

2015



Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations

A general overview guide for facilities/providers when accessing the inpatient Clear Coverage™ System for the Univera Healthcare member.

NOTES

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NOTES

What is Clear Coverage™?

Univera Healthcare has partnered with McKesson, an independent company to manage hospital inpatient admission authorizations for services through McKesson's automated system, Clear Coverage™. McKesson was engaged to integrate this system with Univera Healthcare business rules, and enables the provider to receive an instant result of a "notification", an "approval" or "pend" for a medical necessity review by the Health Plan.

Clear Coverage™ is a Web-based real-time software program, and is accessible via the provider portal of the Univera Healthcare website.

Clear Coverage™ includes InterQual® evidence-based criteria.

Clear Coverage™ allows for flexibility for creating requests (i.e. time, date, and staff).

It also enables users to print or electronically save a PDF for proof of authorization.

The screenshot displays the Clear Coverage web application interface. At the top left is the logo, and at the top right is the user information: "Joann Kubis | Request - Rochester General Hospital | Logout | Help". Below this is a navigation bar with "Authorization Requests", "New Authorization", and "Administration". The main content area is titled "Search Inpatient Authorization Requests and Notifications". It features a search form with fields for "Patient Last Name" and "Patient First Name", and buttons for "Search" and "Clear". Below the search form are several filter dropdowns: "Date Created" (set to "Last 7 Days"), "Status" (set to "All"), "Request Type" (set to "All"), "Payer" (set to "All"), "Subscriber/Card", "Admitting Provider", "Reference Type" (set to "All"), and "Reference Number". Below the filters, the text "Search Results: Authorization and Notifications Results" is displayed. A table with 12 columns is shown below the text. The columns are: Created, Patient, Payer, Admit Date, Next Review Date, Request Type, Status, Product, Facility, Unit, Admitting Provi, and Attending Provi. The table contains several rows of data, all of which are currently blank.

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provi	Attending Provi

NOTES

CLEAR COVERAGE QUICK REFERENCE GUIDE

Login to **Univerahealthcare.com** using your exclusive **username** and **password**.

Check member eligibility to ensure active coverage and review member benefits.

Login to the Clear Coverage™ E-Auth Tool using your **Facets Provider ID** number and your **Provider/Facility NPI**.

Click **“New Authorization”** and conduct a patient search.

Clear Coverage™ involves the completion of six brief sections – called accordions – in order to submit an admission authorization request.

1. **Patient Accordion**

What you'll need: the correct spelling of the patient's first and last name and the patient's date of birth.

2. **Provider Accordion**

What you'll need: the admission date, the name of the admitting physician and the type of unit (e.g., elective chemo, elective epilepsy, medical).

3. **Admission Diagnosis Accordion**

What you'll need: the patient's primary diagnosis ICD code and admission type (chemo, urgent or elective).

4. **Admission Criteria Accordion**

What you'll need: criteria that will be used for the inpatient admission.

5. **Admission Review Accordion**

What you'll need: the clinical criteria to support the admission request.

Note: Not mandatory for notifications

6. **Comments | Attachments Accordion**

What you'll need: this provides a free text section allowing you to type, copy/paste and/or attach additional information pertinent to the admission request. This information is mandatory for any admission that does not meet the criteria in the admission review accordion. This is not mandatory for notifications.

A detailed and in-depth description of each Clear Coverage™ step is included in the following pages.

NOTES

LOGGING IN: PROVIDER PORTAL

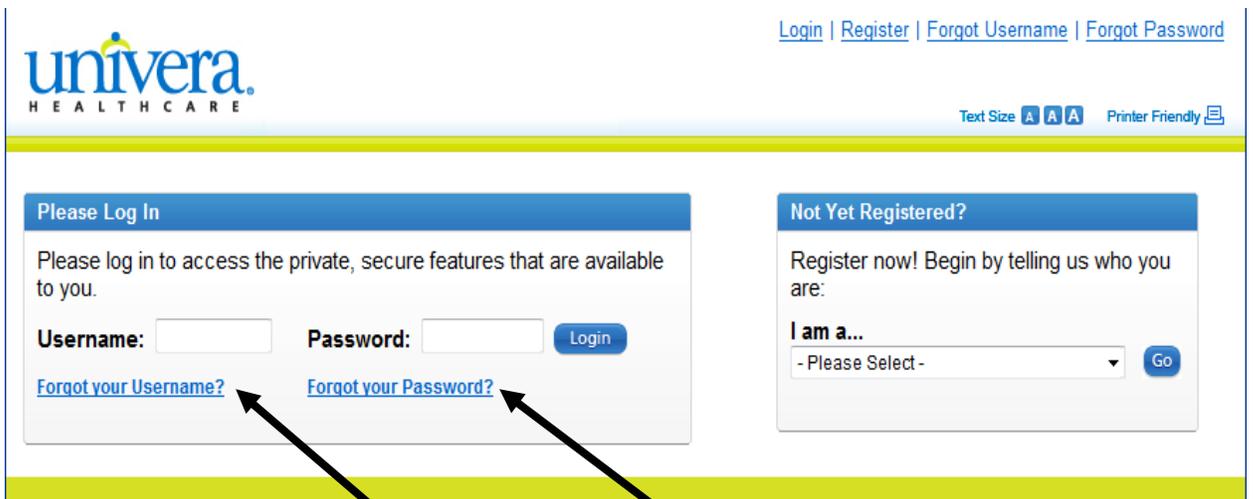
1. Type the provided Web address in your browser address box or log in to the provider portal

<https://www.univerahealthcare.com/wps/portal/uv/prv/>

2. Click on "Login"



3. Enter assigned Username and Password:



- 3a. If you have forgotten your Username and/or Password, you may click on the "Forgot your Username" or "Forgot your Password" links

- 3b. If you experience web-site problems/issues, call our **Web Security Help Desk 1-800-278-1247**

(Monday-Thursday 8 a.m. to 4:30 p.m. or Friday, 9 a.m. to 4:30 p.m. EST)

Retrieve Your Username

Step 1: Begin by telling us who you are

I am a...

Need Help? Call our Web Security Help Desk at 1-800-278-1247

NOTES

LOGGING IN: CLEAR COVERAGE

 **Providers are required to perform an eligibility and benefit check prior to entering any authorization requests into Clear Coverage™.**

If needed, please contact your provider relations representative for instructions.

Once you have verified the patient's "Eligibility and Benefits" and would like to enter an inpatient authorization request:

1. Go to the "Referrals & Auths" tab

1a. If you are a new user, and do not have a Facets Provider ID, click on the "Get Your Facets Provider ID" link.



request authorization

- Select Type of Care -

[Get Your Facets Provider ID](#)

This box will appear. Click on the "Email our Provider Help Desk" button.



Get Your Facets Provider ID ✕

- You'll need your Facets Provider ID to use Clear Coverage. If you do not know that ID,
 - You can call: 1-800-363-4658 or
 - You can: [Email our Provider Help Desk](#)

1b. Complete the form. The Help Desk will contact you with an ID number within 2 days after the request is received.



Univera Facets Provider ID Request

Use this eform to request a Facets Provider ID or get your current one.

Please complete the form below and click 'Submit'. All field entries are required. We will respond within 2 days after request is received. We protect the privacy of your message with [SSL encryption](#).

Provider Name:

Place of Service - Office Address:

Note: The Facets Provider ID that you will receive is based on the Office Address you supply to us.

Street Address:

City:

State:

ZIP Code:

Email:

NPI:

LOGGING IN: CLEAR COVERAGE

2. Click the “request authorization” drop down arrow

request authorization

- Select Type of Care -

- Select Type of Care -
- Options via Clear Coverage - Outpatient**
 - Behavioral Health
 - Medical
 - Physical, Occupational & Speech Therapy
 - Specialty Medications
 - Surgery
- Options via Clear Coverage - Inpatient**
 - Medical**
 - Surgery (Urgent Admissions)
- Options via CareCore**
 - CareCore Services
- Other Options**
 - Surgical & Other Care

3. Click on “Medical” under “Options via Clear Coverage for Inpatient”

4. Enter your Facets Provider ID and Provider NPI number and click “Next”

Welcome Tracy! [Log Out](#) | [Modify My Profile](#) | [Change My Password](#)

univera | for providers
HEALTHCARE

Text Size [A](#) [A](#) [A](#) Printer Friendly

[provider home](#) [coverage & claims](#) [referrals & auths](#) [coding & billing](#) [prescriptions](#) [patient care](#) [education](#) [contact us](#)

Quick Links

- [wnyhealthnet.org](#)
- [CareCore Services](#)
- [Request Surgical & Medical Auths](#)
- [Clear Coverage Auth Tool](#)
- [UM Appeals & Grievances](#)
- [Search for Providers](#)

Enter Provider Information

Please enter Facets Provider ID and Provider NPI.

Facets Provider ID: **Provider NPI:**

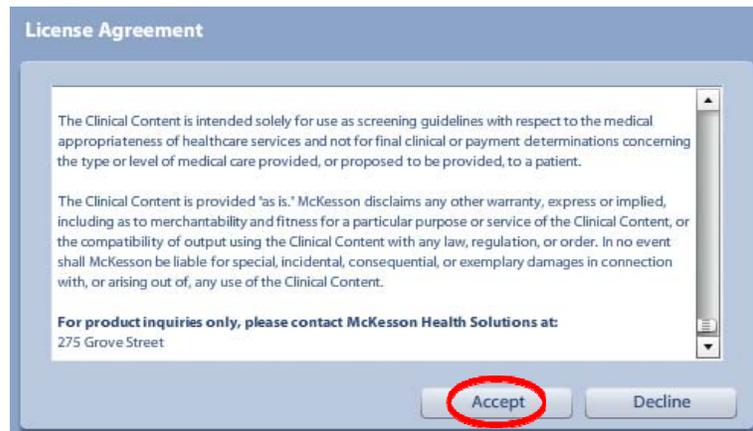
ENTER ID Numbers

[Back](#) [Next](#)

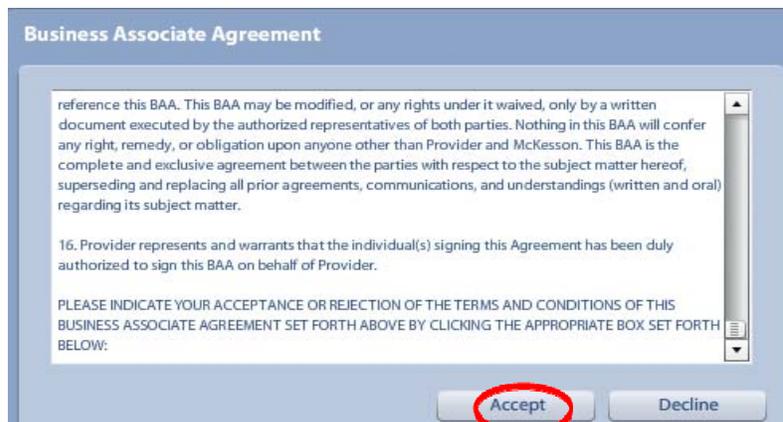
Important: Authorization requests/documentation received via Clear Coverage after 5:00 p.m. on Friday, and on weekends or holidays, will not be processed until the next business day. If you have an urgent request for care within 48 hours, please call the Medical Intake Unit at 1-800-363-4658.

LOGGING IN: CLEAR COVERAGE

5. The first time you log in you will need to accept the license agreement. Click **"Accept"**.



6. The first time you log in you will need to accept the Business Associate agreement. Click **"Accept"**.



NOTES

AUTHORIZATION MENU SCREEN

When you have successfully logged into Clear Coverage™, the “Authorization” page will display.

Clear Coverage™

Joann Kubis | Logout | Help

Authorization Requests | New Authorization | Administration

Search Patient Authorization Request and Notifications

Patient Last Name Patient First Name

Date Created Status Request Type Payer Subscriber/Card Admitting Provider Reference Type Reference Number

Last 7 Days All All All

Search Clear

Search Results: Authorization and Notifications Results

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provi	Attending Provi

You will use the following tabs to manage and view requests:

1. **Authorization Requests** - Enables you to find “saved” (incomplete) and submitted authorization requests
2. **New Authorization** - Enables you to enter and submit an authorization request
3. **Log Out** - Enables you to close the application
4. **Help** - for additional, generic Clear Coverage™ information

NOTES

AUTHORIZATION REQUESTS PAGE

The **Authorization Requests** page enables you to find authorizations that have been saved (not yet submitted) as well as requests that have been submitted.

You can filter by name, date created, patient name etc.

1. **Action**-allows you to open the individual authorization for viewing or editing, perform a continued stay review or discharge



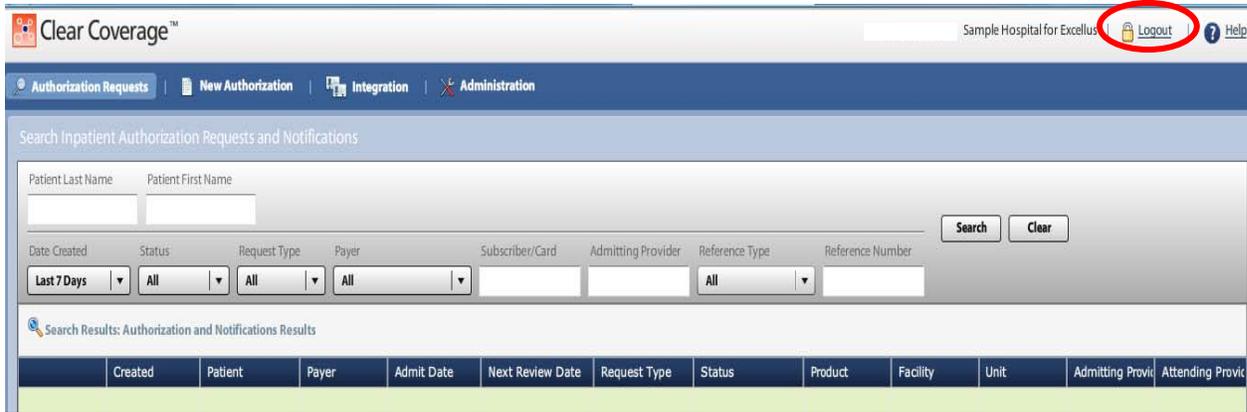
2. **Created** -Date the request was created
3. **Patient**-Name of the patient
4. **Payer**-Provides detailed information of the patient's health plan (e.g., ID number, group, product type, effective date)
5. **Admit Date**-the date of the actual admission
6. **Next Review Date**-the date that a continued stay review is required, if applicable
7. **Request Type** - Type of request (admission, continued stay, or discharge)
8. **Status**- Current status of a request
9. **Product**-specifies the InterQual™ product that was used for the review, if applicable
10. **Facility**-the name of the facility that entered the authorization request
11. **Unit**-n/a
12. **Admitting Provider**-name of the admitting physician

NOTES

LOGGING OUT

To end your session, you must log out.

In the **menu bar**, click **“Logout”**



The screenshot shows the Clear Coverage application interface. At the top right, the text "Sample Hospital for Excellence" is visible, followed by a "Logout" button with a lock icon, which is circled in red. Below the header is a navigation menu with "Authorization Requests", "New Authorization", "Integration", and "Administration". The main content area is titled "Search Inpatient Authorization Requests and Notifications" and contains search filters for Patient Last Name, Patient First Name, Date Created (set to "Last 7 Days"), Status (set to "All"), Request Type (set to "All"), Payer (set to "All"), Subscriber/Card, Admitting Provider, Reference Type (set to "All"), and Reference Number. Below the filters is a "Search Results: Authorization and Notifications Results" section with a table header including columns for Created, Patient, Payer, Admit Date, Next Review Date, Request Type, Status, Product, Facility, Unit, Admitting Provider, and Attending Provider.

Your session ends. You must return to the provider portal to log in again.

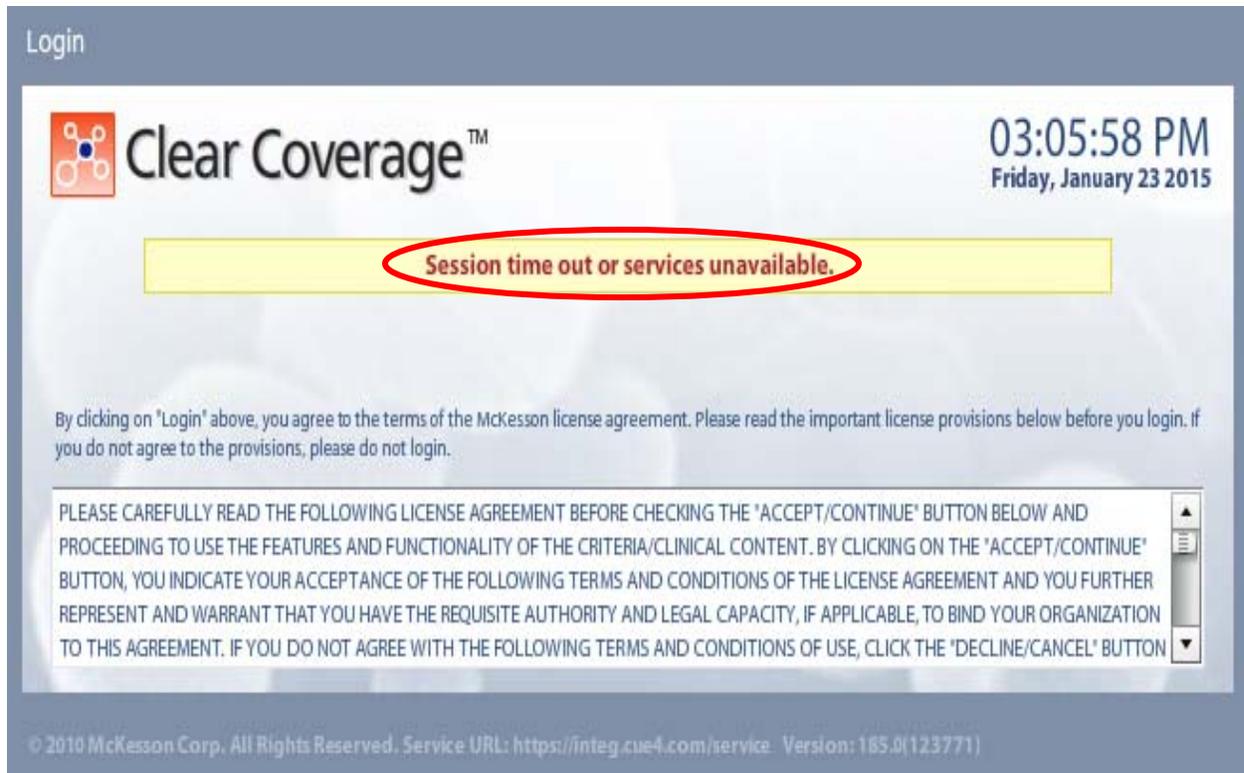


The screenshot shows the Clear Coverage Login page. The page header includes the Clear Coverage logo and the time "02:40:36 PM Friday, January 23 2015". A red circle highlights the instruction "Please use your portal to login." Below this is a disclaimer: "By clicking on 'Login' above, you agree to the terms of the McKesson license agreement. Please read the important license provisions below before you login. If you do not agree to the provisions, please do not login." A scrollable area contains the full license agreement text: "PLEASE CAREFULLY READ THE FOLLOWING LICENSE AGREEMENT BEFORE CHECKING THE 'ACCEPT/CONTINUE' BUTTON BELOW AND PROCEEDING TO USE THE FEATURES AND FUNCTIONALITY OF THE CRITERIA/CLINICAL CONTENT. BY CLICKING ON THE 'ACCEPT/CONTINUE' BUTTON, YOU INDICATE YOUR ACCEPTANCE OF THE FOLLOWING TERMS AND CONDITIONS OF THE LICENSE AGREEMENT AND YOU FURTHER REPRESENT AND WARRANT THAT YOU HAVE THE REQUISITE AUTHORITY AND LEGAL CAPACITY, IF APPLICABLE, TO BIND YOUR ORGANIZATION TO THIS AGREEMENT. IF YOU DO NOT AGREE WITH THE FOLLOWING TERMS AND CONDITIONS OF USE, CLICK THE 'DECLINE/CANCEL' BUTTON". The footer contains the copyright information: "© 2010 McKesson Corp. All Rights Reserved. Service URL: https://integ_cue4.com/service Version: 185.0(123771)".

TIMING OUT

TIMING OUT:

One of the settings within Clear Coverage™ specifies how long Clear Coverage™ can be left inactive before it automatically ends the session. If you are logged in but not using the application, you may see a message stating that the session has expired.



The screenshot shows a login page for Clear Coverage™. At the top left, the word "Login" is visible. The Clear Coverage™ logo is on the left, and the time "03:05:58 PM" and date "Friday, January 23 2015" are on the right. A yellow banner in the center contains the message "Session time out or services unavailable.", which is circled in red. Below the banner, there is a disclaimer: "By clicking on 'Login' above, you agree to the terms of the McKesson license agreement. Please read the important license provisions below before you login. If you do not agree to the provisions, please do not login." A scrollable box contains the full license agreement text. At the bottom, the footer reads: "© 2010 McKesson Corp. All Rights Reserved. Service URL: <https://integ.cue4.com/service> Version: 185.0(123771)"

If this message is received, return to the provider portal and follow the "Log In" steps.

CREATING A NEW AUTHORIZATION REQUEST

The first step in creating a new authorization request is to check the patient's eligibility within the provider portal. Once you have verified the patient's eligibility/benefits, you can begin the authorization process for the patient within the Clear Coverage™ application. This process will build a complete authorization request with all required information, which is then either notification, auto approved or submitted to Univera Healthcare for a determination.

Steps to create an Inpatient Authorization Admission request



A.

1. From the main screen, click on **"New Authorization"**



The Inpatient Admission Authorization Request screen appears

LEFT SIDE

Displays the information that has been added to the request

RIGHT SIDE

This is the work area where you will make selections and perform tasks

CREATING A NEW AUTHORIZATION REQUEST

Accordions:

Each accordion will need to be opened in consecutive order, completed and added to the “work area” on the right side.

The screenshot displays the 'Inpatient Admission Authorization Request' interface. At the top, the status is 'Incomplete'. The left sidebar contains a list of accordions, each with a red exclamation mark icon indicating a mandatory field. A blue arrow points from the 'Patient' accordion in the sidebar to a larger window on the right titled 'Accordions'. This window lists the following sections:

- Patient**-Patient and member details
- Provider**-admission date; requesting facility and provider information and unit type
- Admission Diagnosis**-ICD codes
- Admission Criteria**-Criteria that will be used for the inpatient admission
- Admission Review**-Medical review that documents the clinical reason for the admission or continued stay, if applicable
- Comments | Attachments**-additional clinical information to support the medical necessity for the admission, if applicable

At the bottom of the interface, there are buttons for 'Print', 'Submit', 'Save', and 'Close'. A 'Next: Provider >>' button is also visible.

 The  indicates a mandatory field.

CREATING A NEW AUTHORIZATION REQUEST



B.

1. In the search fields, enter the patient's last name, first name and date of birth
2. Click "Search"

The screenshot shows the "Inpatient Admission Authorization Request" form. The status is "Incomplete". The form includes a search table for patient information. The search fields are circled in red, and the "Search" button is also circled in red.

Last Name	First Name	Subscriber/Card	DOB	Gender
testpatient30	liam		04/25/1989	--select--

Buttons: Search, Clear

Other form elements: Patient: --, Provider: --, Admission Diagnosis: --, Admission Criteria: --, Admission Review: --, Comments | Attachments: (0/0), Why can't I add a patient?, << Back, Next: Provider >>, Print, Submit, Save, Close.

CREATING A NEW AUTHORIZATION REQUEST



C.

1. Click on the patient's name for additional information and to ensure you have chosen the correct patient

Patient Help

* Last Name * First Name Subscriber/Card * DOB Gender
testpatient30 liam 04/25/1989 --select-- Search Clear

Search Results: Patients 1

	Name	DOB	Gender	Default Payer
select	TestPatient30, Liam	04/25/1989	Male	Health Plan

Patient Information Detail X

Patient: TestPatient30, Liam

DOB	Age	Gender	Patient ID	Marital Status	SSN	Ethnicity
04/25/1989	25	Male	---	---	---	---

Height	Weight	Primary Care Physician
---	---	---

Primary Address	Secondary Address
Test Addr 6 TesteVille, NY 14454	---

Home: (000) 000-0000
Work: ---
Mobile: ---
Fax: ---
Email: ---

Why can't I add a patient? Next Provider >>

2. Choose the correct patient by clicking "Select" to the left of the patient's name.

Patient Help

* Last Name * First Name Subscriber/Card * DOB Gender
testpatient30 liam 04/25/1989 --select-- Search Clear

Search Results: Patients 1

	Name	DOB	Gender	Default Payer
select	TestPatient30, Liam	04/25/1989	Male	Health Plan

CREATING A NEW AUTHORIZATION REQUEST

The selected patient and their payment information will appear:

Inpatient Admission Authorization Request

Ref #: Request Type: **Admission** Authorization #: Status: **Incomplete** Total Approved LOS: Next Review Date:

open all **close all**

Patient: TestPatient30, Liam

Gender: Male
 DOB: 04/25/1989
 Age: 25
 Eligibility: **Eligible**
 Payer: Health Plan
 Subscriber ID: EXLST030
 Card ID:
 Effective Date: 11/01/2012
 Expiration Date: 09/13/2199
 Relationship: Other

Provider: ---

Admission Diagnosis: ---

Admission Criteria: ---

Admission Review: ---

Comments | Attachments: (0/0)

Patient: TestPatient30, Liam

Last Name MI First Name DOB Gender
TestPatient30 **Liam** **04/25/1989** **Male**

Primary Address Secondary Address
Test Addr 6
TesteVille, NY 14454
Home: 0000000000

Eligibility **Eligible**

Current Coverage

Payment Type: **Commercial**

Payer: **Health Plan** Relationship: **Other**

Designated Processor: Plan: **00012000**

Subscriber ID: **EXLST030** Product: **00592002**

Card ID:
 Effective Date: **11/01/2012** Group: **000014750001A001 - Body By Terry LLC-Body By Terry LL**
 Expiration Date: **09/13/2199**

Search For Another Patient **Change Payment Type** << Back Next: Provider >>

Print Submit Save Close

3. Click on **"Change Payment Type."** If patient has "dual coverage" with Univera Healthcare, all contracts will appear:

Patient: TestPatient30, Liam

	Payer	Plan	Product	Gr
select	Health Plan	00012000	00592002	Bc
	Second coverage would appear here			

"Change Payment Type" = choose the ID number that corresponds to the ID card presented by the patient.

If patient has dual coverage with Univera, the user must complete 2 separate authorization requests.

Enter Primary contract auth first.

- 3a. Select the correct contract

4. Click **"Next: Provider>>"** to continue.

CREATING A NEW AUTHORIZATION REQUEST



D.

1. Select and enter the **"Admission Date"**

Note: Can backdate 5 days or go forward 90 days

Inpatient Admission Authorization Request

Ref #: Request Type: **Admission** Authorization #: Status: **Incomplete** Total Approved LOS: Next Review Date:

open all **close all**

Patient: TestPatient30, Liam

Gender: Male
DOB: 04/25/1989
Age: 25
Eligibility: Eligible
Payer: Health Plan
Subscriber ID: EXLTST030
Card ID:
Effective Date: 11/01/2012
Expiration Date: 09/13/2199
Relationship: Other

Provider: ---

Admission Diagnosis: ---

Admission Criteria: ---

Admission Review: ---

Comments | Attachments: (0/0)

Admission Date: * MM/DD/YYYY

⚠ Awaiting Admission Date Selection
An admission date must be entered before a provider can be specified.

<< Back: Patient Next: Admission Diagnosis >>

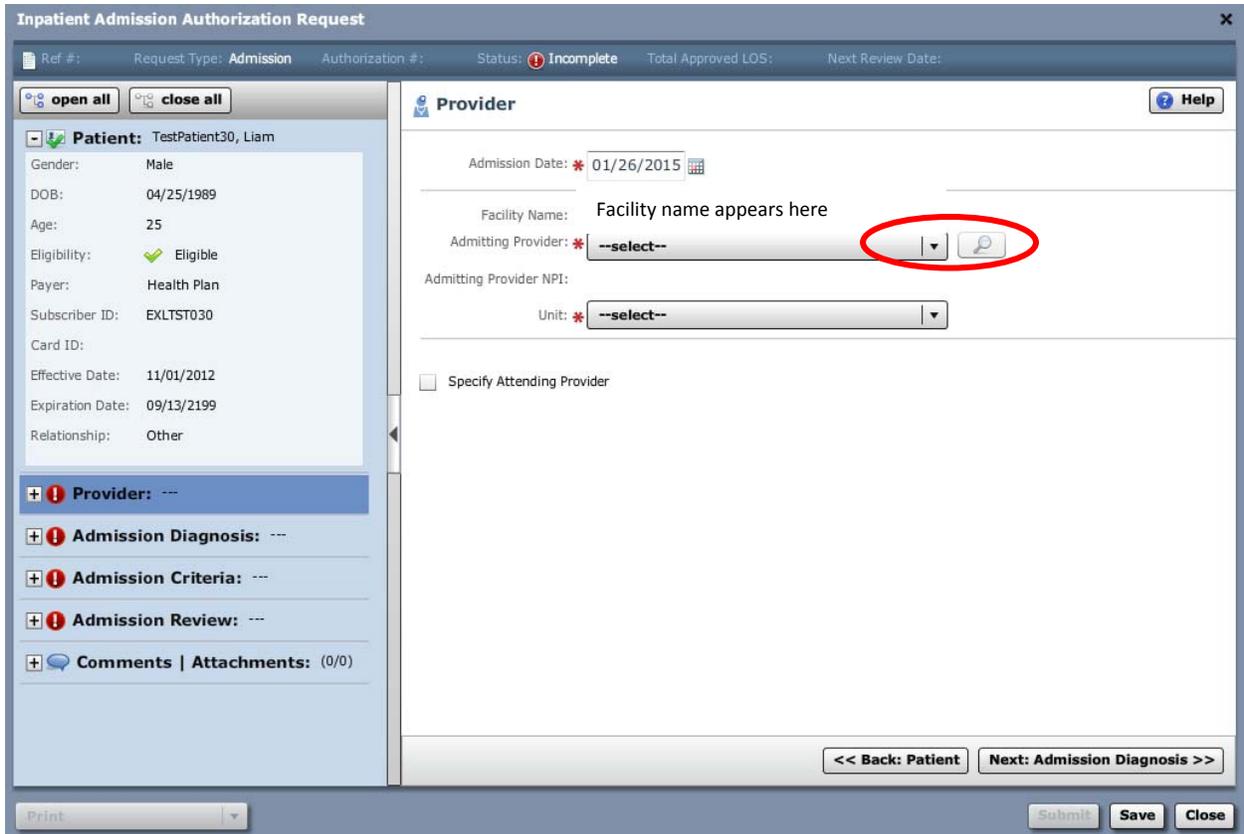
Print Submit Save Close

CREATING A NEW AUTHORIZATION REQUEST

2. Conduct admitting provider search:

2a. Select the name of the admitting provider from the **"Admitting Provider"** drop-down list **OR**,

Click the Search icon  to the right of the Admitting Provider field.



The screenshot shows the 'Inpatient Admission Authorization Request' form. The 'Admitting Provider' field is highlighted with a red circle, and a search icon is visible to its right. The form includes fields for Admission Date, Facility Name, Admitting Provider, Admitting Provider NPI, and Unit. The 'Admitting Provider' field is currently set to '--select--'. The 'Admission Date' is 01/26/2015. The 'Facility Name' is 'Facility name appears here'. The 'Admitting Provider NPI' is also set to '--select--'. The 'Unit' is also set to '--select--'. There is a checkbox for 'Specify Attending Provider' which is unchecked. The form has a 'Print' button at the bottom left and 'Submit', 'Save', and 'Close' buttons at the bottom right. Navigation buttons '<< Back: Patient' and 'Next: Admission Diagnosis >>' are also present.

2b. Enter search criteria, such as last name, first name.

2c. Click **"Search"**



The screenshot shows the 'Provider Search' form. The search criteria fields are filled with text: 'Organization / Last Name' is 'TestPatient30, Liam', 'First Name' is 'Liam', 'ID Type' is 'M', and 'ID' is '123456789'. The 'Show' checkbox is unchecked, and the 'In-Plan' dropdown is set to 'In-Plan'. The 'Search' button is highlighted. The form has a table with columns for Provider Name, NPI, Primary Specialty, and Network. The table is currently empty. There is a checkbox for 'Add Selected to Preferred Clinicians / Organizations List' at the bottom left and 'Use Selected' and 'Cancel' buttons at the bottom right.

CREATING A NEW AUTHORIZATION REQUEST

2d. If the clinician name appears, select the clinician by clicking in the circle to the left of the name

Provider Name	NPI	Primary Specialty	Network
LOCKWOOD, RICHARD	1922088871	Internal Medicine	In-Plan

Add Selected to Preferred Clinicians / Organizations List

You have the option of adding the selected clinician to the preferred clinician list by selecting the **"Add Selected to Preferred Clinicians/Organizations List"**.

Note: Selecting the **"Add Selected to Preferred Clinicians/Organizations List"** option will make the clinician available for future authorization requests from the requesting clinician drop-down list.

2e. Verify that the correct provider has been selected. Verify specialty, NPI etc.

Provider Name	NPI	Primary Specialty	Network
LOCKWOOD, RICHARD	1922088871	Internal Medicine	In-Plan

Clinician Detail

Full Name: LOCKWOOD, RICHARD
Primary Specialty: Internal Medicine
Phone: 3154721488
Fax:
Email Address:
NPI: 1922088871
Network Status: In-Plan
Address: 1001 West Fayette Street
Suite 400
City and State: Syracuse NY
Zip: 132042866

Add Selected to Preferred Clinicians / Organizations List

Verify you have the correct provider by viewing the specialty, address, NPI number etc.

2f. Click **"Use Selected"**

CREATING A NEW AUTHORIZATION REQUEST

3. Select the unit type from the "Unit" drop-down list



The choice of Chemo and Epilepsy should be selected for **Elective** Chemo or **Elective** Epilepsy admissions only

If the admission is for **urgent** chemo or epilepsy, choose "Medical"

4. Click "Next: Admission Diagnosis"

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: **Incomplete** Total Approved LOS: Next Review Date:

Patient: TestPatient30, Liam
Gender: Male
DOB: 04/25/1989
Age: 25
Eligibility: **Eligible**
Payer: Health Plan
Subscriber ID: EXLTST030
Card ID:
Effective Date: 11/01/2012
Expiration Date: 09/13/2199
Relationship: Other

Provider: LOCKWOOD, RICHARD

Admission Date: 02/19/2015
Facility Name: Facility name appears here
Admitting Provider: LOCKWOOD, RICHARD
Admitting Provider NPI: 1922088801
Unit: **--select--**
Chemo
Epilepsy
Maternity
Medical
Transfer

Specify Attending Prov

Unit Type:
Elective Chemo = Chemo
Elective Epilepsy = Epilepsy
Medical Admissions = Urgent
Hospital to Hospital Transfer = Transfer

Next: Admission Diagnosis >>

Submit Save Close

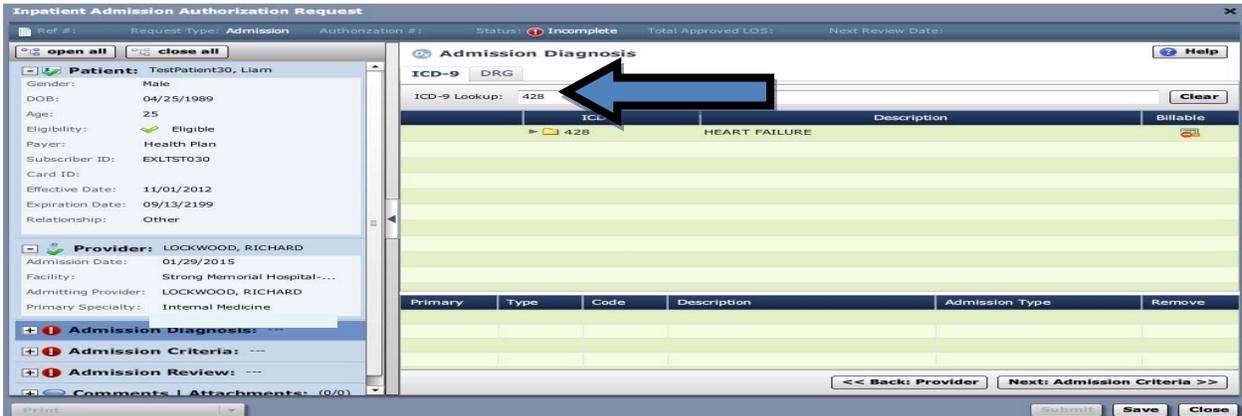
CREATING A NEW AUTHORIZATION REQUEST

E.



1. Enter the diagnosis code or key word into the search field

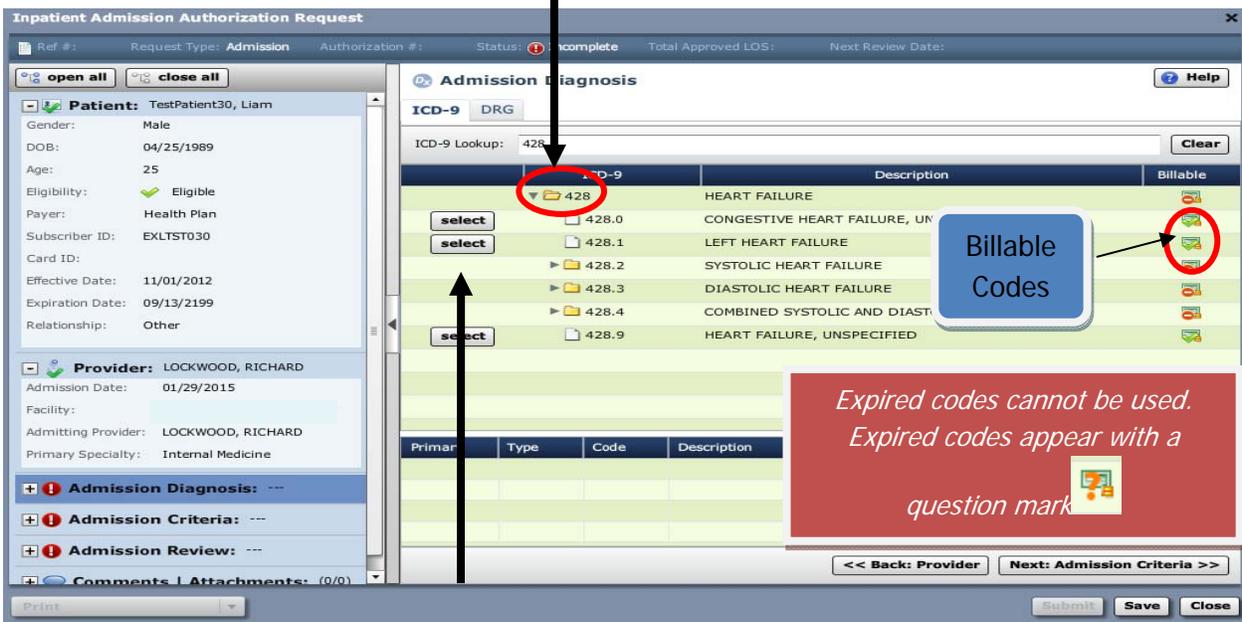
TIP: If code is known, please enter the actual code



Enter the primary diagnosis code only

You must ensure that you choose a "billable" code. A billable code will have a green checkmark .

1a. If the code has a red line through it , it is not a billable code. Click on the icon to expand the section to search for a billable code:



2. Click "Select" to add the primary diagnosis code.

CREATING A NEW AUTHORIZATION REQUEST

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: ! Incomplete Total Approved LOS: Next Review Date:

Admission Diagnosis: ICD-9 (1) | DRG (0)

ICD-9 DRG

ICD-9 Lookup: 428 Clear

ICD-9	Description	Billable
428	HEART FAILURE	
<input type="button" value="select"/> 428.0	CONGESTIVE HEART FAILURE, UNSPECIFIED	<input type="button" value="trash"/>
<input type="button" value="select"/> 428.1	LEFT HEART FAILURE	<input type="button" value="trash"/>
428.2	SYSTOLIC HEART FAILURE	<input type="button" value="trash"/>
428.3	DIASTOLIC HEART FAILURE	<input type="button" value="trash"/>
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE	<input type="button" value="trash"/>
<input type="button" value="select"/> 428.9	HEART FAILURE, UNSPECIFIED	<input type="button" value="trash"/>

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	428.0	CONGESTIVE HEART FAILURE, UNS...	--select--	<input type="button" value="trash"/>

Navigation: << Back: Provider Next: Admission Criteria >>

Buttons: Submit Save Close

3. Click the "Admission Type" drop down.

3a. Select the appropriate "Admission Type"

If an incorrect diagnosis is chosen, you can use the "trash can" to remove the incorrect code.

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	428.0	CONGESTIVE HEART FAILURE, UNS...	<div style="border: 2px solid red; border-radius: 50%; padding: 5px;"> --select-- Chemo --select-- Maternity Urgent Elective </div>	<input type="button" value="trash"/>

Navigation: << Back: Provider Next: Admission Criteria >>

4. Click "Next: Admission Criteria>>"

Admission Type:

- Elective Chemo = Chemo
- Elective Epilepsy = Elective
- Medical Admissions = Urgent
- Hospital to Hospital Transfer = Urgent

CREATING A NEW AUTHORIZATION REQUEST

F.



Completion of a medical review tool is required for certain diagnoses only.



All other admissions will require **notification only**. Skip to Step 2.

1. Select the appropriate criteria subset for the review.

Admission Criteria

Category: **Adult: All** ← Category defaults to "Adult All" or "Pediatric All" depending on the age of the patient.

on Type: **Urgent**

	Notes	Description	Product	Coverage	Review Type
<input type="button" value="select"/>	N	Acetaminophen Overdose	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Acute Coronary Syndrome (ACS)	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Anemia/Bleeding	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Antepartum	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Arrhythmia	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Asthma	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Carbon Monoxide Poisoning	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Cholecystitis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	COPD	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Cystic Fibrosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Deep Vein Thrombosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Diabetes Mellitus	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Diabetic Ketoacidosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Epilepsy	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Extended Stay	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	General Medical	Medical	Notification Req	InterQual RM14

Allow Unmapped Diagnosis << Back: Admission Diagnosis Next: Admission Review >>

- If the criteria is not "mapped" to the diagnosis that was entered as the primary admission diagnosis, it is not available to select. Select **"Allow Unmapped Diagnosis"** if needed, to use a different criteria set.

A criteria subset page will display pertinent information regarding the criteria selected.

If you selected an incorrect criteria set, return to the "Admission Criteria" accordion and change the selected criteria.

CREATING A NEW AUTHORIZATION REQUEST

2. For admissions that do **not** require completion of the medical review tool:
 - A. Click **"Submit"**
 - B. Skip to page 39

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: **Not Submitted** Total Approved LOS: Next Review Date:

open all **close all**

Payer: Health Plan
Subscriber ID: EXLTST030
Card ID:
Effective Date: 11/01/2012
Expiration Date: 09/13/2199
Relationship: Other

Provider: LOCKWOOD, RICHARD
Admission Date: 01/29/2015
Facility:
Admitting Provider: LOCKWOOD, RICHARD
Primary Specialty: Internal Medicine

Admission Diagnosis: ICD-9 (1) | DR
Admission Type: **Urgent**
ICD-9s
★ 428.0 CONGESTIVE HEART FAILURE, UN...
DRGs

Admission Criteria: Adult Medical

Admission Review: Not Required

Comments | Attachments: (0/0)

Admission Criteria

Acute Coronary Syndrome (ACS)

Category: **Adult Medical**

Acute coronary syndrome (ACS) refers to a spectrum of symptomatic myocardial ischemia that encompasses unstable angina (UA), non-ST-segment elevation myocardial infarction (STEMI), and ST-segment elevation myocardial infarction (STEMI).

UA presents as:

- Rest angina: prolonged angina (typically lasting over 20 minutes) occurring at rest
- New onset severe angina: Canadian Cardiovascular Society (CCS) class III or IV angina (e.g., marked or complete physical limitations) beginning less than two months ago
- Increasing angina: previously diagnosed angina with increased frequency, duration, or intensity (e.g., reclassification to at least CCS Class III)

Acute myocardial infarction (AMI) is defined as a detection of the rise and/or fall of cardiac biomarkers (troponin or CPK-MB) together with evidence of myocardial ischemia on an electrocardiogram (ECG). There are two types of AMI:

- NSTEMI – ECG ST-segment depression or T wave inversion and positive biomarkers
- STEMI – ECG ST segment elevation and positive biomarkers

Evaluation and Treatment:
Management of ACS includes rapid evaluation, prompt pharmacological or mechanical reperfusion therapy, and management of arrhythmias and hemodynamic instability. Patients presenting with chest, arm, jaw, or shoulder pain, or other serial equivalents such as diaphoresis, shortness of breath, or excessive fatigue, determination. A high index of suspicion is warranted. A significant proportion of patients with a history of heart failure, do not present with a high risk of mortality. It is also applicable to patients under the age of 40 years and in whom a high index of suspicion is warranted. It could be utilized to guide patient placement at the discretion of the admitting physician.

Change Selected Criteria **<< Back: Admission Diagnosis** **Next: Comments | Attachments >>**

Submit **Save** **Close**

3. For admissions that do require completion of the medical review tool:
 - A. Click on **"Next: Admission Review >>"**
 - B. Begin medical review (see next page)

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: **Incomplete** Total Approved LOS: Next Review Date:

open all **close all**

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: Adult Medical

Epilepsy

Admission Review: Not Started

Comments | Attachments: (0/0)

Admission Criteria

Epilepsy

Category: **Adult Medical**

Instruction:
This subset is for patients with known or suspected epilepsy with tonic-clonic (grand mal) seizures and excludes simple and complex partial types. Seizures related to other underlying issues such as traumatic brain injury, metabolic imbalances, alcohol withdrawal, and fever are also excluded and can be found in the **General Medical** subset.

Introduction:
Epilepsy is a neurologic disorder that is characterized by the occurrence of two or more unprovoked seizures. The seizures are caused by an abnormal hypersynchronous discharge of the cortical neurons and can be classified into two major classes, partial and generalized.

Partial Seizures

- Simple partial: Consciousness is preserved and includes sensory, motor, autonomic, and psychic types. Auras are included in simple partial seizures
- Complex partial: Consciousness is impaired and typically begins with a pause in activity and is followed by staring, lips smacking, mumbling, or fumbling with hands. The seizure usually lasts 60-90 seconds with a brief postictal period
- Secondary generalized: Often begins with an aura, evolves into a complex partial, spreads to the rest of the brain, and resembles a generalized tonic-clonic seizure

Generalized Seizures

- Generalized tonic-clonic (grand mal): Generalized tonic extension of the extremities lasting for a few seconds, followed by clonic rhythmic movement. There is usually a prolonged postictal period
- Absence seizures (petite mal): A brief episode of impaired consciousness with no aura or postictal confusion that typically lasts less than 20 seconds
- Myoclonic: Brief, jerking motor movements that last less than a second and usually cluster within a few minutes
- Atonic: Occur in patients with significant neurologic abnormalities and consist of a brief loss of postural tone,

Change Selected Criteria **<< Back: Admission Diagnosis** **Next: Admission Review >>**

Save & Print **Submit** **Save** **Close**

CREATING A NEW AUTHORIZATION REQUEST

G.



1. Click on "Launch Medical Review"

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: Adult Medical

Admission Review: Not Started

Comments | Attachments: (0/0)

Admission Review (Required) Help

Epilepsy Not Started

Episode Day 1: Not Started

Episode Day 2: Not Started

Episode Day 3: Not Started

Episode Day 4: Not Started

Episode Day 5: Not Started

Launch Medical Review

<< Back: Admission Criteria Next: Comments | Attachments >>

Save & Print Submit Save Close

2. Select the appropriate Episode Day

Inpatient Admission Medical Review

Patient: TestPatient30, Liam

General Medical Version RM14 Not Started InterQual

Episode Day 1 Episode Day 2 Episode Day ...

Episode Day 1: One open all close all

OBSERVATION, ≥ One: N

ACUTE, ≥ One: N

INTERMEDIATE, ≥ One: N

CRITICAL, ≥ One: N

Submit Episode Day 1 at:

Save Cancel

CREATING A NEW AUTHORIZATION REQUEST

3. Select the most appropriate level of care



Do **NOT** choose Observation level of care

Inpatient Admission Medical Review
Patient: TestPatient30, Liam
Epilepsy
Version RM14
Not Started
InterQual
Episode Day 1 Episode Day 2 Episode Da... Episode Day 4 Episode Day 5
Episode Day 1: One
open all close all
+ OBSERVATION, One: N
+ ACUTE, One: N
+ CRITICAL, Both: N
Submit Episode Day 1 at:
Save Cancel

4. Conduct medical review in accordance with the InterQual™ Acute Criteria Review Process for the subset selected

Inpatient Admission Medical Review
Patient: TestPatient30, Liam
Epilepsy
Version RM14
Not Started
InterQual
Episode Day 1 Episode Day 2 Episode Da... Episode Day 4 Episode Day 5
Episode Day 1: One
open all close all
+ OBSERVATION, One: N
- ACUTE, One: N
+ Known seizure disorder, All:
+ New onset seizure and ≥ 2 within 24h, All: N
+ Pregnancy and seizure or postictal state (excludes eclampsia), Both: N
+ Video EEG monitoring and admission precertified, Both: N
+ CRITICAL, Both: N
Tip:
Read all corresponding notes
Submit Episode Day 1 at:
Save Cancel

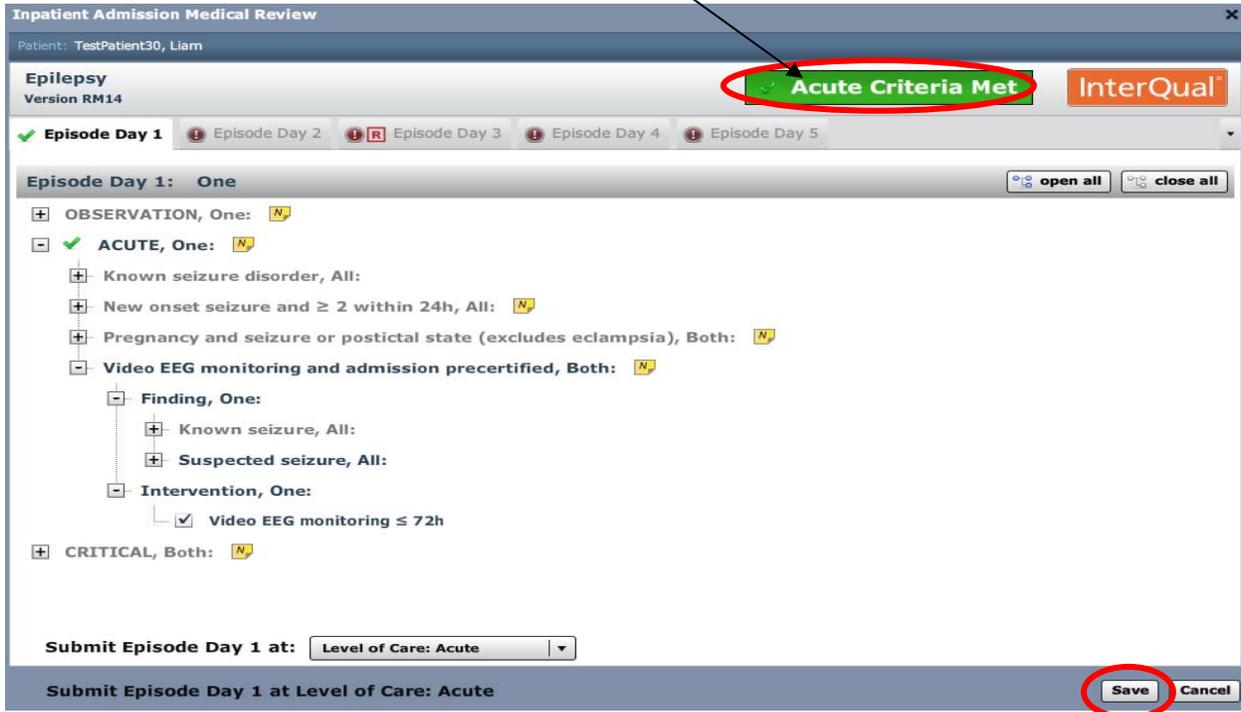
CREATING A NEW AUTHORIZATION REQUEST

H.



1. If "Acute Criteria Met": (If "Acute Criteria Not Met", skip to step 2)

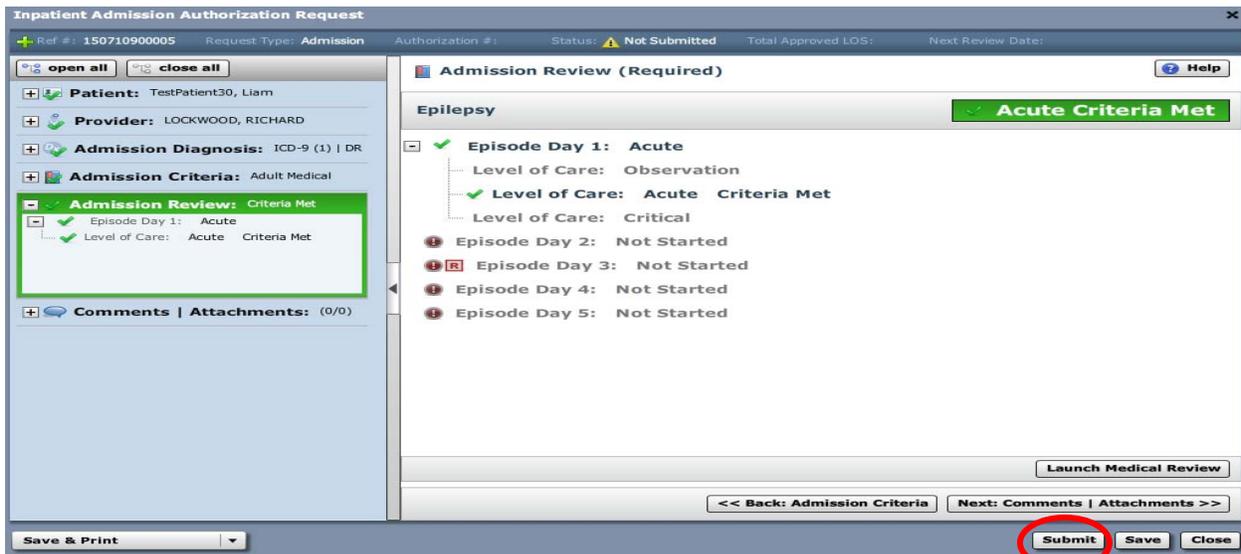
1a. Click the "Save" button

The screenshot shows the "Inpatient Admission Medical Review" window for patient "TestPatient30, Liam". The condition is "Epilepsy, Version RM14". A green button labeled "Acute Criteria Met" is circled in red. Below the condition details, there is a "Submit Episode Day 1 at:" section with a dropdown menu set to "Level of Care: Acute". At the bottom right, a "Save" button is circled in red. The interface includes a patient header, condition details, episode days (Episode Day 1 to 5), and a list of criteria with checkboxes.

The completed medical review outcome will display:

1b. Click the "Submit" button

1c. Go to Step 3

The screenshot shows the "Inpatient Admission Authorization Request" window. The status is "Not Submitted". The condition is "Epilepsy" with a green button labeled "Acute Criteria Met". The "Admission Review (Required)" section shows "Episode Day 1: Acute" with "Level of Care: Acute Criteria Met". Other episode days (2-5) are marked as "Not Started". At the bottom right, a "Submit" button is circled in red. The interface includes a patient header, admission details, and a list of episode days.

CREATING A NEW AUTHORIZATION REQUEST

2. If "Acute Criteria Not Met":

2a. Click on the "Submit Episode Day 1 at:" dropdown and select the level of care

Inpatient Admission Medical Review

Patient: TestPatient30, Liam

Epilepsy
Version RM14

Criteria Not Met InterQual

Episode Day 1 Episode Day 2 Episode Day 3 Episode Day 4 Episode Day 5

Episode Day 1: One

OBSERVATION, One: N/A

ACUTE, One: N/A

- Known seizure disorder, All:
- New onset seizure and ≥ 2 within 24h, All: N/A
- Pregnancy and seizure or postictal state (excludes eclampsia), Both: N/A
- Video EEG monitoring and admission precertified, Both: N/A
 - Finding, One:
 - Intervention, One:
 - Video EEG monitoring \leq 72h

CRITICAL, Both: N/A

Submit Episode Day 1 at:

- Level of Care: None
- Level of Care: Observation
- Level of Care: Acute
- Level of Care: Critical

NOTE: If "responder" criteria was utilized and you would like additional days, select the "Level of Care: None" and continued with step 2b.

Save Cancel

2b. Click "Save"

2c. Click "Next: Comments | Attachments"

Inpatient Admission Authorization Request

Ref #: 150710900005 Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: Adult Medical

Admission Review: Criteria Not Met

- Episode Day 1: Acute
 - Submit at Level of Care: Acute

Comments | Attachments: (0/0)

Admission Review (Required)

Epilepsy

Criteria Not Met

Episode Day 1: Acute

- Level of Care: Observation
- Submit at Level of Care: Acute
- Level of Care: Critical

Episode Day 2: Not Started

Episode Day 3: Not Started

Episode Day 4: Not Started

Episode Day 5: Not Started

Launch Medical Review

<< Back: Admission Criteria Next: Comments | Attachments >>

Save & Print Submit Save Close

CREATING A NEW AUTHORIZATION REQUEST

2d. **Comments | Attachments** - additional information in the form of notes and/or attached documents that support the authorization request is always required when the "criteria is not met".

- Type free text note in the free text field

And/or:

- Click the **"Browse"** button to add attachments as needed

The screenshot shows the 'Inpatient Admission Authorization Request' interface. The status is 'Incomplete'. The left sidebar contains patient and provider information. The main area shows a table for 'Comments | Attachments: (0/0)'. Below the table is the 'Add Comment / Attachment' section, which includes a 'Browse' button for attachments and a text area for comments. A green callout box points to the text area with the text: "Type any supporting documentation in this box. There is a 4000 character limit." The 'Add Comment' button is circled in red.

2e. Click **"Add Comment"**

2f. Click **"Submit"**

*If you are not ready to submit the request, you can click the **"Save"** button and continue the request later

Note: If the SUBMIT button is grayed out, hover over it and it will show what is missing and needs to be completed prior to submitting the request.

The screenshot shows the 'Inpatient Admission Authorization Request' interface after a comment has been added. The status is 'Not Submitted'. The left sidebar contains patient and provider information. The main area shows a table for 'Comments | Attachments: (1/0)'. The table contains one row with the following data: Date: 02/09/2015, Time: 2:22 PM, Author: Muller, Susan, Comment: type supporting notes here. Below the table is the 'Add Comment / Attachment' section, which includes a 'Browse' button for attachments and a text area for comments. A green callout box points to the table row with the text: "Note will display with date, time, author and comment". The 'Submit' button is circled in red.

CREATING A NEW AUTHORIZATION REQUEST

3. Add a phone number (name auto populates) and click the **“Submit”** button

Note: Name can be manually changed, as needed.

Payer NYEXCL requires contact details for all submitted authorizations. Please provide contact details (a name and a phone number) below and press submit to finish the request.

First Name:	Last Name:
<input type="text" value="Susan"/>	<input type="text" value="ne"/>
Phone Number: e.g. (555) 555-1212	
(<input type="text" value="555"/>)	<input type="text" value="555"/> - <input type="text" value="5555"/> Ext <input type="text" value="5555"/>

4. An information box will appear. If the request is auto-approved, the reference number AND the payer authorization number will appear as well as the length of stay and the next review date (if applicable).

Click **“Close”**

Authorization Submitted

Reference #:	150710900005
Payer Certification #:	MC0010569
Authorization Status:	Authorized
Admission Date:	03/12/2015
Category:	Adult : Medical
Criteria:	Epilepsy
Approved Length of Stay:	5 days
Next Review Date:	03/17/2015

[View Request \(PDF\) >>](#)

You can click on **“View Request”** for a summary of the authorization. The summary can be printed or saved electronically in the patient's medical record.

If the authorization is pended, The “Payer Certification #” field will be blank.

Authorization Submitted

Reference #:	150360800006
Payer Certification #:	
Authorization Status:	Pending
Admission Date:	02/09/2015
Category:	Adult : Medical
Criteria:	General Medical
Next Review Date:	

[View Request \(PDF\) >>](#)

CREATING A NEW AUTHORIZATION REQUEST

If the authorization request, did not require a medical review, the authorization status will be "Notified" and you will receive a reference # and payer certification #

Authorization Submitted

Reference #: 150410800005

Payer Certification #: MC0009242

Authorization Status: 📧 Notified

Admission Date: 02/10/2015

Category: Adult : Medical

Criteria: Acute Coronary Syndrome (ACS)

Approved Length of Stay: 14 days

Next Review Date: 02/24/2015

[View Request \(PDF\) >>](#)

Close



The authorization request process is now complete. If the request was pended, you must monitor the home page for any status change and/or activity (Univera Healthcare will update this information if further records are needed or if the request has been approved, denied, etc.). You will also receive a letter in the mail and verbal notification if the authorization was approved or denied.

Clear Coverage™ Susan Muller | Strong Memorial Hospital-00000000746 | [Log](#)

Authorization Requests | [New Authorization](#) | [Integration](#) | [Administration](#)

Search Inpatient Authorization Requests and Notifications

Patient Last Name: Patient First Name:

Date Created: Status: Request Type: Payer: Subscriber/Card: Admitting Provider: Reference Type: Reference Number:

Search **Clear**

Search Results: Authorization and Notifications Results

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action ▾	02/10/2015	TestPatient30, Lie	Health Plan	02/10/2015	02/24/2015	Admission	📧 Notified	Adult: Medical	Facility name	Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	01/31/2015	02/05/2015	Admission	✅ Authorized	Adult: Medical		Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	02/09/2015		Admission	⏸ Pending	Adult: Medical		Medical	LOCKWOOD, F

NOTES

CREATING A CONTINUED STAY REQUEST

Note: multiple continued stay requests can be added during the course of a single admission.

Not all admissions will require a continued stay review.

1. Locate patient by conducting an authorization search. Click **"Authorization Requests"** button on the menu bar.

2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click **"Search"**

3a. If the patients name does not display, click **"Clear"** to begin a new search.

4. Locate the correct authorization.

➤ click the **"Action"** button drop down arrow.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provider
Action	02/10/2015	TestPatient30, Liam	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Liam	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Liam	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select **"Add Cont. Stay"**

Action	Created	Patient
Action	02/10/2015	TestPatient30, Liam
Action	02/05/2015	TestPatient30, Liam
Open Detail	2015	TestPatient30, Liam
Add Cont. Stay		
Add Discharge		

CREATING A CONTINUED STAY REQUEST

6. Click **"Cont. Stay Criteria"** accordion.

This will default to the criteria subset that was used for the admission or from a previous continued stay request.

6A. If the selected subset is no longer clinically appropriate due to a change in condition, select a different subset by clicking **"Change Selected Criteria"**;

- ❖ Click **"Select"** for the new subset and go to step 7.

The screenshot shows a software interface with several sections. The 'Patient' section includes: Patient: TestPatient30, Liam; Provider: LOCKWOOD, RICHARD; Admission Date: 01/31/2015; Facility: [redacted]; Admitting Provider: LOCKWOOD, RICHARD; Primary Specialty: Internal Medicine. Below this is the 'Admission' section: Next Review Date 02/05/2015. The 'Cont. Stay Diagnosis' section shows: ICD-9 (1) | DR. The 'Cont. Stay Criteria' section is highlighted with a blue arrow and labeled 'Step 6', showing: Adult Medical. Below that is the 'Cont. Stay Review' section: Not Started. At the bottom is the 'Comments | Attachments' section: (2/0).

7. Click **"Next: Cont. Stay Review >>"**

The screenshot shows the 'Inpatient Continued Stay Authorization Request' window. The top bar includes: Ref #: 150360800008, Request Type: Continued Stay, Authorization #: [redacted], Status: Incomplete, Total Approved LOS: 5 days, Next Review Date: 02/05/2015. The left sidebar shows the same patient and provider information as the previous screenshot. The main content area is titled 'Cont. Stay Criteria' and shows 'General Medical' criteria. The 'Category' is 'Adult Medical'. The 'Instruction' states: This subset is intended to be used when a patient's condition, symptom, or finding is not included in a condition-specific subset. Surgery, transplant, and trauma are excluded and can be found as separate subsets. The exceptions to this are as follows: Use this subset for the organ transplant candidate who is listed for a transplant and admitted for end-stage organ disease. Use this subset for the BMT, SCT, or organ transplant recipient who was discharged and is readmitted for the medical management of a complication related to the transplant. This subset may be used on admission or when the reviewer is changing subsets based on a change in the patient's clinical condition. For example: If a patient is admitted to the Acute level of care for management of pericarditis, the reviewer should refer to Episode Day 1 within this subset and conduct a review. If a patient originally admitted with epilepsy develops abdominal pain of unknown etiology and that is the primary factor driving continued stay, the reviewer should refer to Episode Day 1 within this subset and conduct a review. When a patient has initially met criteria in the General Medical subset, but the condition changes and criteria for this condition is located in the General Medical subset, conduct an Episode Day 1 review for the new condition. For example: If a patient is admitted for chemotherapy with adverse effects anticipated and develops tumor lysis syndrome, the reviewer should refer to Episode Day 1 within this subset and conduct a review. At the bottom of the window, the 'Next: Cont. Stay Review >>' button is circled in red.

CREATING A CONTINUED STAY REQUEST

8. If a medical review is required, Click **“Launch Medical Review”**

Inpatient Continued Stay Authorization Request

Ref #: 150360800008 Request Type: Continued Stay Authorization #: Status: ! Incomplete Total Approved LOS: 5 days Next Review Date: 02/05/2015

Cont. Stay Review (Required) ? Help

General Medical ! Not Started

- ! Episode Day 1: Not Started
- ! Episode Day 2: Not Started
- ! Episode Day 3-X: Not Started

Launch Medical Review (circled in red)

<< Back: Cont. Stay Criteria Next: Comments | Attachments >>

Save & Print Submit Save Close

9. Click on appropriate **“Episode Day”**
10. Conduct medical review in accordance with the InterQual™ Acute Criteria Review Process for the subset selected. See pages 40-46.

NOTES

ADDING DISCHARGE DATE



Do NOT add a discharge date until the patient has left the facility

1. Locate patient by conducting an authorization search. Click "**Authorization Requests**" button on the menu bar.

Authorization Requests | New Authorizations | Integration | Administration

Search Inpatient Authorization Requests and Notifications

Patient Last Name: testpatient30 | Patient First Name: liam

Date Created: Last 7 Days | Status: All | Request Type: All | Payer: All | Subscriber/Card: | Admitting Provider: | Reference Type: All | Reference Number: |

Search Results: Authorization and Notifications Results

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov	Attending Provi
---------	---------	-------	------------	------------------	--------------	--------	---------	----------	------	----------------	-----------------

2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click "**Search**"
 - 3a. If the patient's name does not display, click "**Clear**" to begin a new search
4. Locate the correct authorization.

➤ Click the "**Action**" button drop down arrow.

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
02/10/2015	TestPatient30, Liza	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
02/05/2015	TestPatient30, Liza	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
02/05/2015	TestPatient30, Liza	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select "**Add Discharge**"

Created	Patient
02/10/2015	TestPatient30, Liza
02/05/2015	TestPatient30, Liza
2015	TestPatient30, Liza

Action

- Open Detail
- Add Cont. Stay
- Add Discharge

ADDING DISCHARGE DATE

6. Click "Next: Discharge >>"

The screenshot shows the 'Inpatient Discharge Authorization Request' form. The 'Discharge Diagnosis' section is active, displaying a table with one row: ICD-9 code 346.71, description 'CHRONIC MIGRAINE WITHOUT AU...', and DRG code 0. A blue arrow labeled 'Step 6' points to the 'Next: Discharge >>' button at the bottom right of the form.

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	346.71	CHRONIC MI...		

7. Enter "Discharge Date"

The screenshot shows the 'Inpatient Discharge Authorization Request' form with the 'Discharge' section active. The 'Discharge Date' is set to 02/10/2015. The 'Discharge Disposition' dropdown menu is open, showing options: Deceased, Home, Home Care, Hospice, and Long Term Acute Care. A red arrow labeled 'Step 7' points to the 'Discharge Date' field, and another red arrow labeled 'Step 8 (optional)' points to the 'Discharge Disposition' dropdown menu.

8. Optional: click the "Discharge Disposition" drop down arrow.

➤ Select appropriate disposition.

9. Click "Submit"

ADDING DISCHARGE DATE

Status is updated on the patients authorization history page:

Patient Last Name: testpatient30 Patient First Name: liam

Date Created: Last 7 Days Status: All Request Type: All Payer: All

Subscriber/Card: Admitting Provider: Reference Type: All Reference Number:

Search Results: Authorization and Notifications Results

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action	02/10/2015	TestPatient30, Lig	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lig	Health Plan	01/31/2015		Discharge				Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lig	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

NOTES

CANCELLING A REQUEST

1. Locate patient by conducting an authorization search. Click "**Authorization Requests**" button on the menu bar.

Authorization Requests | New Authorization | Integration | Administration

Search Inpatient Authorization Requests and Notifications

Patient Last Name: testpatient30 Patient First Name: liam

Date Created: Last 7 Days Status: All Request Type: All Payer: All

Subscriber/Card: Admitting Provider: Reference Type: All Reference Number:

Search Results: Authorization and Notifications Results 1

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov	Attending Provi
---------	---------	-------	------------	------------------	--------------	--------	---------	----------	------	----------------	-----------------

2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click "**Search**"
 - 3a. If the patient's name does not display, click "**Clear**" to begin a new search
4. Locate the correct authorization.

➤ Click the "**Action**" button drop down arrow.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action	02/10/2015	TestPatient30, Lia	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lia	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lia	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select "**Open Detail**"

	Created	Patient
Action	02/10/2015	TestPatient30, Lia
Action	02/05/2015	TestPatient30, Lia
Open Detail	2015	TestPatient30, Lia
Add Cont. Stay		
Add Discharge		

CANCELLING A REQUEST

6. Click on **"Modify Request"** drop down arrow.

The screenshot shows the 'Inpatient Admission Authorization Request' window. At the top, it displays 'Ref #: 150410800005', 'Request Type: Admission', 'Authorization #: MC0009242', 'Status: Notified', 'Total Approved LOS: 14 days', and 'Next Review Date: 02/24/2015'. Below this, there are sections for Patient (TestPatient30, Liam), Provider (LOCKWOOD, RICHARD), and Admission (Next Review Date 02/24/2015). A 'Comments | Attachments: (2/0)' section shows two comments from Muller, Susan. At the bottom, there is a 'Modify Request' dropdown menu circled in red, along with 'Save & Print', 'Save', and 'Close' buttons.

7. Select **"Cancel Request"**

The screenshot shows the 'Modify Request' dropdown menu expanded. The options are: 'Change Inpatient Admission Date', 'Change Admission Type', 'Change Admitting Provider', 'Change Attending Provider', 'Change Unit', and 'Cancel Request'. The 'Cancel Request' option is circled in red.

8. A popup box appears. Click **"Yes"**

The screenshot shows a 'Cancel Request' popup box with the question 'Are you sure you would like to cancel this authorization request?'. There are two buttons: 'YES' and 'NO'. The 'YES' button is highlighted with a yellow border.

9. The request has been cancelled and the status is automatically updated.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action ▾	02/10/2015	TestPatient30, Lie	Health Plan	02/10/2015	02/24/2015	Admission	Cancelled	Adult: Medical		Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	01/31/2015		Discharge				Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

TIPS

- Always check patient's eligibility and benefits in the provider portal **PRIOR** to accessing Clear Coverage™.
- Authorizations can be "saved" without submitting. Check daily for "incomplete" authorizations. The "submit" button must be clicked or the request will not be sent to Univera Healthcare.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provi
Action v	02/16/2015	<u>TestPatient30, Liar Health Plan</u>		02/16/2015		Admission	Incomplete	Adult: Surgical			LOCKWOOD, RI
Action v	02/10/2015	<u>TestPatient30, Liar Health Plan</u>		02/10/2015	02/24/2015	Admission	Canceled	Adult: Medical			LOCKWOOD, RI

- If the "submit" button is not visible, click F11.
- If the "submit" button is gray, hover over it to determine what is missing in the authorization request.
- Underlined fields can be selected to obtain additional information:

Action v	02/10/2015	<u>TestPatient30, Liar Health Plan</u>		02/10/2015	02/24/2015	Admission	Canceled	Adult: Medical			
----------	------------	--	--	------------	------------	-----------	----------	----------------	--	--	--

- Trash can icon can be used to delete unnecessary or incorrect items:

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	728.0	INFECTIVE MYOSITIS	Urgent	

- Hospital to hospital transfers must be requested by the receiving hospital. These requests will always pend for review. Attach supporting documentation to the request.
- Requests for all FEP contracts will always pend for review. Attach supporting documentation to the request.

NOTES

Password Requirements

- 1. Do I need a separate user ID and password to access Clear Coverage™ from the provider portal?**

Yes. You will need to log into the provider portal and verify patient eligibility and benefits. From that screen, if you wish to enter an authorization or check a Clear Coverage™ authorization status, select a link and enter your Facets provider ID and password (NPI number) to log into Clear Coverage™.
- 2. How do I search for a patient within Clear Coverage™?**

Searching for a patient requires the patient's last name, first name and date of birth. This must be an exact match.
- 3. Even though I have entered in the patient's last name, first name and date of birth, what should I do if the patient is not found?**

If the search does not result in the expected patient, contact Customer Care.
- 4. How do I determine whether the patient has coverage for the requested service?**

Upon logging into the provider portal and prior to accessing Clear Coverage™, conduct an eligibility and benefit search.
- 5. Why can't I add a patient in Clear Coverage™?**

Univera Healthcare does not allow providers to add patients to the system. All patient information is updated on a regular basis. If the patient does not come up when you search, contact Univera Healthcare Customer Care at 1-800-363-4658.
- 6. If the patient appears to have multiple coverages listed in Clear Coverage™ under the Patient accordion ("Change payment type button"), which coverage do I select?**

You should select the coverage that corresponds to the information on the ID card that the patient presented.

Clinical Information

- 7. If a non-clinical person enters the initial information (patient, provider, admission date, diagnosis) and saves it, can the person completing the medical review update the diagnosis if it is incorrect (or incomplete)?**

Yes. Any of the information entered can be updated as long as the request has not been submitted. Once the request has been submitted the requester can only add a continued stay request, add discharge date or cancel the request.

Workflow/Processes

8. **What does the green check  mean?**

A green check means that all required information is present or has been entered for that specific section (e.g., patient, provider, diagnosis etc.).

9. **What does the red exclamation point  mean?**

A red exclamation point indicates that additional information is required for that section.

10. **What happens if a provider has called prior to the patient's "active" coverage?**

Preauthorization cannot be obtained until after the patient's eligibility is in Clear Coverage™. If the patient does not have active coverage, the patient's name will not be displayed in the patient search.

11. **How are appeals managed within Clear Coverage™?**

Appeals will not be managed in Clear Coverage™. Appeals will be managed by Univera Healthcare via the normal appeals process.

12. **Can an authorization be entered retrospectively?**

Yes. Authorizations can be backdated five calendar days.

13. **How far into the future can a preauthorization be conducted?**

Univera Healthcare allows preauthorization to be conducted up to 90 days prior to the date of service.

14. **How many diagnosis codes do I need to enter?**

You must enter the primary diagnosis code only for an authorization.

15. **In Clear Coverage™, what is the function of the trash can  ?**

Clicking on the trash can will remove the item from the authorization request. For example, if you entered an incorrect diagnosis, click on the trash can to remove this diagnosis from the request.

16. **How will I know the final authorization determination when a request requires Univera Healthcare review?**

Univera Healthcare will continue to follow current-day processes for all decisions. The provider will receive a letter and will also receive a phone call. The provider may also check the status and/or activity column within Clear Coverage™ for *a real-time decision*.

17. **What do I do if I don't have all of the required clinical information to complete the request?**

You can save your request, gather the required information, locate and select the incomplete request and complete the review.

CLEAR COVERAGE FAQs

18. Does the system auto-deny requests?

There are no auto-denials. Any request requiring Univera Healthcare review will result in a "pending" status and will be reviewed by Univera Healthcare. Any request resulting in a denial requires medical director review prior to a final denial determination.

Documenting Notes and Uploading Clinical Documentation

19. Can I add medical review notes that provide information supporting the necessity of the request?

Yes, providers can add notes within the medical review and can upload copies of the medical record in support of the authorization request. Notes must be added before submitting the request.

20. When should I attach clinical information to an authorization request?

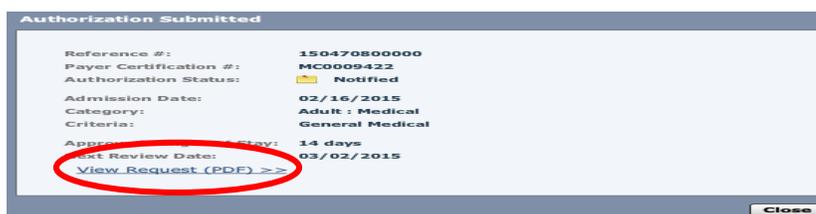
You should consider attaching clinical information anytime the medical review results in a "Criteria Not Met" message. Providing supporting clinical information for the request will facilitate Univera Healthcare's review of the request.

21. What types of files can be attached to Clear Coverage™?

You can attach a document, PDF or JPG file.

22. How do I print the authorization approval so it can be included in the patient's record and /or provided to the patient?

After entering the authorization request, select the "View Request (PDF)" link in the request box.



23. Can a provider add information to a denied request to have it re-reviewed?

No. Once an authorization request has been denied, the normal appeal/grievance process must be followed.

Help

24. Who can I call with questions?

Univera Healthcare Customer Care 1-800-363-4658.

NOTES