

CARE COORDINATION PROVIDER PORTAL

Entering new authorization requests



ENTERING NEW AUTHORIZATION REQUESTS

STARTING A NEW AUTHORIZATION REQUEST

- At the top right of the Authorization Dashboard, initiate a new request by clicking the New Request icon.
- The authorization intake workspace consists of three tabs: Request, Clinical and Finalize.
- The Request tab opens by default. The working tab is highlighted in blue.
- Once the required information for the working tab is complete, the next tab will automatically open as the information is saved.
- For users associated with multiple practices, select the correct practice from the dropdown list.

The screenshot displays the Authorization Dashboard interface. At the top right, it shows 'Provider Portal User' and a 'Logout' link. Below this, there are four buttons: 'NEW REQUEST' (highlighted with a red box), 'EXPORT TO EXCEL', 'EXPORT TO PDF', and 'FILTERS'. The main workspace is divided into three tabs: 'Request' (highlighted in blue and containing 'Key initial request'), 'Clinical' (containing 'Enter clinical information'), and 'Finalize' (containing 'Finalize and submit'). A 'Draft' label is visible on the left. Below the tabs, there is a 'Practice' dropdown menu with the text 'Select Practice...' and a dropdown arrow.

-
- Associate the member with the request by clicking the Find Patient hypertext.
 - Enter the member information in the Patient Search pop-out window and click the Search icon.
 - Member search requirements are either:
 - Birth date + first name + last name
 - Birth date + member ID

Patient Search

First Name

Last Name

Member ID

Birth Date

NOTE: Providers can only search for members who are assigned to them.

Select the correct member by clicking on their information in the search results that populate.

Patient Search

First Name

Last Name

Member ID

Birth Date

Name	Member ID	Birth Date
Pebbles Flintstone	1031735560	12/27/1963

Displaying 1-1 out of 1




ENTERING AN AUTHORIZATION REQUEST

- To start a new authorization request, click the New Request icon located on the right side of the Authorization Dashboard.

REQUEST TAB

- On the Request Tab, type the start date of service in the field.
- Users can click on the calendar icon to the far right of the field to select the date using the calendar option.

The screenshot shows a web form for creating a request. At the top, there are three tabs: 'Request' (selected), 'Clinical', and 'Finalize'. Below the tabs, the form is in 'Draft' status. The form fields are as follows:

Practice	USA HEALTH CARE
Patient	Pebbles Flintstone - 1031735560 Change patient...
Patient Plan	HMO
Start Date	mm/dd/yyyy 
Are you the:	<input type="radio"/> Ordering Provider <input type="radio"/> Servicing Provider <input type="radio"/> Both
Place of Service	Select Place of Service
Request Severity	Standard

At the bottom of the form, there are two buttons: 'SAVE & CONTINUE' and 'RESET'.

- Select the Provider Type by clicking the radio button to the left of the type to indicate if the provider entering this request is the ordering or servicing provider, or both.
- This helps to narrow down the search results. Users can begin searching for providers after the provider type is selected.
 - Ordering - Ordering the requested service.
 - Servicing - Providing the requested service.
 - Both - Ordering *and* providing the requested service.
- Click the Find Ordering Provider hypertext to select the ordering provider for this request.
- In the Provider Search pop-up window, use any combination of search parameters and click the Search icon.
- If you are the ordering provider, only the providers associated with your tax ID number will display.

The screenshot shows a web application interface for creating a request. The main form includes the following fields:

- Practice: USA HEALTH CARE
- Patient: Pebbles Flintstone - 1031735560 [Change patient...](#)
- Patient Plan: HMO
- Start Date: 01/24/2022
- Are you the: Ordering Provider Servicing Provider Both
- Ordering Provider: [Find ordering provider...](#) (highlighted with a red box and arrow)
- Servicing Provider: [Find servicing provider...](#)
- Place of Service: Select Place of Service
- Request Severity: Standard

A "SAVE & CONTINUE" button is located at the bottom of the main form. A "Provider Search" pop-up window is open, showing the following fields:

- First Name:
- Last Name:
- Specialty: Select specialty...
- Network: Affiliated
- NPI:

The pop-up window includes "CANCEL" and "SEARCH" buttons at the bottom right.

IN THE SEARCH RESULTS, CLICK ON THE PROVIDER TO SELECT THEM AS THE ORDERING PROVIDER. THE PROVIDER INFORMATION WILL BE POPULATED ON THE MAIN REQUEST PAGE.

NOTE: When searching for a group name rather than an individual provider, enter the group name in the last name field.

Provider Search

First Name

Last Name

Specialty

NPI

Name	NPI	Address	Specialty
THERAPY 4 KIDS INC	1144486317	5110 SOUTH YALE, SUITE 102, TULSA, OK	082 : Group
THERAPY 4 KIDS INC	1144486317	5110 SOUTH YALE, SUITE 102, TULSA, OK	087 : OT/PT/ST/RT Group

The screenshot below shows an individual provider name search.

Provider Search

First Name

Last Name

Specialty

Network

NPI

Name	NPI	Address	Specialty	Network
HAMILTON, MATTHEW	1700319159	4045 HEMPSTEAD TPKE, STE 202, BETHPAGE, NY	Family Practice-08	
HAMILTON, MATTHEW	1700319159	4045 HEMPSTEAD TPKE, STE 202, BETHPAGE, NY	Family Practice-08	

Are you the: Ordering Provider Servicing Provider Both

Ordering Provider MATTHEW HAMILTON - 1700319159 - 4045 HEMPSTEAD TPKE BETHPAGE NY 11714 - [Change ordering provider...](#)

Servicing Provider [Find servicing provider...](#)

Place of Service

Request Severity

Name

Provider ID

NPI

TIN

City

ZIP

Specialty

Network

- Click the Find Servicing Provider hypertext to add a servicing provider to the request.

-
- In the search results, click on the provider to select them as the servicing provider.
 - The provider's information will be populated on the main request page.

Servicing Provider Search

Name

Home Health

Provider ID

NPI

TIN

City

ZIP

Specialty

Select specialty...

Network

Affiliated

CANCEL

SEARCH

Results

Facility Name	Address	City	Zip	Specialty	Network
CES IN HOME HEALTH SERVI	376 LAFAYETTE RD SPARTA, NJ 07871	SPARTA	07871	Home Health Agency-A4	
HOME HEALTH@COMMUNITY MEDICAL CTR	1433 HOOPER AVE STE 230 TOMS RIVER, NJ 08753	TOMS RIVER	08753	Home Health Agency-A4	
MILLENIUM HOME HEALTH CARE INC	AVEANNA HOME HEALTH 370 REED RD STE 319 BRO 190084018	BROOMALL	190084018	Home Health Agency-A4	

- To change a provider selected in error, click the Change Ordering Provider or the Change Servicing Provider hypertext to the right of the selected provider on the Request page.
- This will prompt the user to repeat the search and select the provider from the search results.

Ordering Provider

MATTHEW HAMILTON - 1700319159 - 4045 HEMPSTEAD TPKE BETHPAGE NY 11714 -

[Change ordering.provider...](#)

Servicing Provider

MILLENIUM HOME HEALTH CARE INC - AVEANNA HOME HEALTH 370 REED RD STE 319 BROOMALL, PA 190084018 -

[Change servicing.provider...](#)

- Select the relevant category, place of service, request severity and level of care from the dropdown lists.
- Once all information on this page has been completed, click the Save & Continue icon in the bottom left corner.

Ordering Provider* MATTHEW HAMILTON - 1700319159 - 4045 HEMPSTEAD TERRACE DEERFIELD HT 11714 - [Change ordering provider...](#)

Servicing Provider* COMMUNITY MEDICAL CENTER - 99 ROUTE 37 WEST TOMS RIVER, NJ 08755 - [Change servicing provider...](#)

Category*

Place of Service*

Request Severity*

Level of Care*

SAVE & CONTINUE **RESET**

CLINICAL TAB

- The Clinical tab is automatically highlighted and opened when the user clicks Save & Continue on the Request tab.
- The user will enter diagnoses, services, notes and attachments on the Clinical tab.

The screenshot displays a three-step progress bar at the top: 'Request' (Key initial request), 'Clinical' (Enter clinical information, highlighted in blue), and 'Finalize' (Finalize and submit). Below the progress bar, a 'Draft' label is visible on the left and a 'DELETE' button on the right. The main form area contains four sections: 'Diagnoses*' with a search input, 'Services*' with a search input, 'Attachments' with an 'ADD ATTACHMENT' button, and 'Notes*' with a large text area. At the bottom, there are 'SAVE & CONTINUE' and 'RESET' buttons.

NOTE: The user cannot return to the Request tab once they have moved to the Clinical tab. If a user wishes to make changes to the details within the Request tab, the user must save the prior authorization as a draft and exit the screen. The user can press Save & Continue, exit the prior authorization and open the authorization again to edit it. Pressing Save & Continue and exiting the screen saves the authorization as a draft. The user can then access the authorization from the Drafts tab on the Authorization Dashboard to edit it.

ENTER THE DIAGNOSIS

- Enter a diagnosis by entering a keyword or the ICD code (no decimals or dashes) in the Search field.
- Select the diagnosis from the search results list by clicking on the diagnosis.
- Multiple diagnoses can be entered by repeating the search process for an additional diagnosis.

Diagnoses*

Hypertension Search by Keyword

G932 - Benign Intracranial Hypertension

H4005 - Ocular Hypertension

H40051 - Ocular Hypertension, Right Eye

H40052 - Ocular Hypertension, Left Eye

H40053 - Ocular Hypertension, Bilateral

H40059 - Ocular Hypertension, Unspecified Eye

I10 - Essential (Primary) Hypertension

I15 - Secondary Hypertension

Services*

Diagnoses*

I10 Search by ICD Code

I10 - Essential (Primary) Hypertension

A1811 - Tuberculosis Of Kidney And Ureter

E110 - Type 2 Diabetes Mellitus With Hyperosmolarity

Services*

Search for services...

- The first diagnosis entered will automatically be the primary diagnosis for the request.
- If multiple diagnoses are entered, users can select which diagnosis is the primary for the request by selecting the radio button to the left of the listed diagnosis.
- Remove a diagnosis by clicking the X to the right of the diagnosis.
- A removed diagnosis will remain in the list with a strike through until the request is finalized and submitted along with the option to Undo.

Diagnoses

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	I10 - Essential (Primary) Hypertension	X
<input type="radio"/>	I5021 - Acute Systolic (Congestive) Heart Failure	X
<input type="radio"/>	E1121 - Type 2 Diabetes Mellitus With Diabetic Nephropathy	X

Diagnoses

Primary	Diagnosis	Remove
<input type="radio"/>	I10 - Essential (Primary) Hypertension	X
<input checked="" type="radio"/>	I5021 - Acute Systolic (Congestive) Heart Failure	X
<input type="radio"/>	E1121 - Type 2 Diabetes Mellitus With Diabetic Nephropathy	Undo

ENTER SERVICES

- Enter the service code or keyword/description in the Service field.
- Select the appropriate option from the search results.

Diagnoses*

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	A1811 - Tuberculosis Of Kidney And Ureter	✕
<input type="radio"/>	E110 - Type 2 Diabetes Mellitus With Hyperosmolarity	✕
<input type="radio"/>	I10 - Essential (Primary) Hypertension	✕

Services*

MR

0055T - CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI
0159T - COMPUTER AIDED DETECTION BREAST MRI
0613 - MRT MRI RESERVED
0614 - MAGNETIC RESONANCE IMAGING (MRT) - MRI OTHER
0648T - Quan Mr Tis Wo Mri 1Orgn
0649T - Quan Mr Tiss W/Mri 1Orgn
0697T - Quan Mr Tis Wo Mri Mlt Orgn
0698T - Quan Mr Tiss W/Mri Mlt Orgn

Attachments

Services*

Search for services...

Primary	Service	Start Date/End Date*	Units	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 mm/dd/yyyy	Unit Type Frequen		X

Payment: Pay System Price


Attachments: ADD ATTACHMENT

-
- The service selected will be displayed below the search bar.
 - The initial service entered automatically becomes the primary service, indicated by the blue radio button to the left of the service.
 - Multiple services can be entered by using the service search bar and selecting the service from the search results.
 - The service details will include the start date/end date of services, units (numerical quantity), the unit type and the frequency.
 - If a frequency of per/month, per/week, or per/year is selected, a duration will also be entered.

START DATE

- The start date defaults to the start date entered on the Request tab.
- This date can be changed by typing in the field or using the calendar icon to the right of the field.
- The date entered must occur after the start date entered on the Request tab.

The screenshot displays a user interface for selecting services. At the top, there is a search bar labeled "Search for services...". Below it, a table lists services with columns for "Primary", "Service", "Start Date/End Date*", "Units", "Unit Type", "Frequency", "Total Units", and "Remove". The first service listed is "0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE". The "Start Date/End Date*" field for this service contains the date "10/29/2024", which is highlighted with a red rectangular box. A calendar icon is visible to the right of the date field. Below the table, there is a "Payment" section with a "Pay System Price" dropdown menu.

Primary	Service	Start Date/End Date*	Units	Unit Type	Frequency	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Units

- Type the numerical value for the service requested in the Units field.

The screenshot shows a form for adding a service. At the top is a search bar labeled "Search for services...". Below it is a table with columns: Primary, Service, Start Date/End Date*, Units, Unit Type, Frequency, Total Units, and Remove. A single row is visible with a blue radio button in the Primary column, the service name "0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE", a date field containing "10/29/2024" and a placeholder "mm/dd/yyyy", a Units field containing the number "30" (highlighted with a red box), a Unit Type dropdown, a Frequency dropdown, a Total Units field, and a Remove button. Below the table is a Payment section with a "Pay System Price" dropdown.

Unit Type

- Select the unit type from the dropdown list. Options include units, visit and day.

This screenshot is similar to the one above but shows the "Unit Type" dropdown menu open. The menu has three options: "Unit", "Visit", and "Day". The "Visit" option is highlighted with a red box. The "Units" field in the table above still contains the number "30".

NOTE: The user will need to put in the correct units for the services being selected based on the program guidelines.

FREQUENCY AND DURATION

- Select the relevant frequency from the dropdown list.
- Selecting Total will calculate the total units. Duration is not required.
- Enter the end date of service.

The screenshot shows the 'Services' form with the following details:

- Search for services...** (input field)
- Primary:** 0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE
- Start Date/End Date*:** 10/29/2024 (calendar icon) to 06/20/2025 (calendar icon)
- Units:** 30
- Frequency:** Total (selected in dropdown)
- Total Units:** 30 (displayed in a grey box)
- Remove:** (trash icon)
- Payment:** Pay System Price (dropdown)
- Annotations:** A red box highlights the 'Total' dropdown, and a red arrow points to the 'Total Units' box with the text 'Automatically Calculates'.

The screenshot shows the 'Services' form with the 'Frequency' dropdown menu open. The details are:

- Search for services...** (input field)
- Primary:** 0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE
- Start Date/End Date*:** 10/29/2024 (calendar icon) to mm/dd/yyyy (input field)
- Units:** 30
- Frequency:** Total (selected in dropdown menu)
- Total Units:** (grey box)
- Remove:** (trash icon)
- Payment:** Pay System Price (dropdown)
- Attachments:** ADD ATTACHMENT (button)
- Annotations:** A red box highlights the 'Frequency' dropdown, and another red box highlights the 'Total' option within the dropdown menu.

Primary	Service	Start Date/End Date*	Units			Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 12/03/2024	3 for 5 Weeks	Visit	Per We...	15	X

Automatically Calculates (arrow pointing to 12/03/2024)

Automatically Calculates (arrow pointing to 15)

- Selecting a per frequency will require a numerical value.
- For duration and the total units, the end date will be automatically calculated based on unit quantity and the frequency and duration.
- The automatically calculated total units and end date cannot be edited by the user if a frequency is used.

PAYMENT TYPE

- Select Payment Type from the dropdown menu.
- Options include Pay System Price, Pay Unit Price and Pay Cap Amount.
- **NOTE:** Payment Type is not configured by category or type of service. All options will be available to the user regardless of the category or type of service on the prior authorization. The user must select the appropriate payment type for the entered service code.

Payment

testAttachment.pdf

Pay System Price

Pay Unit Price

Pay Cap Amount



CHANGE PRIMARY SERVICE

The screenshot displays a user interface for selecting a primary service. It features a table with columns for Primary, Service, Start Date/End Date, Units, Total Units, and Remove. The first service, '0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE', is currently selected as the primary service, indicated by a blue radio button. The second service, '0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME', is not selected, indicated by a red radio button. A 'Payment' section is also visible, showing a dropdown menu for 'Pay System Price'.

Primary	Service	Start Date/End Date*	Units	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 12/03/2024	3 for 5 Weeks	15	X
<input type="radio"/>	0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME	10/29/2024 mm/dd/yyyy	 for 		X

Payment: Pay System Price

When multiple services are selected, users can change the designated primary service by selecting the radio button to the left of the service.

ADD ATTACHMENTS

- Add a document from your computer as an attachment by clicking the Add Attachment icon.

Attachments

ADD ATTACHMENT

Notes*

SAVE & CONTINUE

RESET

Select the attachment type from the dropdown list. Click the Upload icon to add the attachment to the authorization request.

Add Attachment

File* Choose FileLAB VALUES.docx

Type Authorizations

- Authorizations
- Care Transitions
- Consent
- Correspondence
- DirectUpload
- Education
- IROclinical
- Letter

CANCEL UPLOAD

Click the listed attachment to view the document in a PDF viewing window. Click the X to the right of the listed attachment to remove it from the request. Multiple documents can be added as attachments by repeating the process and selecting additional documents.

Attachments

- Clinical document SERVICE PLAN.pdf Authorizations X
- LAB VALUES.docx Authorizations X

ADD ATTACHMENT

Notes

SAVE & CONTINUE RESET

- **NOTE:** A pop-up window with a warning message will be displayed if the user tries to submit the authorization without an attachment.
- The user can acknowledge this warning message and continue with submission by pressing the OK button.

Warning

An attachment or supporting documentation is required in order to process your request. Please upload your supporting documentation including, but not limited to, emergency room reports, medical history, discharge summaries, and all other relevant medical reports per State rules on timely submission based on the category of service you have requested in this prior authorization

OK

ADD NOTES

- To communicate information to the reviewers, add notes to the request.
- Enter the note in the text box.
- There is no character limit to the text field.
- Click and drag the two lines in the bottom right corner of the text box to expand the text field to the desired size.
- Once the notes are completed, click the Save & Continue icon.

The screenshot shows a web interface for adding notes. It features an 'Attachments' section with a file upload button labeled 'Choose File' and a list of attached files, including 'Clinical document SERVICE PLAN.pdf'. Below the attachments is a 'Notes' section with a large text area. A red box highlights the text area, and a red arrow points to the bottom right corner with the text 'Click and Drag to resize the Text Box'. At the bottom of the form are two buttons: 'SAVE & CONTINUE' and 'RESET'.

Request Request request Clinical Enter clinical information **Finalize** Finalize and submit DELETE

Draft **Finalize** PRINT

Finalize

DEMOGRAPHICS

Member Name	Flintstone, Pebbles
Member Number	1031735560
Date of Birth	01/01/2020

REQUEST DETAILS

Requesting Provider	A B C RURAL HEALTH CLINIC 082 : Group
Servicing Provider	COLORADO KIDNEY CARE 130 RAMPART WAY DENVER, CO 802306451
Place of Service	21 Inpatient Hospital
Requested Dates	10/29/2024 to 12/03/2024
Level of Care	Acute
Payment Method	Pay System Price

DIAGNOSES

A4852	Wound Botulism(Primary Diagnosis)
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REQUESTED SERVICES

0571	HOME HEALTH (HH) AIDE - VISIT CHARGE (Primary Service) 3 Visits Per Week For 5 Week(s) Total: 15 Visits(s) Begin Date: 10/29/2024 End Date: 12/03/2024 Payment Method: Pay System Price
0589	HOME HEALTH (HH) - OTHER VISITS - OTHER HOME 1 Days Per Day For 2 Day(s) Total: 2 Day(s) Begin Date: 10/29/2024 End Date: 10/31/2024 Payment Method: Pay System Price

NOTES

10/30/2024	Test
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ATTACHMENTS

No Attachments

Pre-certification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

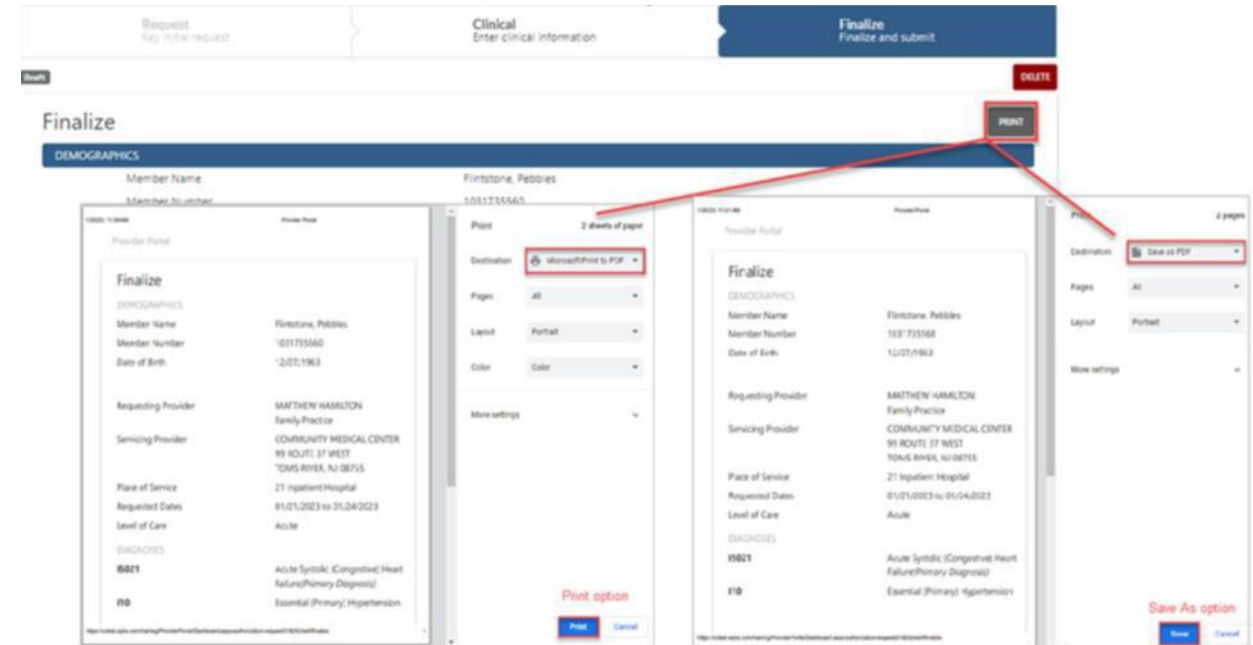
FINALIZE TAB

- The Finalize tab will open with the request summary displayed, allowing a review of the entered information for correctness prior to submitting the request through the system.
- If the information entered is incorrect, users can click the related tab (Request or Clinical) to navigate back to that section and correct the information.
- If the information entered is correct, click the Submit icon at the bottom left of the page.
- This sends the request to the reviewers for review and authorization of services.

Request Key initial request	Clinical Enter clinical information	Finalize Finalize and submit
<h2>Finalize</h2>		PRINT
Case Number:	208354	
Case Status:	In Progress	
Request Date:	01/24/2023	
Create Fax Cover Sheet		
Create New Auth for Current Patient		
Return to Dashboard		
DEMOGRAPHICS		

- After submitting the request, an eQSuite unique case number will be assigned and the request status will move to In Progress.
- Users will have options to Create a Fax Cover Sheet, Create a New Auth for Current Member or Return to the Dashboard.

- Click the Print icon at the top left of the page to print a copy of the request summary to your local printer.
- To save a copy as a PDF file to your local computer files, change the Destination dropdown option to Save as PDF and then click the Save icon.



ASSIGNING AUTHORIZATIONS INITIATED IN PROVIDER PORTAL

- PA requests submitted via provider portal will be routed by the system to the related workgroup queue based on the category of service requested and further auto-assign the PA to a user associated with that workgroup queue.
 - (ex: QD BH Inpatient Stay request will go to the QD-Behavioral Health Inpatient Stay PA work queue and to the user specific assignment - the system will apply an auto assignment rule to assign the PA to users associated with that workgroup queue).
 - **EXCEPTION:** QH, QI, QJ, QT categories (PCM related) will auto-assign to the associated category workgroup and will be manually assigned to a user by intake/analysts for leveraging.



OKLAHOMA
Health Care Authority

GET IN TOUCH

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