Practice Authorization Requests

Identifi℠

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Job Aids

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Single Sign On (SSO)

1. **Sign-in** to **Identifi Practice** directly via Prior Auth (Identifi) SSO link
2. From the menu bar in the Provider Portal, **Select** the **Authorizations** dropdown
3. **Select** from the dropdown list: **Submit Authorization** to launch to your Prior Authorizations landing page

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

Add Request (from Authorization Requests homepage)

1. Select **AUTHORIZATION REQUESTS** from navigation bar
2. Click the green ➕ button
3. Select **ADD AUTHORIZATION REQUEST** ✓ in the dropdown

4. **Search for a Patient** using First Name, Last Name and Date of Birth (Preferred search method)

    or **Search** members by Member ID; if unable to find exact match for Member ID, attempt **adding "001"** to the end of the member's ID number and search again

5. Click **Search**
6. Locate the correct member from the list of matches. Click to open the member's record.
7. Click **Add** dropdown and select Request type

Process

Identifi

Practice

Authorization

Requests

evolent HEALTH

Complete the 3-Step Process

Complete the **Add Request** process by selecting the appropriate choice from the dropdown list. Enter information for each required field (marked with an *). In this guide, an explanation is included for fields requiring such; many fields are self-evident. This process is the same as the referral submission process.

An indicator at the top of each step orients you to the step you are on in the entry process.

To gain efficiency, use the Type-Ahead feature when comfortable with dropdown choices for each field. (Reference B)

Once you select the request type - DME, Inpatient, or Outpatient/Home, and begin building the

Request, you may not change to a different request type. You must cancel the build and begin again by selecting the intended request type.

Add Request
Step 1: Enter Request Details (Cont)

A. The "**Requestor Type**" field.

   You may wait until you have entered the "**Requesting Provider**" in the "Providers" section. If the provider shows as **In-Network** or is on contract to provide service, select "**Contracted Provider**". If the Provider shows as **Out-of-Network**, select "**Non-Contracted Provider**".

B. For Inpatient Requests, use **Reference A** (**Inpatient Build Request Reference**) to guide some of your selections for "**Admit Type**".

C. "**Pre-Determination**", in **Identifi™**, is whether the service requested is to occur in the future.

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

   • For service now (Concurrent) or in the past (Retro), select No.

REQUESTOR TYPE *

Select Requestor Type

Contracted Provider

Member

Member's Representative

Non-Contracted Provider

See Reference A for dropdown selections

Identifi | PRACTICE   POPULATION SUMMARY   AUTHORIZATION REQUES

FIORITA, ROYALTY (06/01/1950, Male, 2045969-01)

Add Outpatient/Home Request
Step 1 Enter Request Details | Step 2 Add Outpatient/Home Review(s) | 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 |

⚠ A request for authorization of SNF admission when the member is in the hospital should be classified as urgent concurrent review (i.e. Review Priority is Urgent and Pre-Determination = Yes)

A parent is considered a member representative for a minor child. This does *not* require legal documentation to be on record.

Add Request

Step 1: Enter Request Details (Cont)

Process 4

(Continued next page)

Add Request
Step 1: Enter Request Details (cont'd)

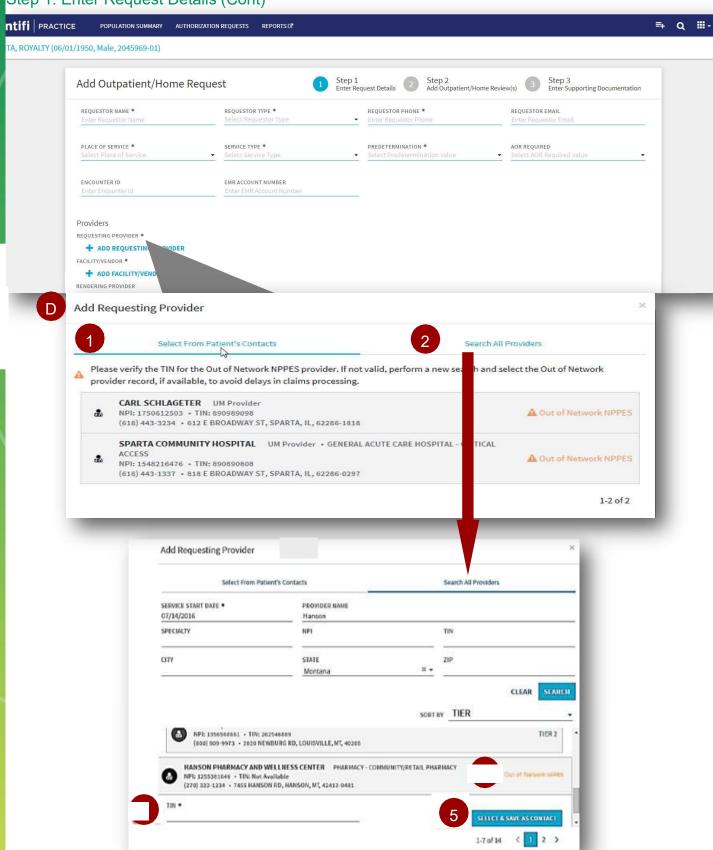D. Select or search for Providers (see previous page). "**Requesting Provider**" may be any type of service provider including a facility, DME vendor, physician, dentist, etc. The "**Requesting Provider**" and the "Facility" or "Vendor" may be the same.

   1. Providers, facilities, and vendors already associated with the member through a previous UM request are retained in a list called "**Patient's Contacts**". These may easily be selected again when needed.

   2. You may also "**Search All Providers**" to find a provider. The **NPI** is the single best search parameter. You are searching the **National Data Warehouse** of all providers, facilities, and vendors who have an **NPI number**. There are often multiple results under the same name. Be careful to select the one with the correct **NPI** and **address**.

   3. The list of matched providers is sorted into 3 categories in order of preference: **In Network** first, then **Out of Network** (these include the **Tax ID Number**), then **Out of Network NPPES** (No TIN included)

   4. Selecting an **Out of Network NPPES** provider from the matches requires you to obtain and enter the **Tax ID Number** (**TIN**) to proceed.

   5. Any provider "**Selected & Saved as Contact**" during the search will be available in **Patient's Contacts** (No. 1) for selection in the future.

E. Enter "**Third Party Liability**" information if known (see below). The Claims Department will follow up as needed. This information may be added at any time by editing the Request.

F. Enter diagnoses.

   1. Begin typing either the **diagnosis** (**ICD 9 or 10) code** or **diagnosis**. Select the diagnosis from the list of corresponding matches.

   2. Use the "**Add Diagnosis**" option if multiple diagnoses are provided.

   3. The button that indicates **Primary Diagnosis** may be moved to any one of multiple diagnoses entered.

If the **diagnosis (code)** provided is not effective (i.e. outside the **DOS**), follow your standard procedure.

To gain efficiency once comfortable with the dropdown menus, use the Type-Ahead feature.

Add Request

Step 2: Add Review(s)

Reviews appear below the Request and contain details of what is being requested (ie. CPTcode, length of stay, frequency, bed type, etc.). There may be multiple Reviews for Request.

Step 2: **Add the Review(s)** (See next page.)

A. The "**Source**" of the Request is always **Web**.

B. "**Review Type**" is always "**Initial**" when entering a new Request.

C. "**Review Priority**" is a "**Right Time**" field. The entry goes into the formula that calculates the time allotted for the utilization management process.

Select **Routine** when:

1. Service has started in the past and will continue into the future (-- regardless of how soon the next date of service is).

2. Service is taking place totally in the future.

Select **Urgent** when:

1. If a physician, member, or member rep. indicates urgent then enter it as such. When a provider uses terminology including but not limited to "**Expedite(d)**, **Rush**, **Today**, **ASAP**, **Urgen**t, **Immediate**, or **Fast**" –any language that would indicate that haste in needed in the review process. The member's life or limb is in jeopardy if we do not complete review within next 72 hours.

Select **Retro** when the service was completed entirely in the past.

D. The "**Receipt of Complete Clinical Review**" is the "**trump-card**" of the "**Right Time**" fields. **NCQA** regulations require completion of the UM process within a specified amount of time after receipt of sufficient clinical information to make the medical necessity determination.

E. Add "Procedure Description" by entering the CPT code or name of the service being requested. For example, typically, "office visit" is frequently used. The UM team will review and approve and the choice of CPT code can be flexible.

F. Define the parameters of the request by utilizing the dropdowns: "**Requested Amount**", "**For Requested Type**", "**Frequency**", "**To Start On** " and "**Duration**" .

Add Request

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

Add C___ent/Hor___ ___uest

Step 1
Enter Request Details

Step ___
Add ___ ___ome Review(s)

Step 3
Enter Supporting Documentation

A **B** **C** **D**

SOURCE *
Web

REVIEW TYPE *
Initial

REVIEW PRIORITY *
Routine

RECEIPT OF COMPLETE CLINICAL REVIEW

SERVICE SPECIFICATION *
General Service

Primary - Review ___   **E**
OFFICE CONSULTATIO___

Primary
Procedure

PROCEDURE DESCRIPTION *
OFFICE CONSULTATION (99244)

MODIFIER 1
Select

MODIFIER 2
Select

REVENUE DESCRIPTION   **F**

BILLED AMOUNT

REQUESTED AMOUNT *
1

FOR REQUESTED TYPE *
Visit(s)

FREQUENCY
Per   Select

TO START ON *
06/18/2020

ENTER DURATION OR END DATE
Duration   End Date

DURATION *
6   Month(s)

DRUG INFORMATION

Remaining Characters: 2000

+ ADD PROCEDURE

PREVIOUS

CANCEL   SAVE DRAFT AND CLOSE   SAVE & ADD DOCUMENTATION

Dept. Standard Procedure for completing the "Review Received Date/Time" field.

A request for authorization of SNF admission when the member is in the hospital should be classified as urgent concurrent review (i.e. Review Priority is Urgent: Pre-Determination = No)

Review Priority "Urgent"

Select "Urgent" from the Review Priority dropdown menu when a caller or fax uses terminology including but not limited to "Expedite(d), Rush, Today, ASAP, Urgent, Immediate, or Fast" --any language that would indicate that haste is

Add Request

Step 3: Enter Supporting Documentation

This step documents the **Enter Supporting Documentation** section.

A. The **Add Care Note** is optional

B. The **Upload Received Document** entry is optional

(*If you have clinical information we highly recommend you include it to expedite the UM process*)

Use a standardized and safe naming convention for documents saved electronically on a computer for upload into Identifi. Verify correct member by using three identifier before saving. Once uploaded, a document entered in error may not be voided.

Add Request
Step 3: Enter Supporting Documentation
Add Care Note

A Care Note documents clinical or utilization management provided with or on behalf of the member. A Care Note may be added to a Request or Review at any time...even after the Request is Closed. A Care Note appears in the "Care Notes and Communications" section of the Request or Review respectively when saved.

A. Add a Care Note

1. Check "**Add Care Note**" box to open the window.

2. Required fields are marked with an asterisk (*) and change depending on which **Activity Category** is selected.

3. Enter documentation text into the note's body, the "**Care Notes**:" section.

4. The **Signature** box is default checked automatically.

5. **Click Save Request**

Add Request
Step 3: Enter Supporting Documentation
Upload Received Document

You can "Upload a Received Document" to the Review.

B.   Upload Received Document

1.   Check the "**Upload Received Document**" box.

2.   Complete the required fields (noted with an *****). Time must include exact minute of receipt.

3.   Select the **Sender** from the dropdown list of active contacts and providers.

4.   Browse in your computer files to the saved communication to be uploaded. Select it.

5.   Enter **Document Comments** to describe or reference the form.

6.   Click **Save Request**, if no additional information needs to be recorded.

*The "Upload Received Document" is optional: (If you have clinical information we highly recommend you include it to expedite the UM process)

Use a standardized and safe naming convention for documents saved electronically on a computer for upload into Identifi. Verify correct member by using three identifier before saving. Once uploaded, a document entered in error may <u>not</u> be voided.
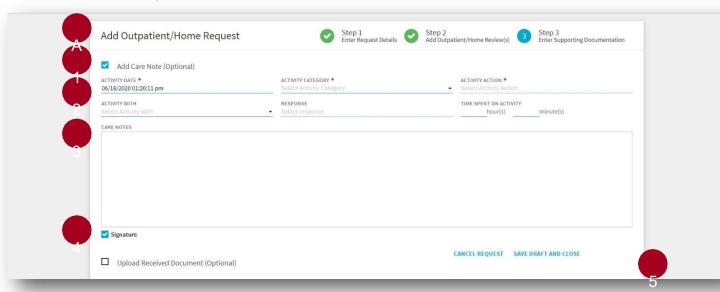
Draft Authorization Request

1. Click on the **Save Draft and Close** button, if all required fields are not known at the time of creation.

   *You can save a **Draft Request** throughout the Authorization Request process..*

   Please Note: Any attached documentation will not be saved upon saving the request as a draft.

2. Users will land on the **Authorization Request h**omepage, described in the next section, after the draft request has been saved.

3. Any draft requests will be saved with a pop up message to indicate that it has been saved as a draft:

4. A pop up message will appear at the bottom right if the request qualifies for auto-approval.

5. Click on the **Draft Request** link to view it. You will be taken to ✔ Step 1 Enter Request Details to review all fields before completing the request.

6. Users can click on the trashcan 🗑 icon, If they no longer need the **Draft Request** and want to remove it.

Draft Authorization Request (Cont.)

7. The following confirmation message will display :

8. Click **Yes, Delete it** to delete the Draft Request.

Are you sure you want to delete this draft?

Cancel   Yes, delete it!

9. If there are no draft requests, then users will see the following message:

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

After Request Creation

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Search for Authorization Request

1. Go to **Authorization Requests** homepage

2. Click on the Filter ▼ icon

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

4. Click **Search**

Search for Authorization Request (Cont.)

5. **Authorization Request** results will display

6. Click on the **Reference #** in the results to view a specific **Authorization Request**

7. The **Authorization Request** will display with the Patient's Name, DOB, Patient I.D. and Reference #.

Edit Authorization Request

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

TRAINING Identifi | PRACTICE   AUTHORIZATION REQUESTS

UNDERHILL, LOGAN (10/17/1974, Male, 220190577-01)

ARC 4

Reference # D7002252 - In Progress

REQUESTOR NAME *	REQUESTOR TYPE *	REQUESTOR PHONE *	REQUESTOR EMAIL
Yoda	Non-Contracted Provider	(890)-980-9808	Enter Requestor Email

PRIMARY STAFF *	PLACE OF SERVICE *	SERVICE TYPE *	PREDETERMINATION *
Simon, Mary	Outpatient Hospital	Surgical	Yes

AOR REQUIRED
Select AOR Required value

ENCOUNTER
Enter Encou...

ATTENDING PROVIDER *   🔍 CHANGE ATTENDING PROVIDER   ✖ REMOVE

BRIAN A. ADAMS   FAMILY PRACTICE PCP
NPI:1013927904   In Network

Providers

REQUESTING PROVIDER *

ADDRESS 1 *
2516 E Dupont Rd
ADDRESS 2

CITY *	STATE *	ZIP
Fort Wayne	Indiana	46825-1608

TIN	PHONE NUMBER
264213839	(260)-478-5155

AMISH PATEL   INTERNAL MEDICINE
NPI:1083938906

ADDRESS 1 *
ONE WYOMING ST
ADDRESS 2
STE NW 3300
CITY *
DAYTON
TIN
311185270

Discharge Information

DISCHARGE DATE	DISCHARGE DISPOSITION
	Discharged/Transferred to Another Short-Term General Hospital

Third Party Liability

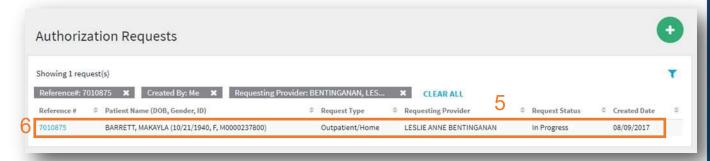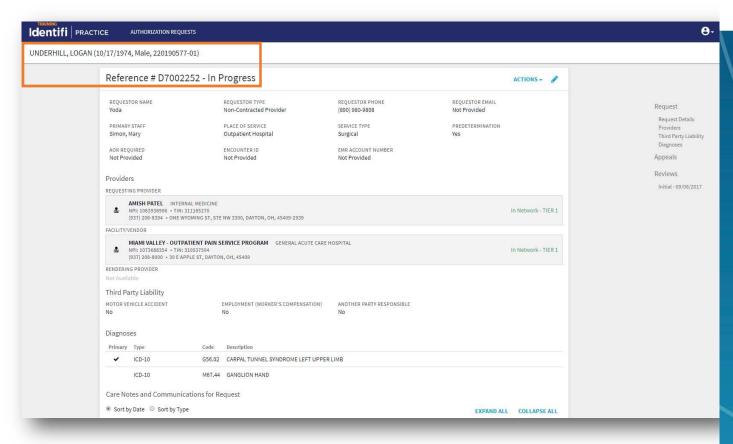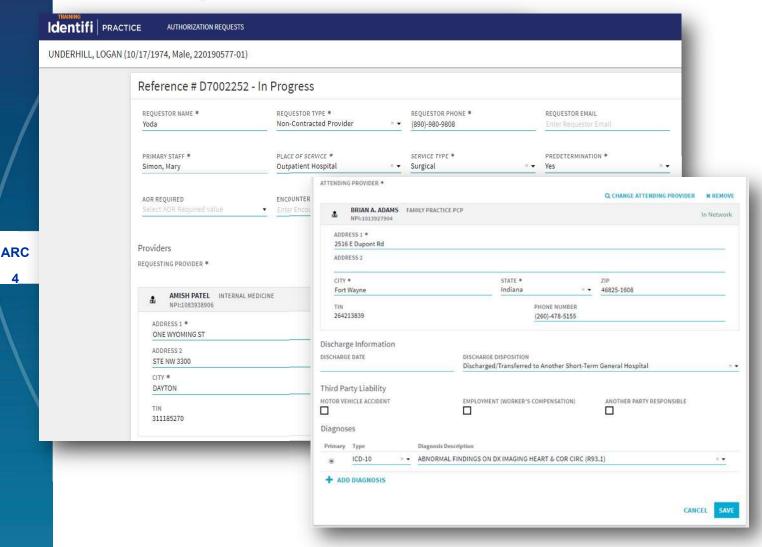| MOTOR VEHICLE ACCIDENT	EMPLOYMENT (WORKER'S COMPENSATION)	ANOTHER PARTY RESPONSIBLE
☐	☐	☐

Diagnoses

Primary	Type	Diagnosis Description
⦿	ICD-10	ABNORMAL FINDINGS ON DX IMAGING HEART & COR CIRC (R93.1)

➕ ADD DIAGNOSIS

CANCEL   **SAVE**

Edit Review

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

Review 03: Aug 9, 2017 - Aug 10, 2017   In Progress   35d OVERDUE
Bed Type: OB • Total Requested: 1

SOURCE	REVIEW TYPE *	REVIEW PRIORITY *
Web	Extension	

REVIEW RECEIVED DATE/TIME *   RECEIPT OF COMP...
08/01/2017 04:55 pm

Bed Type

BED TYPE   FOR REQUESTED
                                      Days

FOR REQUESTED
○

Review 04: Aug 16, 2017 -   In Progress   34d OVERDUE
ABLATE HEART DYSRHYTHM FOCUS (33251) • Total Requested: 1

SOURCE	REVIEW TYPE *	REVIEW PRIORITY *
Mail	Extension	Routine

REVIEW RECEIVED DATE/TIME *   RECEIPT OF COMPLETE CLINICAL REVIEW
08/02/2017 11:35 am

Procedure

PROCEDURE DESCRIPTION *

MODIFIER 1	MODIFIER 2
Select	Select

REVENUE DESCRIPTION

BILLED AMOUNT

Add Additional Reviews

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

ADD REVIEW ▾

Add Procedure

Add Inpatient Days

Note: Reviews can be created after the request is already created

Review : Aug 10, 2017 - New
Bed Type:

SOURCE *
Web

REVIEW TYPE *
Select

REVIEW PRIORITY *
Select

REVIEW RECEIVED DATE/TIME *

RECEIPT OF COMPLETE CLINICAL REVIEW

Bed Type

BED TYPE

FOR REQUESTED TYPE
Days

TO START ON *

FOR REQUESTED LOS *

THRU DATE *

☐ Add Care Note (Optional)

☐ Upload Received Document (Optional)

CANCEL   SAVE

Add Care Note

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

✎ EDIT   ACTIONS ▾

☐ ADD CARE NOTE

✉ ADD COMMUNICATION

Add Care Note for UNDERHILL, LOGAN   ✕

ACTIVITY DATE *
09/14/2017 03:43 pm

ACTIVITY CATEGORY *
Select Activity Category

ACTIVITY ACTION
Select Activity Action

ACTIVITY WITH
Select Activity with

RESPONSE
Select response

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

CARE NOTES

☑ SIGNATURE

CANCEL   SAVE

Add Communication

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

Reference

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REFERENCE A

Inpatient Request Build Reference

Skilled Nursing

Step 1	Place of Service	Skilled Nursing
	Service Type	Skilled Nursing Facility
	Admit Type	Transfer-SNF
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Admit Notification

Step 1	Place of Service	Inpatient Hospital
	Service Type	Medical Care
	Admit Type	Urgent
	Pre-D	NO
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Rehab.

Step 1	Place of Service	Comprehensive Inpt Rehab Facility
	Service Type	Rehabilitation
	Admit Type	Transfer- Acute
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent

Inpatient Elective (Scheduled Procedure)

Step 1	Place of Service	Inpatient Hospital
	Service Type	Medical or Surgical (depending on request)
	Admit Type	Elective
	Pre-D	YES
Step 2	Review Type	Initial
	Review Priority	Urgent or Routine (as requested)

Long Term Acute Care (LTAC)

Step 1	Place of Service	LTAC
	Service Type	Medical Care
	Admit Type	Transfer - Acute
	Pre-D	Yes
Step 2	Review Type	Initial
	Review Priority	Urgent

*Review Priority—Urgent = Expedited (current terminology)

*Review Escalation=Courtesy Expedited (current terminology)

∗ Additional Inpatient Stays—create a new review (not adding Service Extensions)
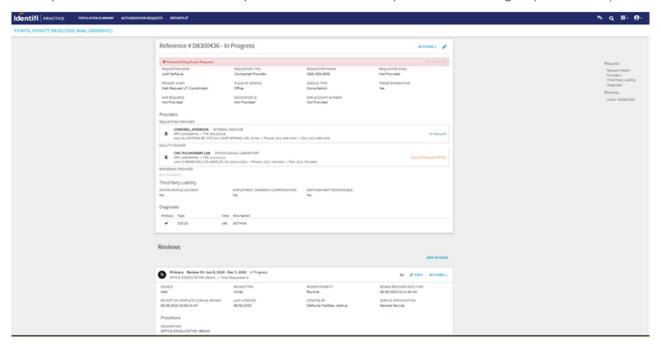
∗ PT, OT—will add a new Request

REFERENCE B

Print "Request Details Page"

1. Completion of Authorization Request, will be the "Request Details Page" (see below).

2. The print screen option does not include the member details. In order to include all details **Select All** and **Copy** to a word document.

3. **Save** word document and email to the appropriate member/physician for referral.