Review Request** window displays.
3. Add notes and/or attachments to the peer review request.
4. Select **Submit**.

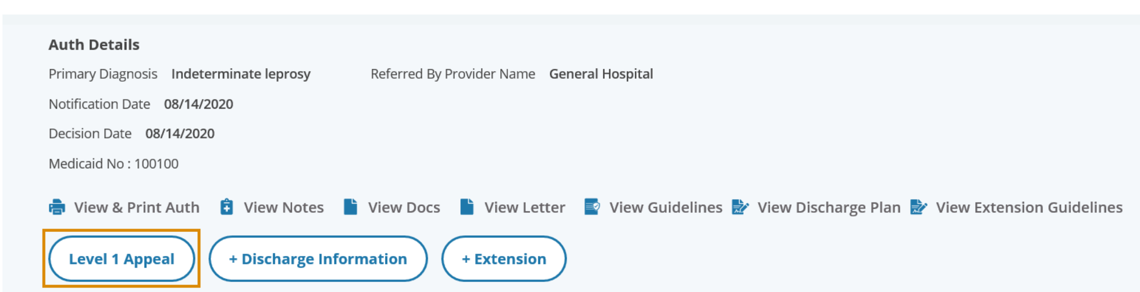
5. The peer review request is routed to the appropriate work queue. The staff who accepts the request will confirm whether the necessary documentation has been received and coordinates the peer-to-peer meeting.



Add a Level 1 Appeal

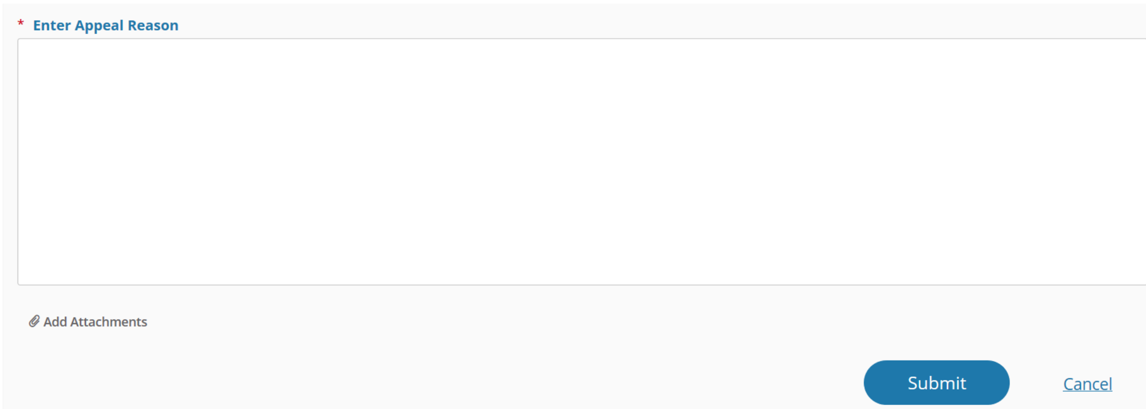
A level 1 appeal is the first appeal for an authorization. You can add a level 1 appeal to authorizations with a status of denied or partially approved. A **Level 1 Appeal** button is present when the authorization is expanded in the Authorization List.

1. Select **Level 1 Appeal**. The **Request Appeal** window displays with the service line details at the top.

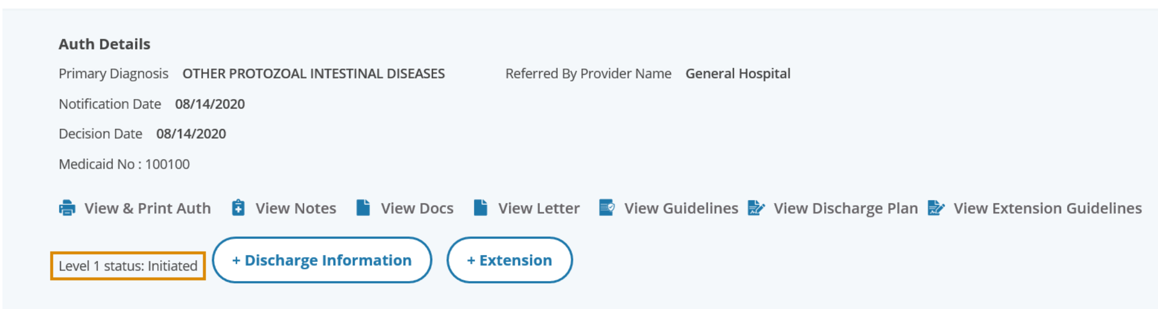


2. Scroll down and enter the appeal reason in the **Enter Appeal Reason** field.
3. Select **Add Attachments** to add attachments if applicable.
4. Select **Submit**.

   A success message displays. Details of the authorization display at the bottom of the window.

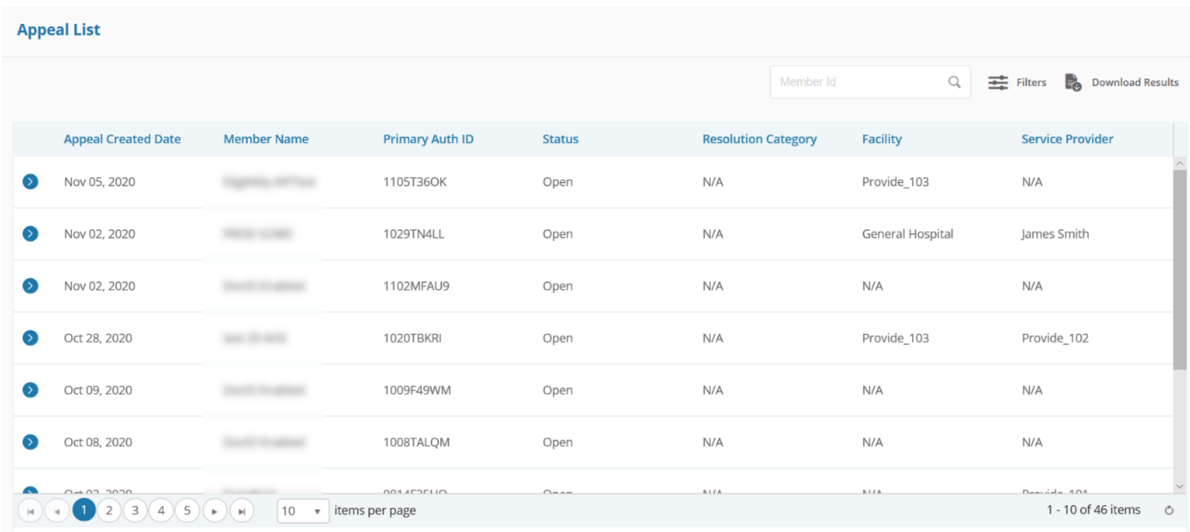


After an appeal has been initiated, a message displays instead of the **Level 1 Appeal** button in the Authorization List:



Appeals

The Appeals tab opens the **Appeal List**, which contains information about the appeals your organization has submitted.



The Appeal List grid contains the following columns:

Column	Description
Appeal Created Date	The date the appeal was created.
Member Name	The name of the member for which the appeal was requested.
Primary Auth ID	The system generated ID number assigned to the authorization for which the appeal was requested.
Status	The status of the appeal: ▪ Open – The appeal has been submitted and is under review. ▪ Closed – The appeal has been reviewed and is complete. ▪ Pending

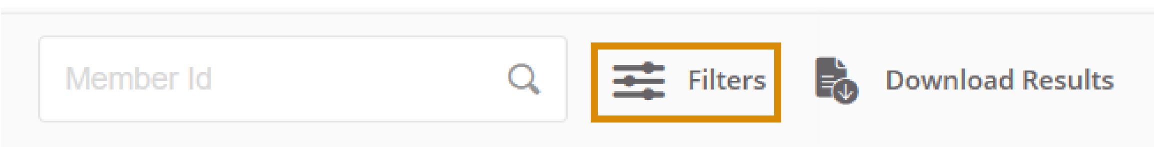
Column	Description
Resolution Category	▪ N/A – No decision made yet. ▪ Upheld – The original decision of the authorization stands. ▪ Overturned – The original decision of the authorization has been reversed.
Facility	The name of the facility provider associated with the authorization for which the appeal was requested.
Service Provider	The name of the service provider associated with the authorization for which the appeal was requested.

Appeal List Grid Navigation

The Appeal List grid is sortable and searchable, like the **Authorization List** grid. For more information, refer to Authorization List Grid Navigation.

Appeal List Filters

You can use the **Member Id** field to filter the list by member.

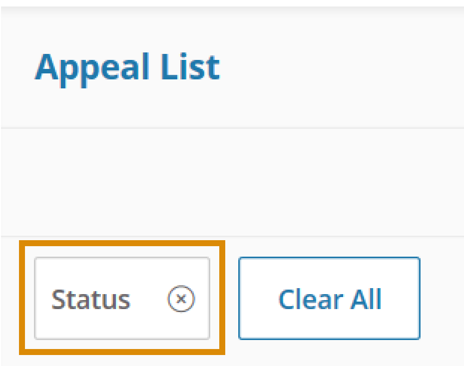


Select **Filters** for more filter options:

Filter	Description
Select Saved Filter	You can select any filters you have saved and select **Apply Filter**.
Name and Save Your Filter	If you want to save your filter to use later, first select the filters you want to save and then enter a name for the filter in the **Name and Save Your Filter** field and select **Save Filter**.
Status	Filter the list by status: Closed, Open or Pending.
Primary Auth ID	You can use this filter to find the exact authorization by entering the unique primary authorization ID number.
Appeal ID	The unique system-generated ID of the appeal.
Facility Provider	The facility provider associated with the appeal.

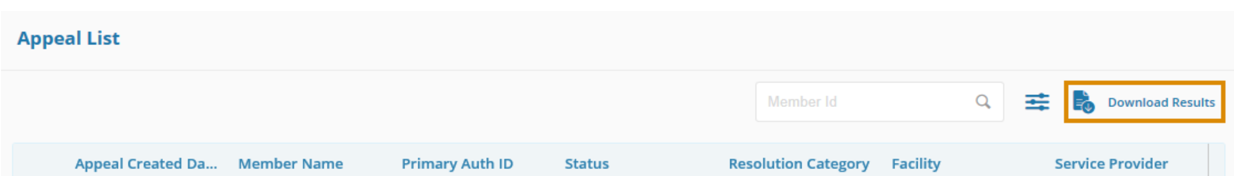
Filter	Description
Service Provider	The service provider associated with the appeal.
Member Name	The name of the member for whom the appeal was submitted.
Appeal Created Date	Enter a date range to filter the Appeal List by appeals created within that date range.
Resolution Category	The resolution category of the appeal, if applicable.

After you apply filters, they display as chips above the list. You can select the X to remove each filter individually or select **Clear All** to clear all the filters at after.



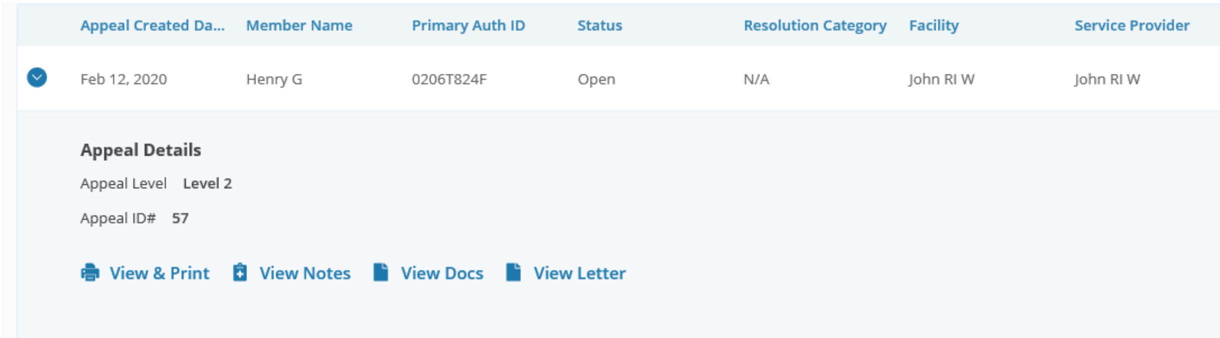
Download Results

Select **Download Results** to export the grid to an Excel spreadsheet.



Expand an Appeal

You can select  to expand an appeal in the grid to view additional information and options. When you expand an appeal, you can view the Appeal Details (Appeal Level and Appeal ID#), information about why the authorization was denied (if applicable) as well as additional options.



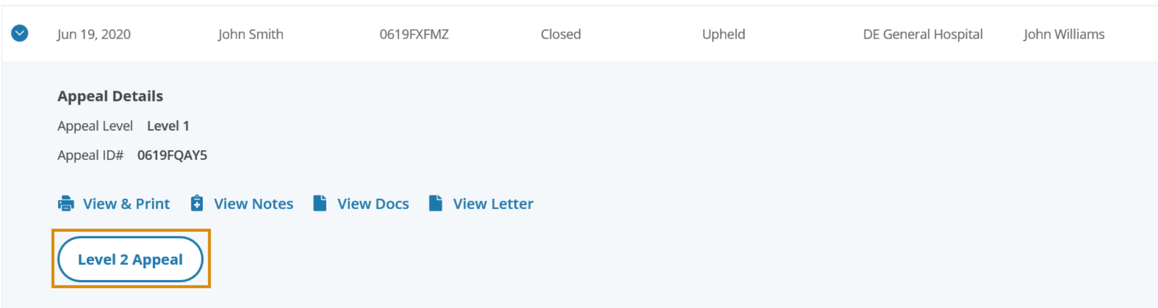
The following options are available on each appeal:

Option	Description
View & Print	View a summary of the appeal in a printer-friendly/downloadable format.
View Notes	View any notes associated with the appeal.
View Docs	View any documents associated with the appeal.
View Letter	View any letters associated with the appeal.

Start a Level 2 Appeal

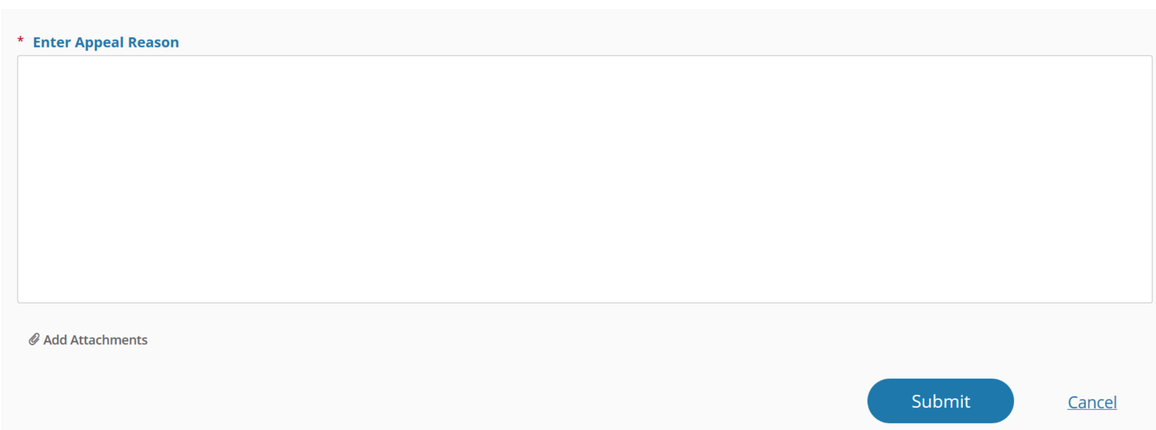
You can start a Level 2 Appeal from the Appeal List if the Level 1 Appeal has been closed and the status is Upheld. The **Level 2 Appeal** button displays when the appeal is expanded.

1. Select **Level 2 Appeal**. The **Request Appeal** window displays with the service line details at the top.



2. Scroll down to the **Enter Appeal Reason** field.
3. Select **Add Attachments** to add attachments to the appeal.
4. Select **Submit**. A success message displays.

   The details of the authorization display at the bottom of the window.

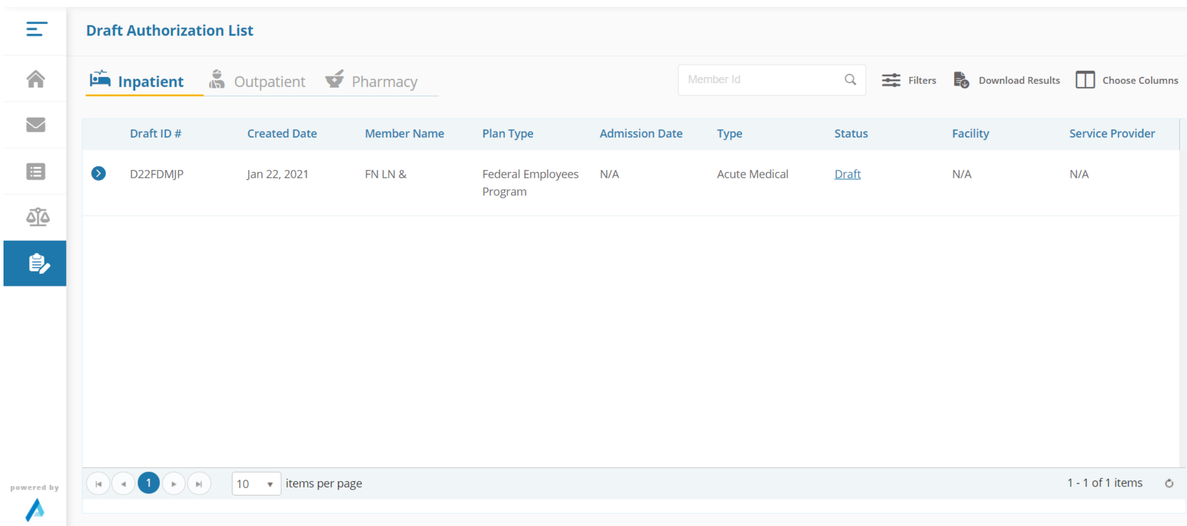


Draft Authorization List

Draft authorizations are authorizations that have been saved by selecting **Save as Draft** during authorization entry, but not submitted for review. All authorizations saved as drafts will display by class in the Draft Authorization List. The Draft Authorization List is very similar to the Authorization List, except there are fewer options.

The availability of the draft authorization functionality is dependent on the configuration of your portal.

Draft authorizations will be automatically archived and disappear from the Draft Authorization List based on the configured number of days.



The Draft Authorization List grid consists of the following columns:

Column	Description
Draft ID #	A unique number to identify the draft authorization. The Draft ID # will always start with “D” to indicate the authorization is a draft.
Created Date	The date on which the draft authorization was created.
Member Name	The name of the member for which the draft authorization was created.
Plan Type	The plan type of the member for which the draft authorization was created.
Admission Date (Inpatient)	The date on which the member was admitted for inpatient services, if entered in the draft authorization.

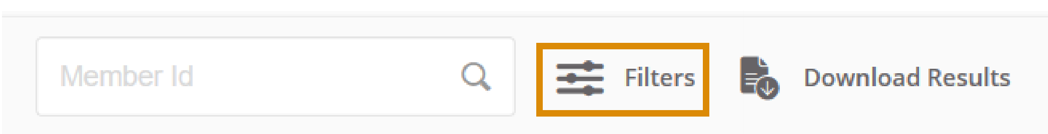
Column	Description
Procedure Date (Outpatient and Pharmacy)	The date on which the member's procedure took place for outpatient and pharmacy services.
Type	The type of authorization selected as saved in the draft.
Status	This column contains a link to open the authorization draft and continue entering the authorization. You can save the authorization as a draft again or submit it for review.
Facility (Inpatient and Outpatient)	For inpatient and outpatient services, the facility at which the member received services, as saved in the draft authorization.
Place of Service (Pharmacy)	For pharmacy services, the place at which the member received services, as saved in the draft authorization.
Service Provider	The service provider saved in the draft authorization.
Service End Date (Inpatient and Outpatient)	For inpatient and outpatient services, this is the member's last date of service saved in the draft authorization. This column must be added via Choose Columns.
Next Review Date (Inpatient)	For inpatient services, the date of the next review as saved in the draft authorization. For Denied, Pending, Void or any other status, the Next Review Date column will be N/A. The date in the **Next Review Date** column will always be the next date to the End Date of the approved authorization and will always automatically populate. This column must be added via Choose Columns.
Referred By Provider	The referred by provider saved in the draft authorization. This column must be added via Choose Columns.

Draft Authorization List Navigation

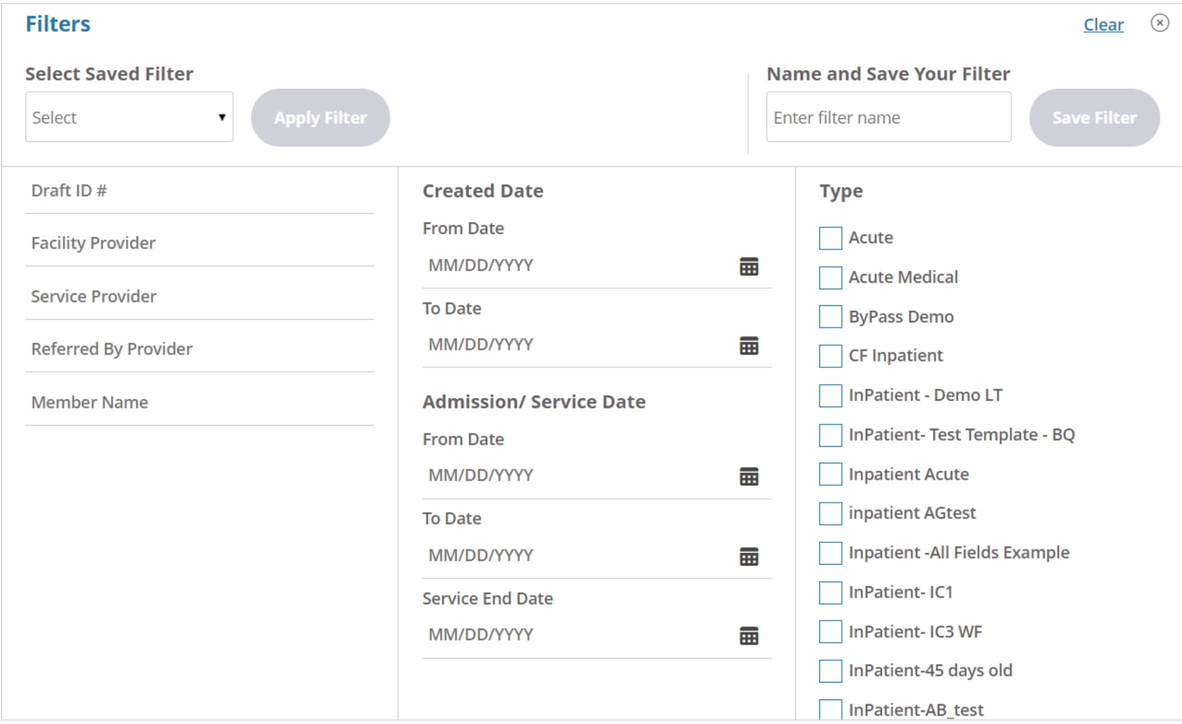
The Draft Authorization List grid is sortable and searchable, like the Authorization List grid. For more information, refer to Authorization List Grid Navigation.

Draft Authorization List Filters

You can use the **Member Id** field to filter the list by member.



Select **Filters** for more filter options:

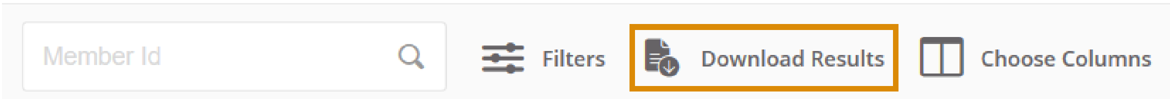


Filter	Description
Select Saved Filter	You can select any filters you have saved and select **Apply Filter**.
Name and Save Your Filter	If you want to save your filter to use later, first select the filters you want to save and then enter a name for the filter in the **Name and Save Your Filter** field and select **Save Filter**.
Draft ID #	Enter the unique ID number of the draft to find an exact match.
Facility Provider	Filter the Draft Authorization List by facility provider.
Service Provider	Filter the Draft Authorization List by service provider.
Referred By Provider	Filter the Draft Authorization List by referred by provider.
Member Name	Filter the Draft Authorization List by member name.
Created Date	Enter a date range to filter the Draft Authorization List by drafts created within that range.
Admission/Service Date	Enter a date range to filter the Draft Authorization List by drafts with admission/service dates within that range.
Type	Select a type of draft authorization by which to filter the Draft Authorization List.

After you apply filters, they display as individual labels above the list. You can select the X to remove each filter individually or select **Clear All** to clear all of the filters at after.

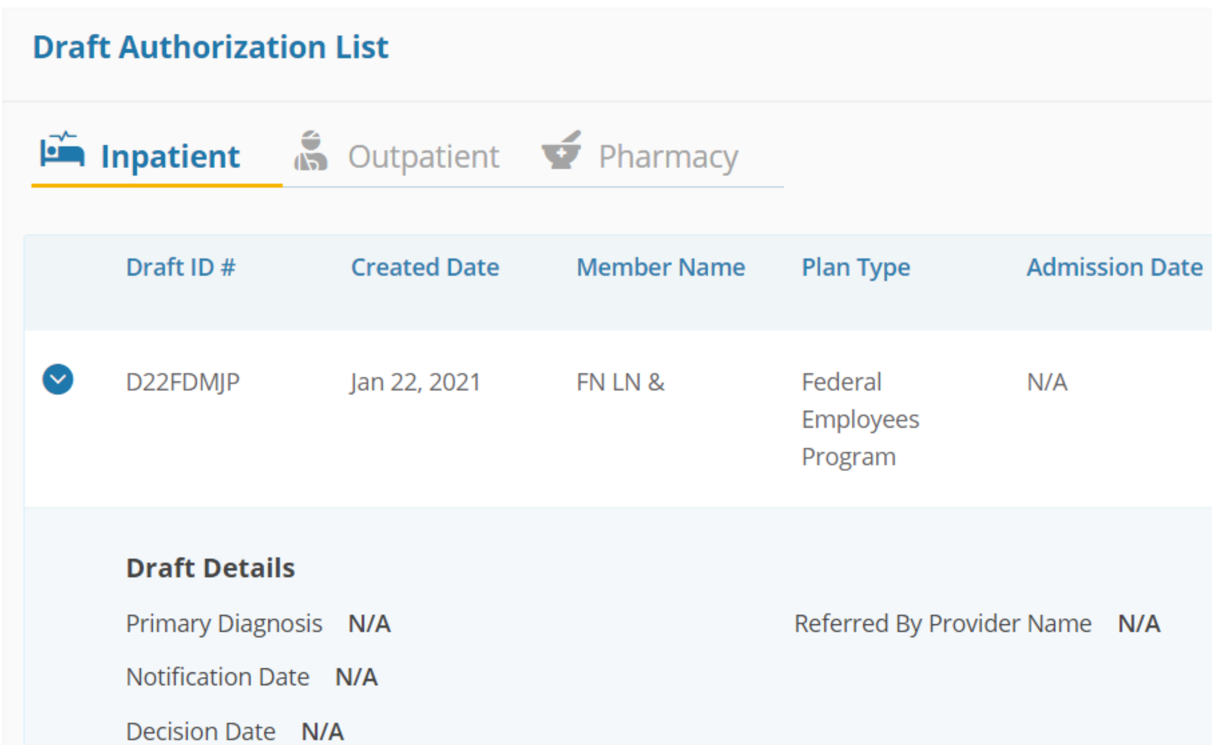
Download Results

Select **Download Results** to export the grid to an Excel spreadsheet.



Draft Details

If you expand the draft authorization row, you can see additional information, such as **Primary Diagnosis**, **Notification Date**, **Decision Date** and **Referred By Provider Name**. If this information is not available, the field will be “N/A”.



Withdraw a Pending Authorization

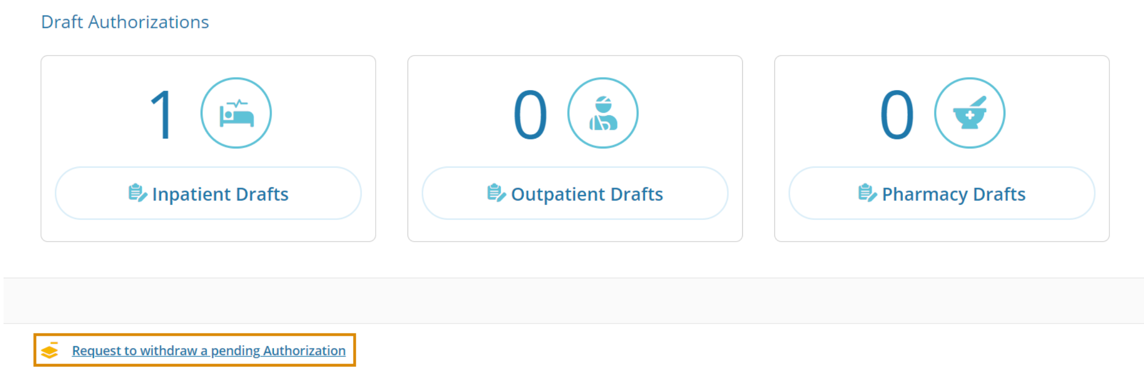
You can withdraw one or more service lines on an authorization request after it has been submitted, but not yet decisioned. This ensures that there is no unnecessary processing of authorizations if they are no longer needed for the members.

When you withdraw one or more lines on an authorization request, the system updates the authorization service status to **Void**, marks the status reason to **Request withdrawn** and requested units are set to 0. When part of the authorization is withdrawn, the authorization status remains as is. If the entire authorization is withdrawn, the authorization status is set to **Closed and Cancelled**.

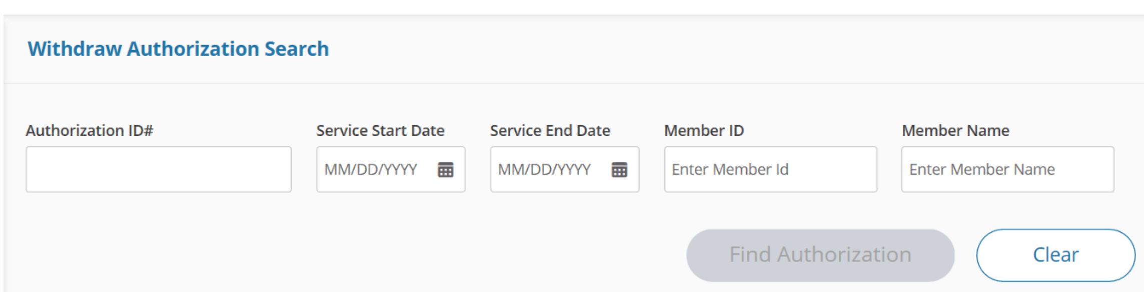
If the authorization is assigned to a work queue but not accepted by any staff in the work queue, the system should remove the work queue details after the authorization is withdrawn. The owner details will be the provider details as saved already.

To withdraw a pending authorization:

1. Select **Request to withdraw a pending Authorization** on the **Home** page. The Withdraw Authorization Search window displays.

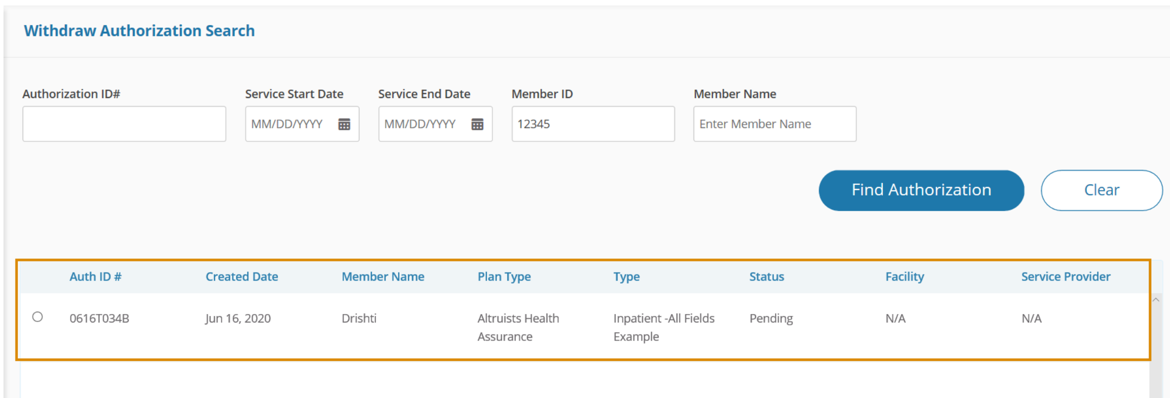


After you start typing in any of the search fields, the **Find Authorization** button becomes active.



2. Enter one or more search criteria to find the authorization and select **Find Authorization**. A grid of search results displays. The results only display pending authorization records.

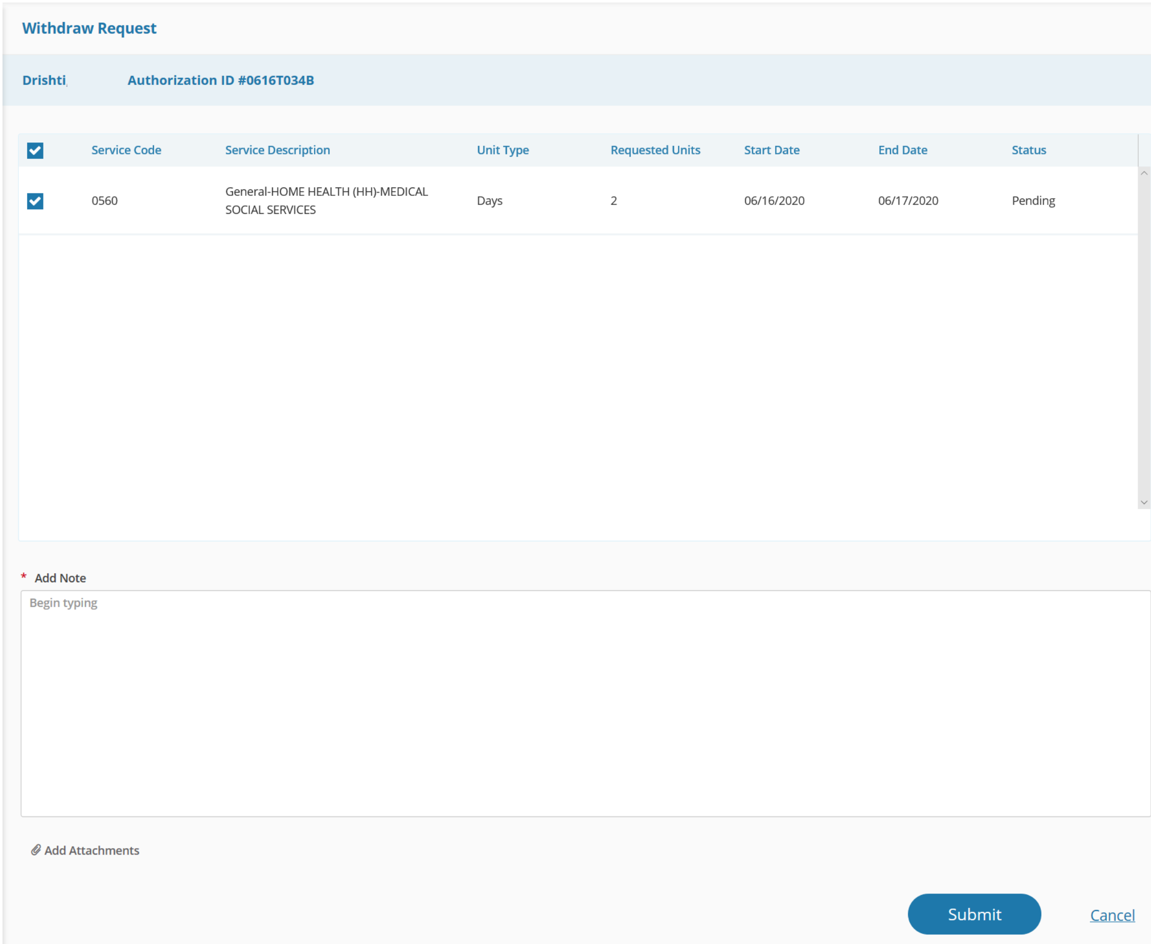
3. Select the pending authorization of which you want to withdraw one or more service lines. The **Withdraw Request** window displays.



A summary of the pending authorization details displays at the bottom of the window.

4. Select the service line(s) you want to withdraw.
5. Enter note text in the **Add Note** field.
6. Add any relevant documentation using **Add Attachments**.
7. Select **Submit**.

A success message displays.



Tip: You can select **Select to print** to open a printer-friendly version of the authorization withdraw request.