



ACCOUNTABLE
HEALTH CARE IPA

“A Healthcare Partnership you can depend on.”

<http://www.ahcipa.com/webportal>

Provider Web-Portal

Reference Guide for
Clinics & Provider Offices

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Introduction

This document is a reference guide for remote access via the internet in to Accountable Health Care IPA's information system. Accountable Health Care IPA offers this web access to contracted providers on a per request basis in an effort to ensure secure, timely, and accurate electronic exchange of information.

Pre-requisites & Minimum System Requirements

Login Registration

To use Accountable Health Care IPA's Remote Access system all users must obtain login credentials by registering/requesting access through Accountable Health Care IPA's IT Department. The Remote Access Registration Form is available online <http://webportal.ahcipa.com/>

Hardware Requirements

- Intel P4 1GHz CPU or greater
- 40 GB Hard Disk Drive or greater
- 512 MB RAM minimum (2 GB recommend)
- SVGA Monitor minimum (17"-19" LCD recommended)
- Windows-Compatible Keyboard & Mouse
- Network Interface Card or Modem for Internet connection

Software Requirements

- Operating System: Windows XP SP2 or Vista
- Web Browser: Internet Explorer 6.0 or higher
- Antivirus Software (Strongly recommended)

Note: Firewalls and Protection software should be configured to not block pop-ups from and trust: <http://webportal.ahcipa.com/>

Other Requirements

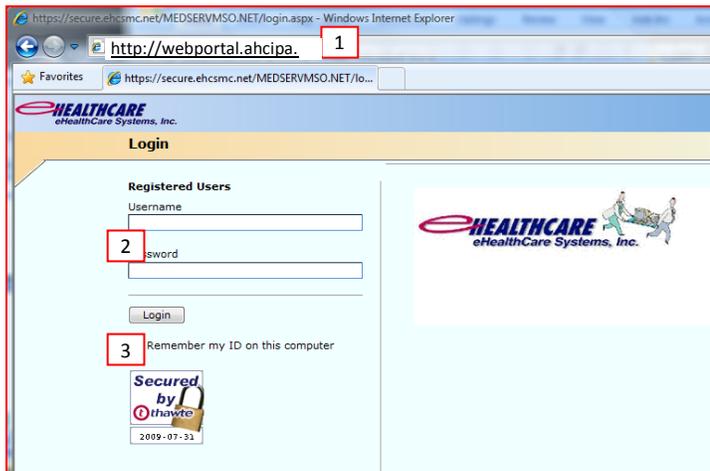
- Internet Service, 56Kbs minimum (broadband connection highly recommended)
- Printer (laser printer is recommended if form/letter needs to be printed)

Remote Access - Usage Tips & Conventions

- Do not use the Back button on your browser. Due to the web base technology and application security rules set within the Remote Access Web Application, doing so may cause the application to log you out.
-  The Pencil Icon indicates a record that can be modified. Click on it to open the record.
-  The Cross Icon indicates that the record can be deleted. Click on it to remove the record.
-  The Check Icon is the same as an approval button.
-  The Dot Icon indicates a required field. To save or process this
- To return to the Home Screen from any location within the application, click on the Home button  on the top left hand corner of the main window.
-  The Calendar Icon will bring up a calendar window where you chose a date.
-  The Calendar Icon with the red dot will enter the current date in to a date field when clicked on.

- Leaving a non-required field blank/null indicates unrestricted. If the field is used as a search filter, then leaving it blank means the filter will not apply to the search.
- When checkboxes are present, a check inside the box indicates that the record on the same horizontal line is selected and vice-versa.

Logging In



1. Connect to <http://webportal.ahcipa.com/>
(Note: you will automatically be re-directed to a secure website)
2. Enter your assigned Username & Password
3. Click “Login”

Logging Out

1. Make sure that you save your work and click the “Logout” button. Note: The system will automatically log you out after several idle minutes.



Home Screen

The Home Screen is the first screen you see after logging in. From here you are able to see any new messages you have received since you last logged on. You are also able to jump directly into data entry screens by clicking on one of the available Request buttons.

Home Screen - Field Description



1. **Screen/Module Tabs** – by clicking on the Tabs you bring up the different screens/modules for which you have access. These modules are, essentially, search screens for various types of data (i.e. member information, authorizations, claims)
2. **Logout** – when you are ready to end the session, click this button to logout. If you would like to login to a different account you may click “Switch”
3. **Screen/Module Display** – this region will display text to indicate the Screen/Module currently on-screen. In the case of the “Home” screen, your username will appear.
4. **Account** – this is the user account name that is currently logged-in.
5. **Request Buttons** – shortcuts to the appropriate data entry screen to file claim/encounter, CHDP, or authorization requests.
6. **New Messages Date Range** – the date range for which un-read message would be displayed.
7. **List Button** – click this button to refresh the list of new messages
8. **New Messages List** – list of new messages that are within the new messages date range. Once you click on a message to read it, it will be removed from this list. To view read message please go to the Messages screen by clicking on the Messages Tab.



From any screen/module you can return to the home screen by clicking on the “Home” button at the top left of the window, next to the Logout button.

Members

The Members Module is where you would find data pertaining to an individual member, such as demographic information, current coverage, and authorizations.

Member Search Screen – Field Description

Home → Members tab → Member Search

The screenshot shows the Member Search interface. The search form includes the following fields and controls:

- Auth #** (1): Input field with a 'Go' button.
- Claim #** (4): Input field with a 'Go' button.
- Search By** (2): Dropdown menu with 'Any Name' selected.
- Search For** (3): Input field containing 'test'.
- IPA** (6): Dropdown menu.
- And By** (5): Input field.
- And For** (7): Input field.
- HP** (7): Dropdown menu.
- Search** (8): Button to execute the search.

The search results table is as follows:

Member	CIN#/HP ID/SSN	DOB	IPA/HP/PlanCode	PCP Eff Date	PCP Term Date	PCP
Member1, TEST (9)	98765432A/123456/123-45-6789	01/01/1940	UCMM/CCHP/CCHP	6/1/2009		Mejia, Miguel Angel Espin M.D. 14600 Sherman Way 1st Floor, Van Nuys, 91405

At the bottom, the pagination control shows '1 member matches your search criteria' and navigation arrows (10).

- Quick Search** – Allow search and navigation directly to an authorization or claim by record id.
- Search By** – Search criteria. The following are the available options and description:
 - Any Name:** will return any record that has the search for string in any part of the member first or last name.
 - Last Name:** will return any record that has the search for string in any part of the member last name.
 - First Name:** will return any record that has the search for string in any part of the member first name.
 - Last,First:** will return any record that has the portion of the search for string before the comma in any part of the member first name and the portion of the search for string after the comma in any part of the member last name. Note that there should not be a space between the comma and the first name in the search for string.
 - CIN #** - will return any record that has the search for string in any part of the member CIN #.
 - Medicare ID** – will return any record that has the search for string in any part of the member’s Medicare ID.
 - PCP** – will return any record that has the search for string in any part of the member’s primary care physician’s name.
 - Health Plan ID** – will return any record that has the search for string in any part of the member’s health plan ID.
 - SSN** – will return any record that has the search for string in any part of the member’s social security number. Note space and dashes should not be used.
 - DOB** – will return any record that has the search for string in any part of the member’s date of birth. The additional DOB search options are more specific versions of this search; see the formatting in the search for option name for details.
 - Member No.** – will return any record that has the search for string in any part of any one the member’s IDs.
 - CCS** – will return any record that has the search for string in any part of the member’s CCS case number.
 - Cal Optima Case #** - will return any record that has the search for string in any part of the member’s Cal Optima case number.
 - AKA** – will return any record that has the search for string in any part of the member’s also-known-as name.
- Search For** – Free-text field for search string associated with the Search By criteria.
- And For** – Search criteria, same as Search By. Using this option means that both search criteria must be met to return a result.

5. **And For** – Free-text field for search string associated with the And By criteria.
6. **IPA** – Search filter that limits the results to the selected IPA only.
7. **HP** – Search filter that limits the results to the selected Health Plan only.
8. **Search Button** – Click this button to refresh the search result list.
9. **Search Result List** – List of result from previous search. Each line is considered one unique record. To view details about any individual record, click on the Member Name.
10. **Page Scroll** – Click on the double arrows to scroll to additional pages.

Checking Member Eligibility

To check member eligibility please follow the below steps. Please understand that MaxiMedIPA receives member eligibility information from the Health Plans, on behalf of the IPA/Medical Groups, on a regular basis in the form of a batched electronic file. Therefore, eligibility data displayed is not considered to be real-time data. If you question the validity of any information displayed please, inform us immediately and verify with the member’s health plan.

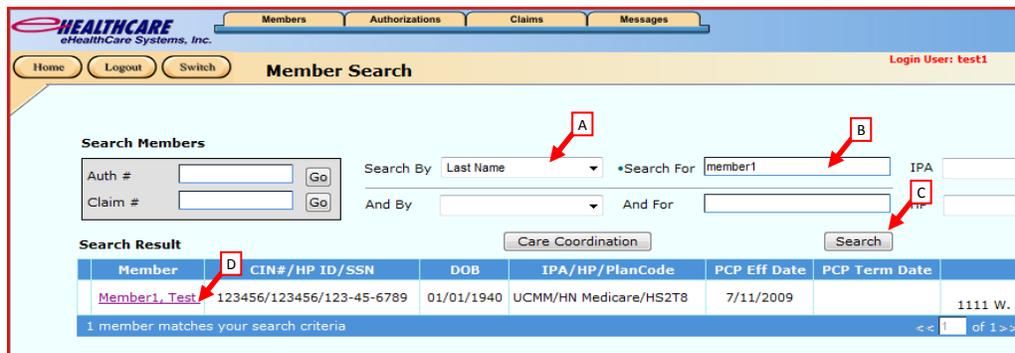
1. Click on the “Member” tab.



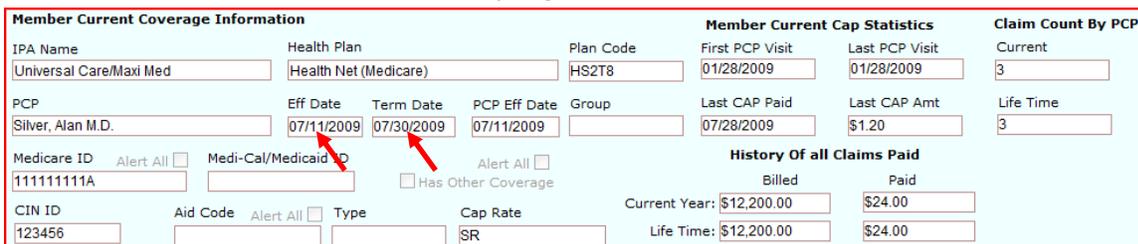
2. Search for the member for with you would like to check eligibility and Open the record.

Example:

- A. Select “Last Name” from the “Search By” drop down.
- B. Type “Member1” in to the “Search For” field.
- C. Click on the “Search” button.
- D. Click on the “Member Name” in the search result list to open the member record.



3. Scroll down to the “Member Current Coverage Information” section of the Member record. The member is eligible with the Health Plan for dates of service within the “Eff Date” and the “Term Date”. If the “Term Date” Field is blank then the member is currently eligible with the Health Plan.



Authorizations

Authorization Screen – Field Description

Home → Authorization tab → Authorization Screen

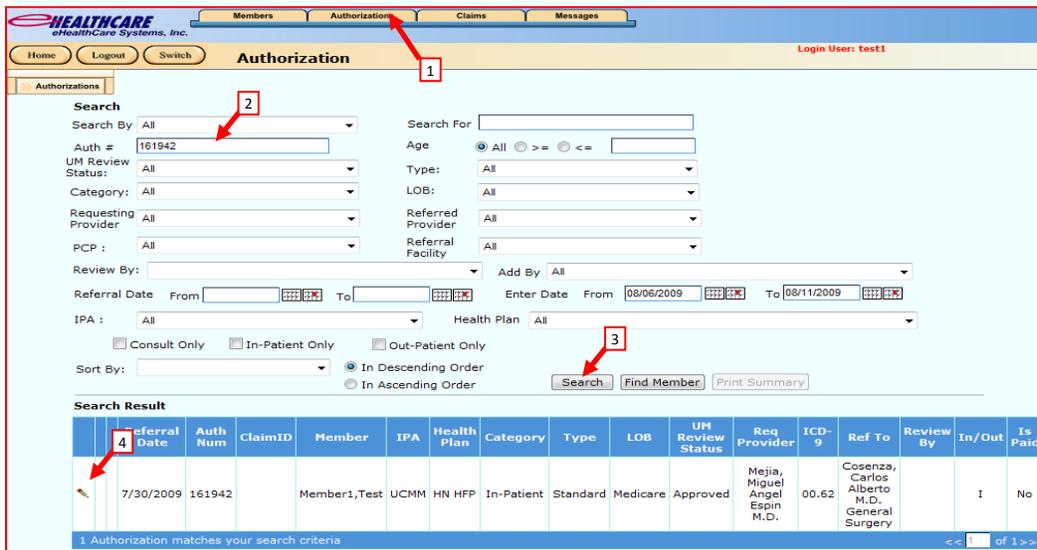
The Authorization Screen is a search screen to locate authorizations. Leave fields blank or in the default state for it to not affect the search.

1. **Search By** – Search criteria drop down will list the available options for finding an authorization record. Note that for all options, except ALL, a search string is required in the “Search For” field. The available options are:
 - ALL** – unfiltered, and will return all available results
 - Member Name** – will return any record that has the search for string in any part of the member name
 - One Time Provider** – will return any record that has the search for string in any part of a One Time Provider name
2. **Search For** – free-text field for search string associated to the Search By criteria
3. **Auth #** - Search for the records with authorization number entered.
4. **Age** – Filter by age of the member on the authorization.
5. **UM Review Status** - Filter by status of the authorization.
6. **Type** - Filter by type of the authorization.
7. **Category** - Filter by category of the authorization.
8. **LOB** - Filter by the line of business for which the authorization is related.
9. **Requesting Provider** - Filter by the provider who is the originator of the authorization.
10. **Referred Provider** - Filter by the referred to provider of the authorization.
11. **PCP** - Filter resulting authorization records by the member’s primary care physician.
12. **Referral Facility** - Filter resulting authorization records by the facility the member is being referred to.
13. **Review By** - Filter resulting authorization records by the UM staff whom reviewed or is assigned to review the authorization.
14. **Add By** - Filter resulting authorization records by the coordinator or UM staff who initially created the authorization record.
15. **Referral Date** - Filter resulting authorization records by the effective date range of the authorization.

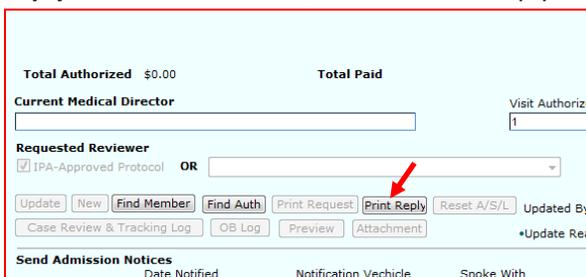
16. **Enter Date** - Filter resulting authorization records by the creation date range of the authorization record.
17. **IPA** - Filter resulting authorization records by IPA.
18. **Health Plan** - Filter resulting authorization records by IPA.
19. **Sort By** – allow the sorting of the search results
20. **Order** – Toggles the order, ascending or descending, of the search results
21. **Search Button** – Clicking this button will refresh the Search Result List
22. **Find Member Button** – Quick navigation button that will take you directly to the Member Search Screen

Print an Authorization

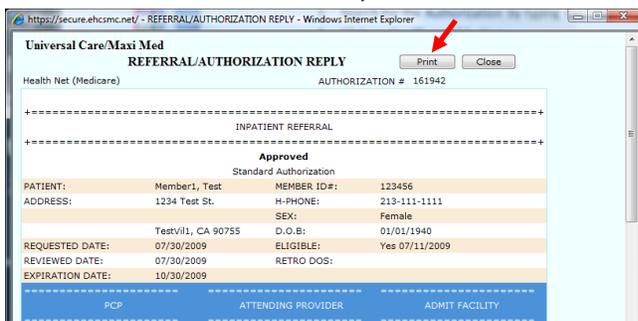
1. Click on the **“Authorization”** tab.
2. Search for the Authorization by typing the **“Auth #”** in to the Auth # field.
3. Click on the **“Search”** button.
4. Click on the Pencil icon for the correct authorization record, to open.



5. Scroll down to the **“Requested Reviewer”** section towards the bottom of the authorization. Click on the **“Print Reply”** button. A Referral/Authorization Reply window will appear.



6. Click on the **“Print”** button to print the Authorization.



Authorization Request Summary Screen – Field Description

Home → Auth Request button → Remote Authorization Request Summary

The screenshot shows the 'Remote Authorization Request Summary' screen. At the top, there are navigation tabs for 'Members', 'Authorizations', 'Claims', and 'Messages'. Below these are buttons for 'Home', 'Logout', and 'Switch'. The page title is 'Remote Authorization Request Summary' and the login user is 'test1'. A sub-tab '1 Authorizations' is selected. The search section includes: '2 Search By' (All), '3 Search For' (text field), '4 Status' (All), '5 Requesting Provider' (All), '6 Referred Provider' (All), '7 Request Date' (From 08/01/2009 To 08/06/2009), '8 IPA' (All), '9 Health Plan' (All), '10 Sort By' (dropdown), '11' radio buttons for 'In Descending Order' and 'In Ascending Order', and buttons '12 Search', '15 Find Member', and '16 New Request'. Below is a 'Search Result' table with 13 columns: Status, Type, Request ID, Request Date, Track #, Member, Mem ID, IPA, Health Plan, Req Provider, and Ref Provider. The table contains three rows of data. At the bottom, a summary bar shows '3 Authorization Requests match your search criteria' and a pagination control '14 << 1 of 1 >>'.

Status	Type	Request ID	Request Date	Track #	Member	Mem ID	IPA	Health Plan	Req Provider	Ref Provider
Reject	Standard	45826	8/6/2009		Member1, Test	98765432A	MM	CCHP	Silver, Alan M.D.	Garcia, Eddie M. M.D.
Accept	Standard	45825	8/5/2009	162011	Member1, Test	98765432A	MM	CCHP	Silver, Alan M.D.	Silver, Alan M.D.
Open	Standard	45823	8/3/2009		Member1, Test	98765432A	UCMM	CCHP	Silver, Alan M.D.	Basta, Fawzy S. M.D.

- 1. Authorization Sub-Tab** – Sub-Tabs are additional screens/modules that relate to the current screen/module. This sub-tab will navigate you to the Authorization Screen.
- 2. Search By** – Search criteria drop-down will list the available options for finding a submitted authorization request record. Note that for all options, except ALL, a search string is required in the “Search For” field. The available options are:
 - ALL** – Unfiltered, and will return all available results
 - Member Name** – will look for records for the indicated search for string
 - Write-In Specialist** – will look for request where the Write-In Refer To Provider matches the search for string
 - Write-In Facility** – will look for request where the Write-In Refer To Facility matches the search for string
- 3. Search For** – free-text field for search string associated with the Search By criteria
- 4. Status** – Filter indicating the status of the request being searched. The available statuses are:
 - ALL** – Unfiltered, and will return all available results
 - Open** – this status indicates that the authorization request has been created and is currently in queue for UM review.
 - Accepted** – this is an acknowledgment status indicating that the authorization request has been pulled from queue and is under review by UM. Accepted does not indicate that the authorization has been Approved.
 - Rejected** – this is an acknowledgment status indicating that the authorization request has been reviewed and denied.
- 5. Requesting Provider** – Filter indicating the relevant requestor for the search
- 6. Referred Provider** - Filter indicating the relevant referred to provider for the search
- 7. Request Date** – the date range in which the authorization request was made
- 8. IPA** – Filter by IPA from the selected drop down
- 9. Health Plan** – Filter by Health plan from the select drop down
- 10. Sort By** – allow the sorting of the search results
- 11. Order** – Toggles the order, ascending or descending, of the search results
- 12. Search Button** – Clicking this button will refresh the Search Result List

- 13. **Search Result List** – The results from the prior search
- 14. **Search Result Page Scroll** – display additional search result if there are too many to display on a single page.
- 15. **Find Member Button** – Quick navigation button that will take you directly to the Member Search Screen
- 16. **New Request Button** – this button takes you to the next step in creating a new authorization request.

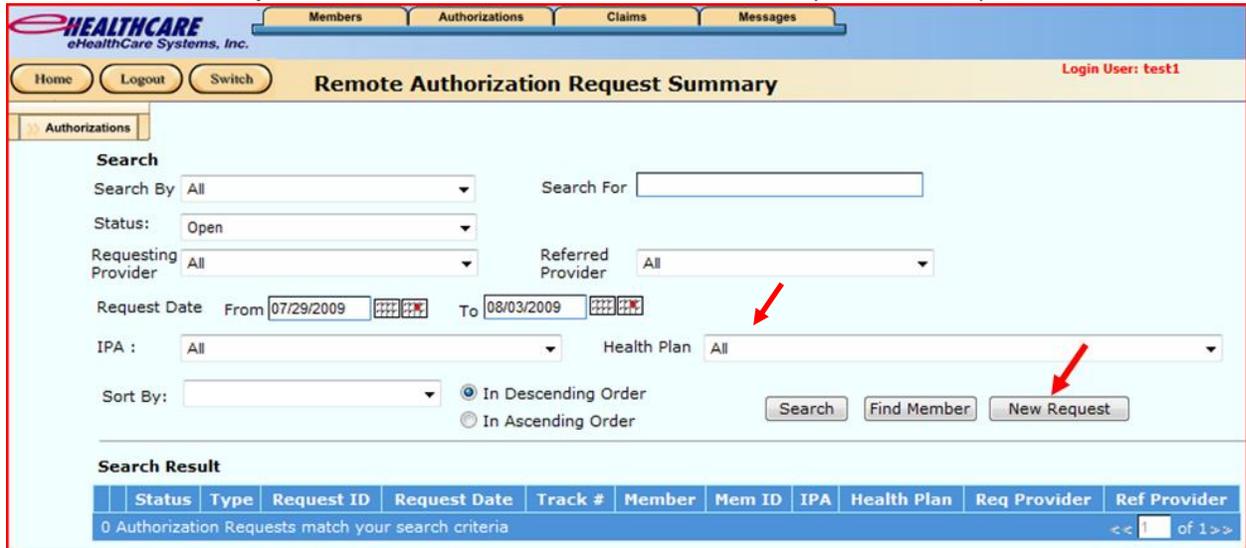
Authorization Request Creation

To create a remote authorization request for an existing member please follow the steps below:

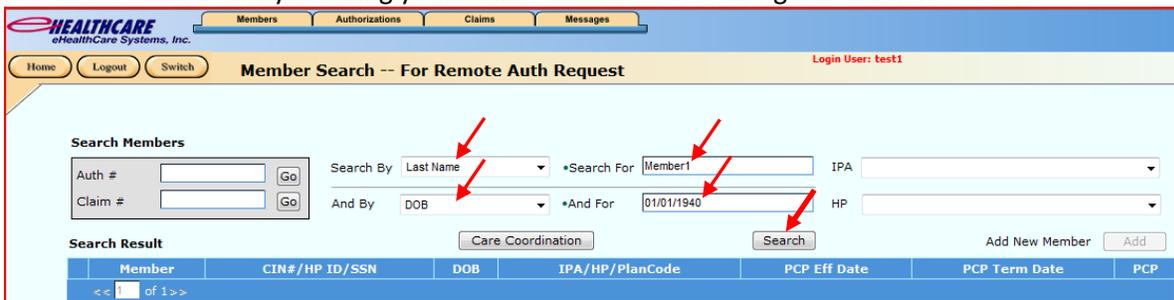
- 1. Click on the **“Auth Request”** button on the Home screen



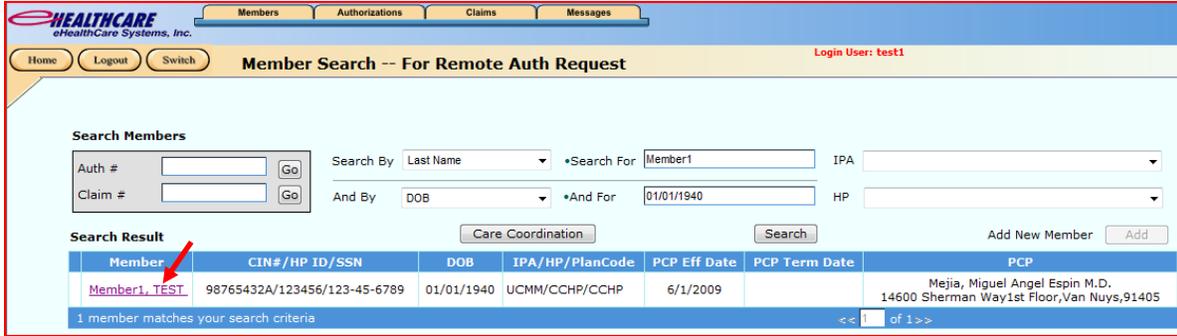
- 2. Click on the **“New Request”** button on the Remote Authorization Request Summary screen



- 3. Search for a Member by entering your search criteria then Clicking the **“Search”** button.



- Click on the appropriate “**Member Record**” (underlined member name). Make sure to verify you are selecting the correct record by checking at least two identifiers (Names, DOB, HP ID, ...).



- Fill-in all field in the “**Authorization Request**” data entry screen as completely as possible. For an example of how to fill-in this data entry screen please refer to the section “Authorization Request Data Entry Example.” For the full field descriptions please refer to section “Authorization Request Screen – Field Description”.
- Save the Authorization Request by clicking “**Save**” button. At this point you have completed and submitted an Authorization Request. A message has automatically been sent to MaxiMedIPA’s UM department notifying them of your request and your request has an “Open” status. Please Note the “Request ID” for future reference and check back periodically to see if the status has changed (see section “Checking Remote Authorization Status” for more information).



If you would like to attach external documentation (i.e. scanned documents) please continue to the next step.

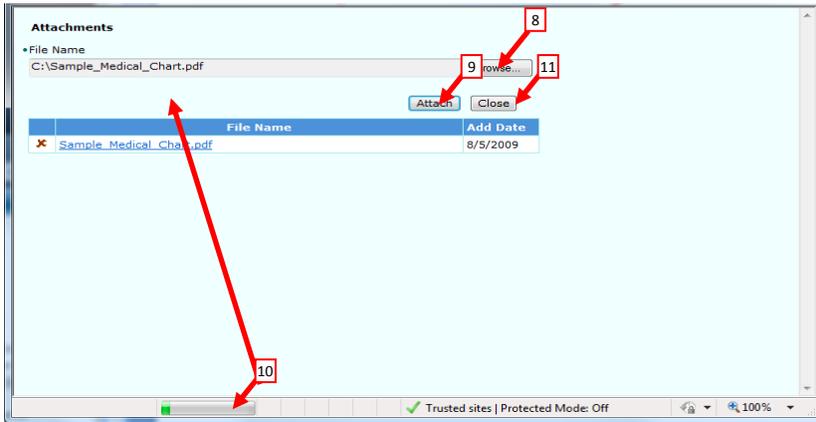
Adding Attachments to a Request

- After saving your request, click on the “**Attachment**” button at the bottom of the screen.

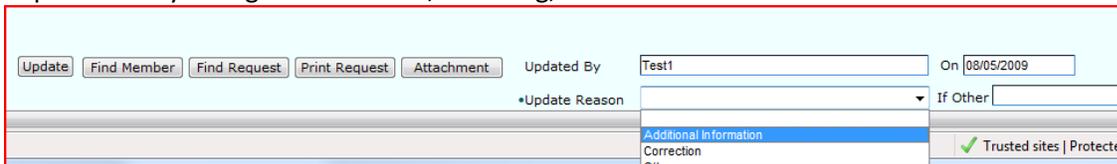


An Attachments window will appear.

- Click on the “**Browse...**” button and select the file you would like to attach.
- Click on the “**Attach**” button.
- Wait for the attachment to be uploaded. The progress bar at the bottom of the window will indicate your upload progress. Once the upload is complete the file name will show in the attachment list. Note: The time it takes to upload is dependent on the size of the file and the speed of your internet connection.



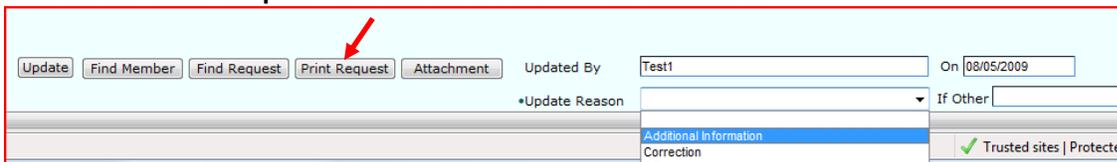
11. Repeat steps 8 through 10 until all file are attached, then click on the “Close” button to close the attachment window and return to the Authorization Request.
12. Select an “Update Reason” reason from the drop down list and click “Update.” Note: You must “Update” the request for any changes to be saved, including, attachments.



Print an Authorization Request

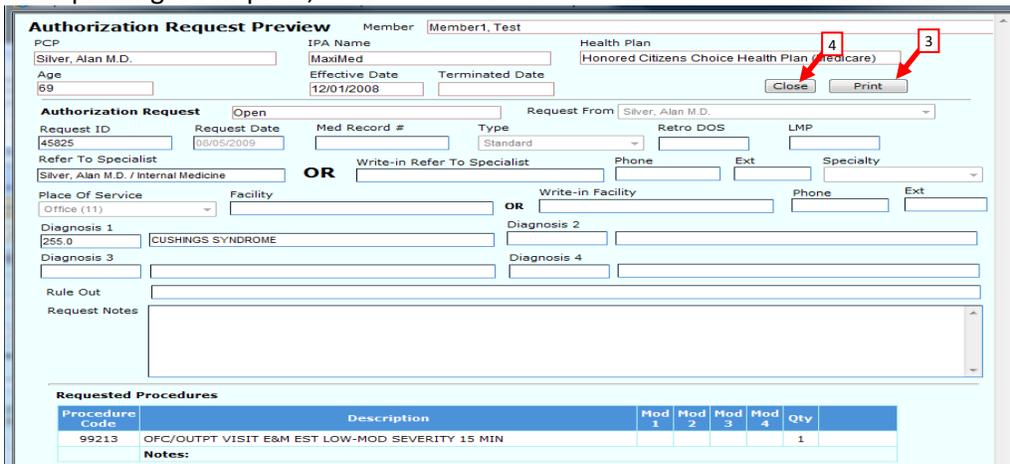
To print an authorization request you must have a printer configured on your local PC, then please follow the below steps:

1. Bring up/load the authorization request you would like to print.
2. Click on the “Print Request” button on the bottom of the screen.



This will bring up a printer friendly authorization request summary window.

3. Click on the “Print” button to print.
4. After printing is complete, click on the “Close” button to close the window and return to the previous screen.



Authorization Request Screen – Field Description

Home → Auth Request button → New Request button → Search & Select a Member Record → Authorization Request Screen

The screenshot shows the 'Authorization Request' screen for 'Member1, Test'. The interface includes a top navigation bar with 'Members', 'Authorizations', 'Claims', and 'Messages'. A secondary bar contains 'Home', 'Logout', and a 'Switch' button. The main header displays the member name and a login user name 'Test1' with their ID and DOB. Below this, there are tabs for 'Member', 'Demographic', 'Guarantor', 'Coverage', 'Authorizations', and 'Claims'. A row of buttons includes 'Save', 'Find Member', 'Find Request', 'New (Same Mem)', 'New (Other Mem)', and 'View Auth History'. The form fields are organized into sections: 'Member Record Info' (PCP, IPA Name, Health Plan, Age, Effective Date, Terminated Date, PCP Eff Date), 'Authorization Request' (Request ID, Request Date, Med Record #, Type, Direct Referral Type, Retro DOS, LMP), 'Refer To Specialist' (with 'OR' and 'Write-in Refer To Specialist' options), 'Place Of Service' (with 'OR' and 'Write-in Facility' options), 'Diagnosis' (Diagnosis 1-4), 'Rule Out' (with '# of Visit'), 'Request Notes', 'Requested Procedures' (with Procedure, Modifiers, and Quantity), and a table for 'Notes'. At the bottom, there are buttons for 'Save', 'Find Member', 'Find Request', 'Print Request', 'Attachment', and an 'Updated By' field.

1. **Screen/Module Display** – this region will display text to indicate the Screen/Module currently on-screen. In the case of the “Authorization Request” screen, a member name will appear indicated who this request is for.
2. **Account** – In red is the user account name that is currently logged-in. In black is important information about member record that is currently loaded on screen.
3. **Quick Navigation Buttons** – these self-descriptive buttons will take you directly to search or data entry screens.
4. **Member Record Info** – This is information about the selected member from the member record. These fields are read-only.
5. **Authorization Request** – This will field shows the current status of the loaded authorization. It is blank when the authorization is new and has not been saved. This is a read-only field.
6. **Request From** – The provider originating the authorization request. Clicking on the drop down list, will list all available options.
7. **Request ID** – The authorization request record ID. This is system generate once the record is saved.
8. **Request Date** – The date that the authorization request was made. This date may be different from the data entry and save date. This is the date evaluated when searching for authorization requests.
9. **Med Record #** - This is a free-text reference field intended for the medical record number.
10. **Type** – This indicates the type of authorization being requested. Clicking on the drop down menu will list the available types, which are describe below:
 - Direct –
 - Emergent –
 - In-House Specialist –
 - Retro –
 - Standard –
 - Urgent –

11. **Direct Referral Type** –
12. **Refer To Specialist** – This is the specialist that the member is being referred to. Click on the select button to search for a known specialist. If the specialist cannot be found you may try “Write-In” option. Click on “Select” button next to “Write-In Refer Specialist” to check for specialist with one-time contracts or click “Add” to request that that an LOA be executed for a specialist.
13. **Place of Service** – Click on the drop down to see the available places of service. Then fill-in or select the facility at which the service will be rendered. If the facility cannot be found you may try “Write-In” option. Click on “Select” button next to “Write-In Facility” to check for facilities with one-time contracts or click “Add” to request that that an LOA be executed for a facility.
14. **Diagnosis** – These fields are for ICD-9 codes. You may enter up to four. Description field will automatically fill if the ICD-9 code enter is valid.
15. **Rule Out** – This is a free-text reference field that is meant to be use for rule out.
16. **# of Visit** – The number of visits being requested as part of this authorization request.
17. **Procedure** – CPT code for the procedure this authorization request is requesting authorization for.
18. **Modifiers** – Modifiers for the associated CPT code
19. **Quantity** – Quantity for the associated CPT code
20. **Notes** – Free-text reference field meant for any note related to procedure line.
21. **Add to List Button** – Saves the procedure request data entered in items 17-20 to the procedure request list.
22. **Procedure List** – a list of all procedures that is part of this authorization request.
23. **Save Button** – This button saves and submits the authorization request to the UMQI department
24. **Print Request Button** – Activated only after the authorization request is saved. Brings up a print friendly window with a summary of the authorization request.
25. **Attachment Button** – Activated only after the authorization request is saved. This button launches a window that will allow attachment of files to this authorization request (i.e. scans of medical charts in PDF or TIFF format).
26. **Updated By** – Automatically populated with the current username and system time when the authorization request record is save or updated.

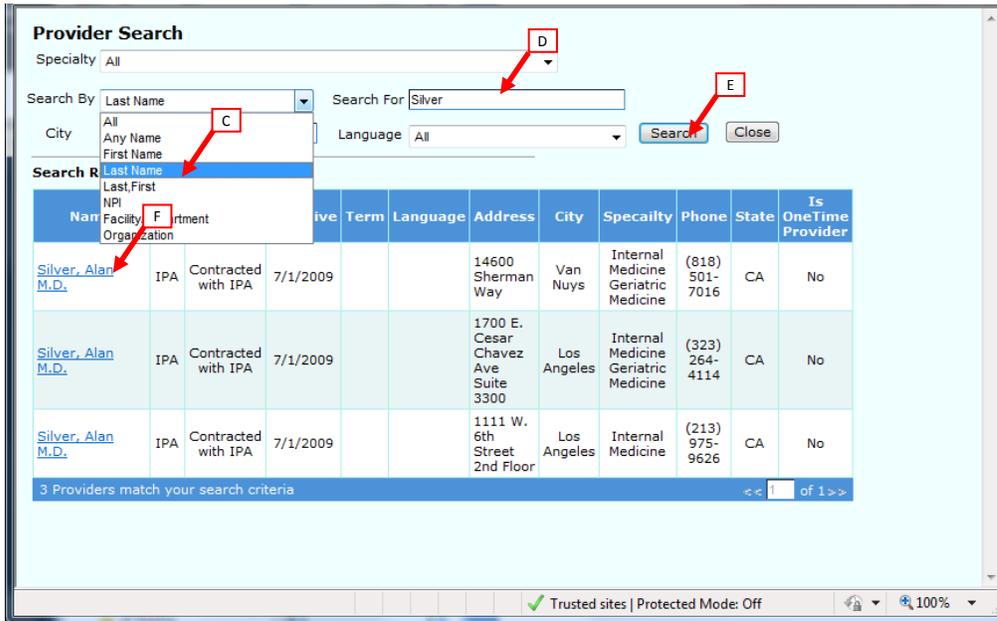
Authorization Request Data Entry Example

This example will demonstrate the most minimal data entry necessary to generate an authorization request.

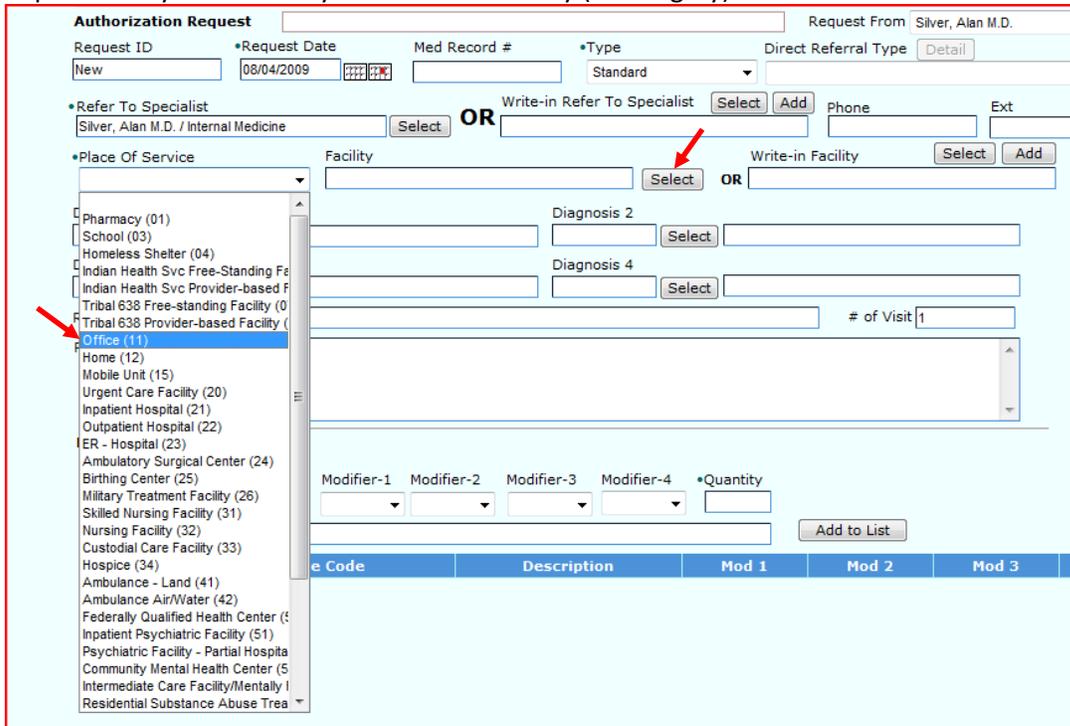
- A. From the Authorization Request Screen, select any available Provider from the “Request From” drop down box.
- B. Click the “Select” button next to “Refer To Specialist.” A Provider Search window will appear.

- C. Select “Last Name” from the “Search by” drop down list.
- D. Type in “Silver” in the “Search For” field.

- E. Click the “Search” button. Note that multiple records appeared from the search. This is common if the provider works at multiple locations. Please be careful to select the correct record.



- F. Click the first “Silver, Alan M.D.” (Van Nuys Office) Once you click on your selection the window will close and the “Refer To Specialist” field will populate.
- G. Select “Office (11)” from the “Place of Service” drop down list. Note: Depending on the authorization request it may be necessary to indicate a Facility (i.e. surgery).



- H. Type “250.0” in to “Diagnosis 1” field. Note: If you are unsure of a specific ICD-9 code you may click on the “Select” button to bring up a search window.
- I. Type “1” in to “# of Visit” field.

Authorization Request Request From: Silver, Alan M.D.

Request ID: New Request Date: 08/04/2009 Med Record #: Type: Standard Direct Referral Type: Detail

Refer To Specialist: Silver, Alan M.D. / Internal Medicine OR Write-in Refer To Specialist

Place Of Service: H Facility: OR Write-in Facility

Diagnosis 1: 255.0 Diagnosis 2: Diagnosis 3: Diagnosis 4: I

Rule Out: # of Visit: 1

Request Notes:

J. Type "99213" in to the "Procedure" field.

K. Type "1" in to the "Quantity" field.

L. Click "Add to List" button.

Requested Procedures

Procedure: 99213 Modifier-1: Modifier-2: Modifier-3: Modifier-4: Quantity: 1

Notes: Add to List

Procedure Code	Description	Mod 1	Mod 2	Mod 3	Mod 4	Qty
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN					1

Notes:

M. Click "Save" button at the very bottom of the screen. You have completed an Authorization Request. A message will automatically be sent to MaxiMedIPA's UM department notifying them of this request.

Save Find Member Find Request Print Request Attachment Updated By: On:

Once you have click the Save button, notice that the Save button has changed to "Update" and additional buttons and fields are activated.

Update Find Member Find Request Print Request Attachment Updated By: test1 On: 08/05/2009

*Update Reason: If Other:

Please note that any changes made to this request record will not be saved until an "Update Reason" is entered and the "Update" button is clicked.

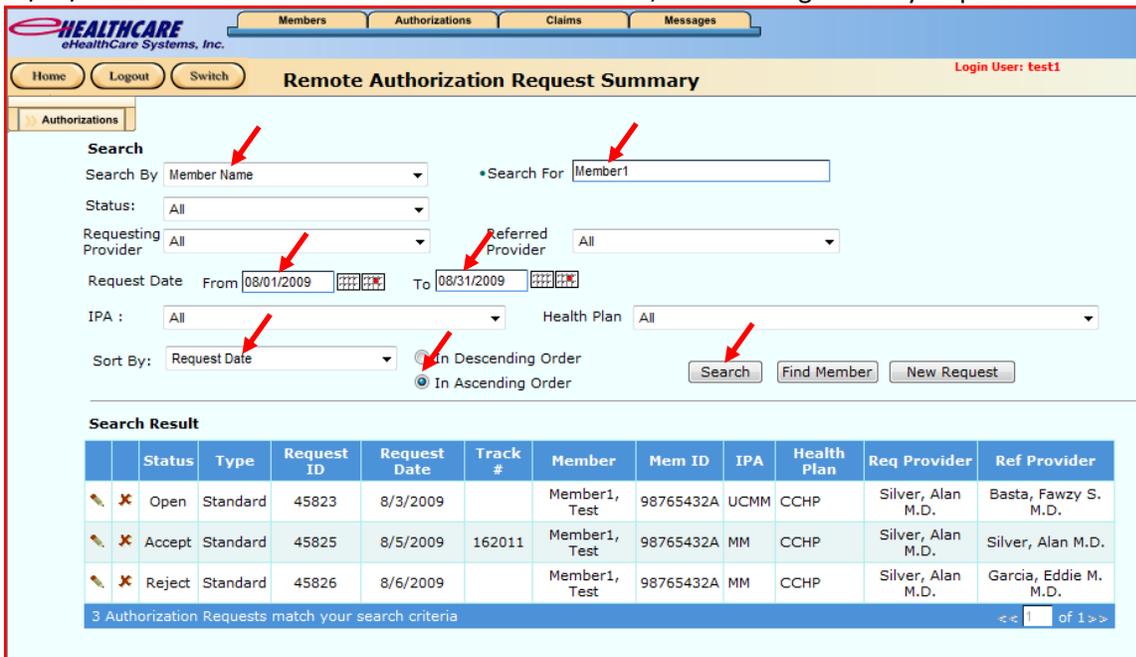
Checking Remote Authorization Status

Once an authorization request is created, the creator can and should regularly check to see if the request status has changed. To do this, please follow the below steps:

1. From the Home screen, Click on the “Auth Request” button to navigate to the Remote Authorization Request Summary Screen.



2. Fill-in your search criteria (see section “Authorization Request Summary Screen – Field Description” for a full description of all fields) and Click on the “Search” button. For the purpose of this demonstration we will search for All Auth Request for the member with last name “Member1” that was created in between 08/01/2009 and 08/31/2009 and we would like the search result sorted, in ascending order by request date.



3. Notice in the search result list there is a Status column to indicate the current status of your request. For further information or to edit your request, click on the pencil icon to open the record.

If your request has a “Reject” status and you would like to see the reject reason, open the record and scroll to the bottom of the record.

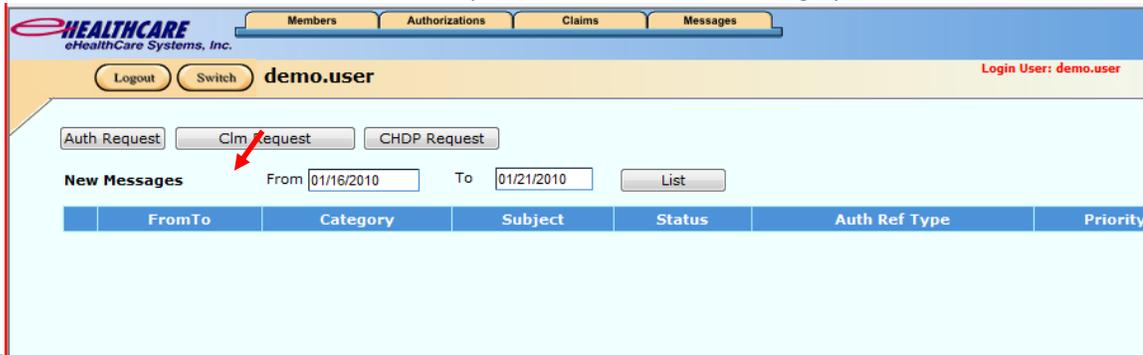
If your request has an “Accept” status and you would like to view the Authorization Record associated with your request, you can do an authorization search for the “Track #” from your request. The authorization request “Track #” is the same and the “Auth #” which uniquely identifies an authorization record. **Note: An “Accepted” request does not indicate that the requested authorization for service has been approved.**

Claims

Filing Claims/Encounter

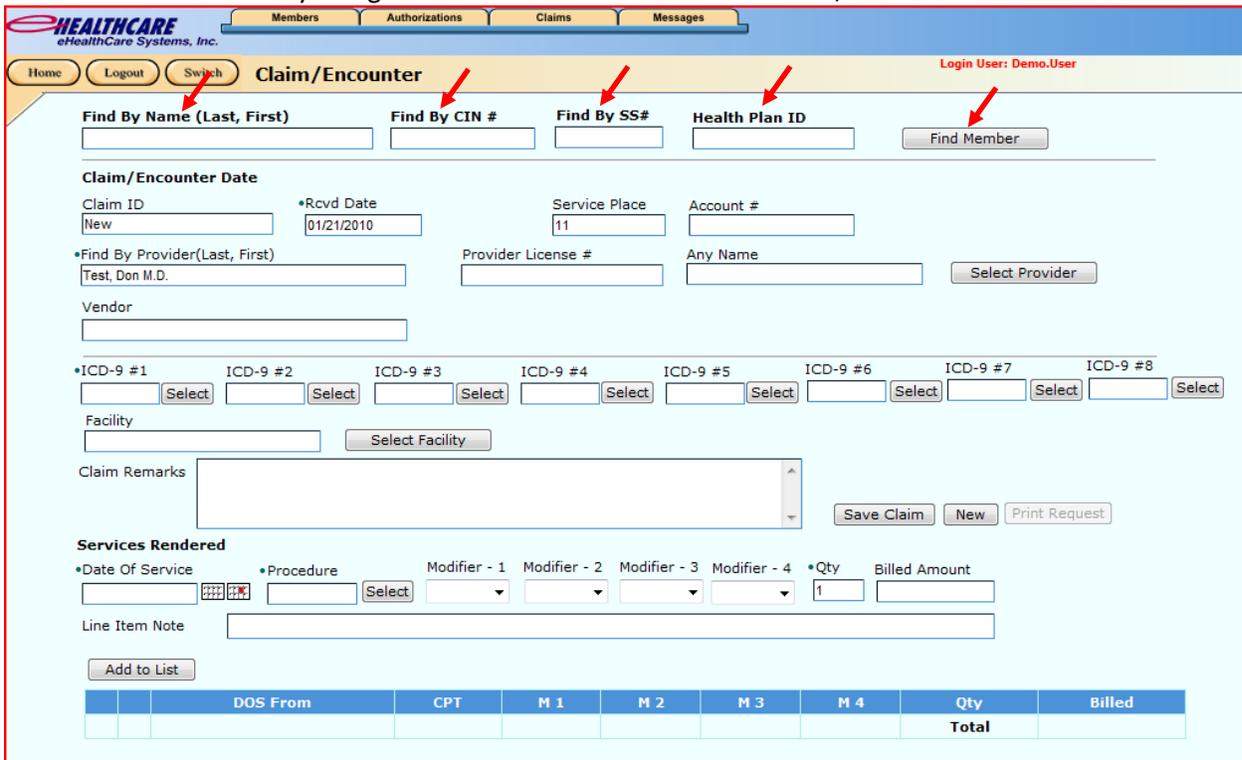
To submit claim/encounter for an existing member please follow the steps below:

1. From the “Home” screen *Click* on the “CIm Request” button. This will bring up the Claim/Encounter data entry



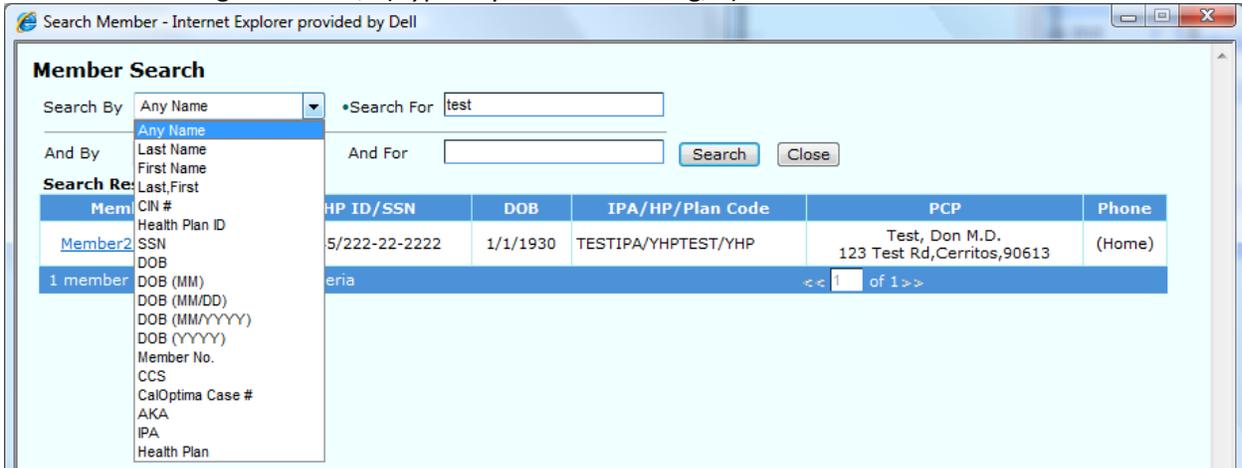
screen.

2. Search for the member by filling in at least one of the available criteria, then *click* “Find Member”.



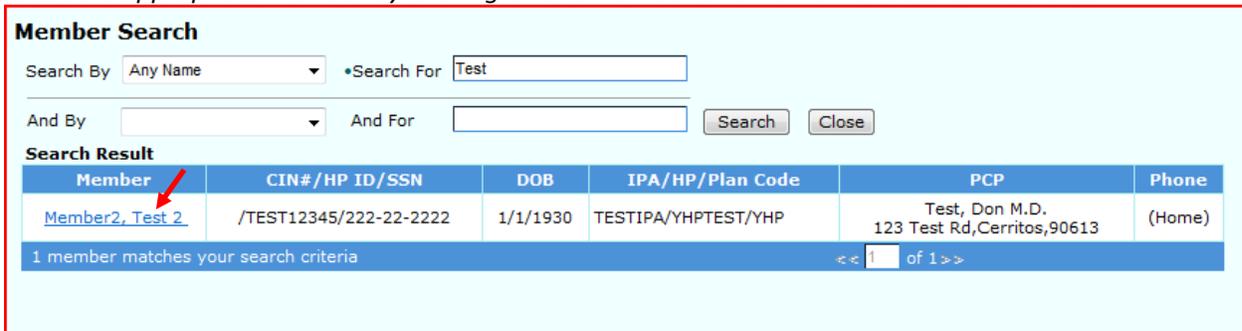
After clicking Find Member a “Member Search” window will appear with search results. If there are no results you may try your member search again with a different search criteria by 1) *clicking* on the “Search By” drop-

down and selecting a criterion, 2) *type* in your search string, 3) *click* on the “Search” button.

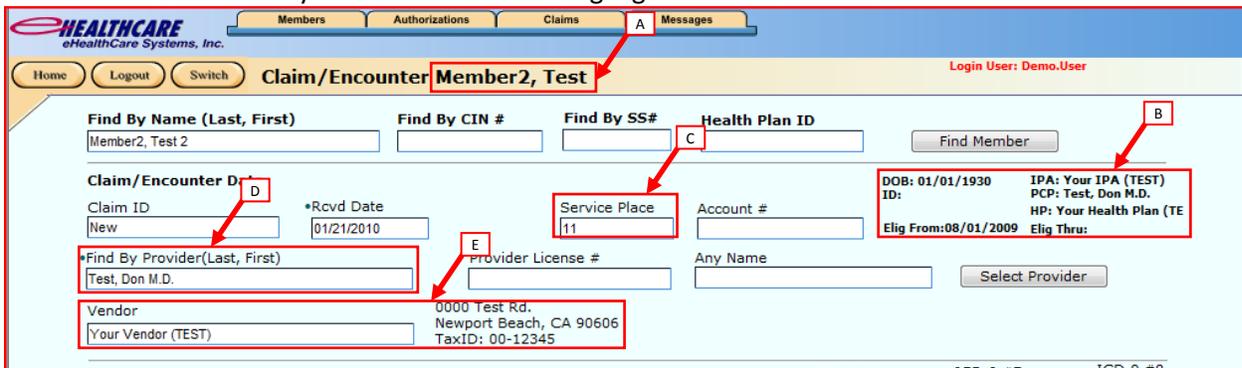


If you are unable to find the member you are looking, please contact MaxiMedIPA at (866) 209-1071 and ask for assistance from a our Member Services Representative.

3. Select the appropriate member by Clicking on the Member’s name from the search result list.



4. After selecting the Member from Step 3, notice that the Data entry screen has been updated with the member’s information. Please verify that the information highlight below is correct.



- A. Check that this is the member you are entering a Claim/Encounter for.
 - B. Check that the IPA, Health Plan, and Eligibility dates are appropriate within the date of services.
 - C. Check that the place of service is correct.
 - D. Check that the auto populate rendering provider is correct (same-as box 31 on CMS1500). If the rendering provider must be changed, *click* on the “Select Provider” button to search for the appropriate rendering provider.
 - E. Check that the auto populated vendor along with billing address and tax ID is appropriate (same-as box 33 on CMS1500)
5. *Type* in the diagnosis code in the available fields. Codes should be entered in the following format: ###.## If you are unsure of the exact ICD-9 code you may click on the adjacent “Select” button for available codes and

descriptions. Please be sure to include all diagnosis codes. If there are more than 8 diagnosis codes please submit the rest of the codes on another claim/encounter.

6. If the billing place of service (POS) is any of the following, please enter the Facility Name where services were rendered:

- 20 – Urgent
- 21 – Inpatient
- 22 – Outpatient
- 65 – Skill Nursing

For a list of available Facility Names *click* on the “Select Facility” button to locate the rendered facility. **If the correct Facility is not within the system please contact MaxiMedIPA at (866) 209-1071 and ask for assistance from a Provider Services Representative.**

If there are any related comments or note you may enter them in the available free-text “Claim Remarks” box. NOTE: Please DO NOT click “Save Claim” at this point.

7. A. Enter the date of service for each single procedure rendered in the MM/DD/CCYY format.
- B. Enter the CPT/HCPC code.
- C. Enter Modifiers if applicable from the dropdown.
- D. Enter Quantity. Note this cannot be “0”.
- E. Enter Bill Amount value. Note: Leaving this field blank is the same as bill a zero dollar amount.
- F. Click “Add to List” to save this line item to the claim. Repeat steps A-E for all additional line items.

DOS From	CPT	M 1	M 2	M 3	M 4	Qty	Billed
						Total	\$0.00

- 8. Once all line items have been entered. Now *Click* “Save Claim” button to generate a claim number and submit.

HEALTHCARE
eHealthCare Systems, Inc.

Members Authorizations Claims Messages

Home Logout Switch **Claim/Encounter Member2, Test** Login User: Demo.User

Find By Name (Last, First) Find By CIN # Find By SS# Health Plan ID

Claim/Encounter Date
Claim ID: New Rcvd Date: 01/21/2010 Service Place: 11 Account #:
DOB: 01/01/1930 ID: IPA: Your IPA (TEST)
PCP: Test, Don M.D.
Elig From: 08/01/2009 Elig Thru: HP: Your Health Plan (TE)

Find By Provider (Last, First) Provider License # Any Name
Test, Don M.D.

Vendor: Your Vendor (TEST) 0000 Test Rd.
Newport Beach, CA 90606
TaxID: 00-12345

ICD-9 #1: 250.00 Select ICD-9 #2: Select ICD-9 #3: Select ICD-9 #4: Select ICD-9 #5: Select ICD-9 #6: Select ICD-9 #7: Select ICD-9 #8: Select

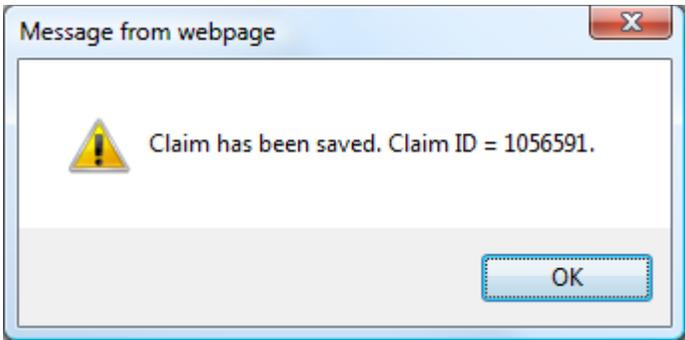
Facility: Test Facil(22)

Claim Remarks:

Services Rendered

Date Of Service	Procedure	Modifier - 1	Modifier - 2	Modifier - 3	Modifier - 4	Qty	Billed Amount
01/07/2010	Select					1	\$0.00
Total							\$0.00

Line Item Note:



Messages

1. **Search By** – Search criteria drop-down will list the available options for finding a message. Note that for all options, except ALL, a search string is required in the “Search For” field. The available options are:
 - ALL** – unfiltered, and will return all available results
 - Subject** - will look for messages with subjects containing the indicated search for string
 - Content** - will look for messages with body content containing the indicated search for string
2. **Search For** – Free-text field for search string associated with the Search By criteria
3. **Status** – Filter indicating the status of the message being searched. The available statuses are:
 - ALL** – unfiltered, and will return all available results
 - Received** – this status indicates that the message has been received but has not been read (aka unread messages).
 - Read** - this status indicates that the message has been received and read.
 - Replied** – this status indicates that the message has been replied to.
 - Forwarded** – this status indicates that the message has been forwarded.
4. **Within** – Filter limiting the result by time. Click on one of the radial buttons to chose one of the following options:
 - All** - unfiltered, and will return all available results
 - Past** – prior days, weeks, or month’s messages. Enter only integer value.
5. **Category** – Filter search result by category assigned to the message.
6. **Provider** – Filter search result by sender.
7. **S/R** – All messages addressed to you (the account that is logged in) are known as “Received (R)”. All messages sent from you (the account that is logged in) is known as “Send (S)”.
8. **Search Button** - Clicking this button will refresh the Search Result List.
9. **Mark All Unread as Read** – This button will change ALL messages with “Received” status to “Read” status.
10. **New Button** – Click this button to draft a new message. A new message window will appear.
11. **Search Result List** - The results from the prior search.
12. **Delete** – Clicking this button will permanently remove all selected messages.
13. **Download** – Clicking this button will download to the local PC the selected message in text format.