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# Provider Secure Web Portal Authorization Redesign – July, 2019

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What We Do*

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6/7/2019

# Web Authorization Redesign – Provider Request



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Before

After

# Web Authorization Redesign



The 1<sup>st</sup> drop-down, is no longer Service Type-driven. With the web auth redesign, the options are Authorization Type-driven.

To begin a web authorization request, users will select Inpatient Medical or Outpatient Medical.

## Before

**Enter Authorization**

1. PROVIDER REQUEST

Select a Service Type ▼

- Medical Outpatient**
- Auditory Services
- Cochlear Implants & Surgery
- DME
- Drug Testing
- Experimental/Investigational
- Genetic Testing & Counseling
- Home Health
- Hospice
- Inpatient Services (S&P)
- Observation
- Office Visit
- Outpatient Services
- Outpatient Surgery
- Pain Management
- Sleep Study
- Therapy
- Transport

## After

**Enter Authorization**

1. PROVIDER REQUEST

Select an Authorization Type ▼

- Select an Authorization Type
- Inpatient Medical
- Outpatient Medical
- Biopharmacy and Vaccines
- Dental Services
- Vision Services

# Invalid Request Notice



## Enter Authorization

1. PROVIDER REQUEST

Select an Authorization Type ▼

- Select an Authorization Type
- Inpatient Medical
- Outpatient Medical
- Biopharmacy and Vaccines
- Dental Services
- Vision Services

If a user selects Biopharmacy and Vaccines, Dental Services, or Vision Services a pop-up displays advising these services cannot be requested via the portal, and provides the link to the appropriate websites.

The screenshot shows the Home State Health portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging, along with the user's name, Kishia Alexander. A pop-up window titled "Invalid Request" is displayed in the foreground. It features a red octagonal warning icon with a white exclamation mark. The text inside the pop-up reads: "You are attempting to enter a prior authorization request that must be submitted through another website. Please use the links below to complete your request." Below this text are three blue hyperlinks: "Submit Biopharmacy and Vaccines request", "Submit Vision Services request", and "Submit Dental Services request".

# Provider Request – Inpatient Medical



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When a user selects Inpatient Medical, they must indicate if the request is surgical or non-surgical, which drives the options in the Service Type drop-down.

**Enter Authorization**

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

Yes

No

Choose Service Type ▼

- Choose Service Type
- C-Section Delivery
- Surgical Inpatient
- Transplant
- Vaginal Delivery

**Enter Authorization**

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

Yes

No

Choose Service Type ▼

- Choose Service Type
- Long Term Acute Care
- Medical
- Neonate
- Rehab Inpatient
- Skilled Nursing
- Sub Acute

[CODE LOOKUP](#)

NEXT >

# Inpatient Medical – Surgical Examples



## Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical

Surgical?

Yes

No

C-Section Delivery

Requesting Provider

NPI: [REDACTED]

TIN: \*\*\*\*\*3611

Name: [REDACTED] Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

NEXT >

## Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical

Surgical?

Yes

No

Surgical Inpatient

Procedure Code

42821

TONSILLECTOMY & ADENOIDECTOMY; AGE 12/OVER

[CODE LOOKUP](#)

Requesting Provider

NPI: [REDACTED]

TIN: \*\*\*\*\*3611

Name: [REDACTED] Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

NEXT >

A Procedure Code is required on Surgical Inpatient and Transplant requests

# Inpatient Medical – Non-Surgical Example



**Enter Authorization**

**1. PROVIDER REQUEST**

Inpatient Medical ▼

Surgical?

Yes

No

Long Term Acute Care ▼

Requesting Provider

██████████

NPI: ██████████

TIN: \*\*\*\*\*3611

Name: ██████████ Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

**NEXT >**

# Provider Request – Outpatient Medical



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**Enter Authorization**

**1. PROVIDER REQUEST**

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Outpatient Medical ▼

**Requesting Provider**

[Redacted]

NPI: [Redacted]  
TIN: \*\*\*\*\*3611  
Name: [Redacted] Kelly

**Primary Diagnosis**

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

**NEXT >**



# Service Line – Outpatient Medical

non-surgical



The Service Line displays required fields, based on the Service Type selected in the 1. Provider Request.

The image displays three side-by-side screenshots of the "Enter Authorization" form, each representing a different service type: Medical, LTC, and Acute. Each form is titled "Enter Authorization" and has a blue header bar with the service type: "Outpatient Medical → Medical", "Outpatient Medical → LTC", and "Outpatient Medical → Acute".

Each form is divided into two main sections: "1. PROVIDER REQUEST" (with an "EDIT" link) and "2. SERVICE LINE". Below the "2. SERVICE LINE" header, it says "Now adding new service line".

The "Facility" section includes a text input field for "NPI or Last Name" and a date range selector for "Start Date" and "End Date".

The "Primary Procedure" section includes a text input field for "Procedure Code".

A "Select a Place Of Service" dropdown menu is present in each form. In the LTC and Acute forms, this dropdown is open, showing a list of options: "Select a Place Of Service", "Inpatient Hospital", "Nursing Facility", and "Skilled Nursing Facility". The "Select a Place Of Service" option is highlighted in blue in the dropdown.

A "NEXT >" button is located at the bottom of each form. At the bottom of the Acute form, there is an additional dropdown menu with the same options as the "Select a Place Of Service" dropdown.

At the bottom of the Medical form, there is a "3. FINISH UP" section with a progress indicator.

# Service Line – Outpatient Medical



On the Service Line, users can add additional Procedure Codes and a new Service Line.

The screenshot displays two main sections of the authorization system interface:

- Authorization For:** This section shows patient information for "Kelly" and a "PROVIDER REQUEST" for "ACUTE RECUR STREP TONSILLITIS".
- Enter Authorization:** This section is divided into two steps: "1. PROVIDER REQUEST" and "2. SERVICE LINE".

Annotations and callouts include:

- A red dashed line points from the text "Click here to add Procedure Code(s) to this Service Line" to the "Add Additional Procedures" button in the "2. SERVICE LINE" section.
- Another red dashed line points from the text "Click here to add Service Line(s)" to the "Add New Service Line" button in the "2. SERVICE LINE" section.
- A red-bordered box highlights the "Select a Place Of Service" dropdown menu, which is open to show a list of service locations including "Ambulatory Surgical Center", "Assisted Living Facility", "Birthing Center", "Custodial Care Facility", "End-Stage Renal Disease Treatment Facility", "Group Home", "HOMELESS SHELTER", "Home", "Independent Clinic", "Independent Lab", "Inpatient Hospital", "Mobile Unit", "Off Campus - Outpatient Hospital", "Office", "Outpatient Hospital", "Public Health Clinic", "Rural Health Clinic", "Temporary Lodging", and "Urgent Care Facility".


Completed Service Line(s) will still display in the left pane, but will also include:

- Provider's network participation
- Auth Req'd
- Review Needed
- Review Completed

Authorization For


DOB: [REDACTED] | MEDICAID NBR: [REDACTED]




**PROVIDER REQUEST**

 [REDACTED] **Kelly**  
 Primary Diagnosis: J0301: ACUTE RECUR STREP TONSILLITIS  
 NPI: [REDACTED]  
 TIN: [REDACTED] 3611  
 Phone: [REDACTED]

**SERVICE LINES**  
 If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Service Line 1

 [REDACTED] **Kelly**  
 Dates: 05/23/2019 - 05/25/2019  
 Units: 2  
 Place Of Service: Office  
 NPI: [REDACTED]  
 TIN: \*\*\*\*\*3611  
 Participating: No  
 Phone: [REDACTED]

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Surgery	Yes 	Yes 	No 

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

CONTACT IQC

Kishia Alexander

Phone


(512) 404-1000


Fax

(512) 404-2000

Email

kialexander@cenpatco.com

 Add Comments


 **Note:**  
 When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

# Multiple Service Lines Example






**SERVICE LINES**  
If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

**Service Line 1**


 [Redacted]

Dates: 05/28/2019 - 05/31/2019  
Units: 1  
Place Of Service: **Outpatient Hospital**

NPI: [Redacted]  
TIN: \*\*\*\*\*3611  
Participating: No  
Phone:




Procedure Code	Auth Req'd?	Review Needed?	Review Completed?
42821	 Not Required	 No	 No

**Service Line 2**

 [Redacted]

Dates: 05/28/2019 - 05/31/2019  
Units: 1  
Place Of Service: **Ambulatory Surgical Center**

NPI: [Redacted]  
TIN: \*\*\*\*\*3611  
Participating: No  
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
54160	Outpatient Surgery	 Yes	 Yes	 No

# Finish Up




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The Contact information will still auto-populate the user's information.

## Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

### PROVIDER REQUEST


 [REDACTED] **Kelly**  
Primary Diagnosis: J0301: ACUTE RECUR STREP TONSILLITIS  
NPI: [REDACTED]  
TIN: [REDACTED]3611  
Phone:

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### SERVICE LINES

If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Service Line 1

 [REDACTED] **Kelly**  
Dates: 05/23/2019 - 05/25/2019  
Units: 2  
Place Of Service: Office  
NPI: [REDACTED]  
TIN: \*\*\*\*\*3611  
Participating: No  
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Surgery	Yes	Yes	No

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

CONTACT IQC  
Kishia Alexander

Phone  
(512) 404-1000

Fax  
(512) 404-2000

Email  
kialexander@cenpatico.com

Add Comments

**Note:**  
When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

# Finish Up – Non-Participating Provider




If a non-participating provider is selected on a Service Line, users must provide a comment explaining the Non-PAR selection.

## Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

These are questions specific to .

 **Note:** When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

Additional Information:

[REDACTED]

[CLOSE COMMENTS](#)

## Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

CONTACT IQC

Kishia Alexander

Phone


(512) 404-1000


Fax

(512) 404-2000

Email

kialexander@cenpatico.com

 Add Comments

 **Note:** When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

# Finish Up – Attachments



The Attachment functionality has not changed. Users can still attach up to five (5) documents with their web auth submissions.

### Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

#### SERVICE LINES

If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

**Service Line 1**

[REDACTED] **Kelly**

Dates: 05/28/2019 - 05/31/2019  
Units: 2  
Place Of Service: Outpatient Hospital

NPI: [REDACTED]  
TIN: \*\*\*\*\*3611  
Participating: No  
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Service Line 2**

[REDACTED] **Kelly**

Dates: 05/28/2019 - 05/31/2019  
Units: 1  
Place Of Service: Outpatient Hospital

NPI: [REDACTED]  
TIN: \*\*\*\*\*3611  
Participating: No  
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
54160	Outpatient Surgery	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

### Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

Add Comments

**Note:**  
When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

**Attachment:**  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

No file chosen

# Web Auth Confirmation



The web auth confirmation will display all of the Service Lines entered on the web auth request. The Authorization # will display on successful Service Line submissions.

This Service Line will load to TruCare for processing

These Service Lines will NOT load to TruCare

### Authorization Summary

DOB: [REDACTED]  
Medicaid #: [REDACTED]  
Date: May 21, 2019 11:25:28 AM CDT

Submitted Service Lines			
Authorization #	Procedure Code	Service Type	Status
OP0141970157	42821	Outpatient Surgery	⊙ Pending

Non-Submitted Service Lines (Not Required)	
Procedure Code	Description
P9056	This is not a covered service
72149	<a href="#">Vendor</a> The service requested is administered by a vendor
1682	NO AUTHORIZATION IS REQUIRED