

Practice Authorization Requests

IdentifiSM

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HEALTH 



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Job Aids

IdentifiSM

Practice

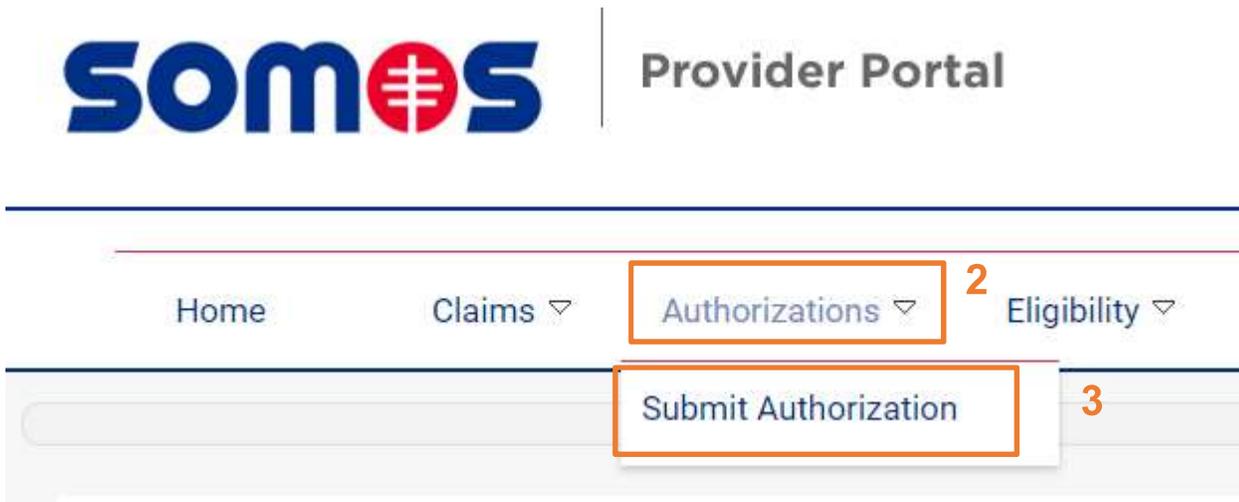
Authorization

Requests

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Single Sign On (SSO)

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



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

The screenshot shows the Identifi Practice 'AUTHORIZATION REQUESTS' page. It features a 'My Draft Requests' section with two entries and an 'Authorization Requests' section with a table of 10 most recent requests.

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM	
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM	

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7496470	DEPASCALE, EDDIE (06/01/1982, M, 123964)	Inpatient	LAUREN DRAKE	In Progress	10/21/2019
D7496420	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	PAUL WILSON	In Progress	10/17/2019
D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/11/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/11/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	Closed	09/18/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

Providers and Practice Staff will still be able to enter Authorization Requests by phone or fax.

Add Request (from Authorization Requests homepage)

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

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
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D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/11/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/11/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	Closed	09/18/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

4. **Search for a Patient** using First Name, Last Name and Date of Birth (Preferred search method)
or **Search** members by Member ID; if unable to find exact match for Member ID, attempt **adding "001"** to the end of the member's ID number and search again
5. Click **Search**
6. Locate the correct member from the list of matches. Click to open the member's record.
7. Click **Add** dropdown and select Request type

Search for a Patient

FIRST NAME: Royalty LAST NAME: Fiorita PATIENT ID: DATE OF BIRTH: 06/01/1950

CLEAR SEARCH

FIORITA, ROYALTY (Active)
06/01/1950 | 2045969-01
933 N ST NW APT B2 , UPPR MARLBORO , Maryland
20774-1604

ADD ▾

- DME
- Inpatient
- Outpatient/Home

Process

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Practice

Authorization

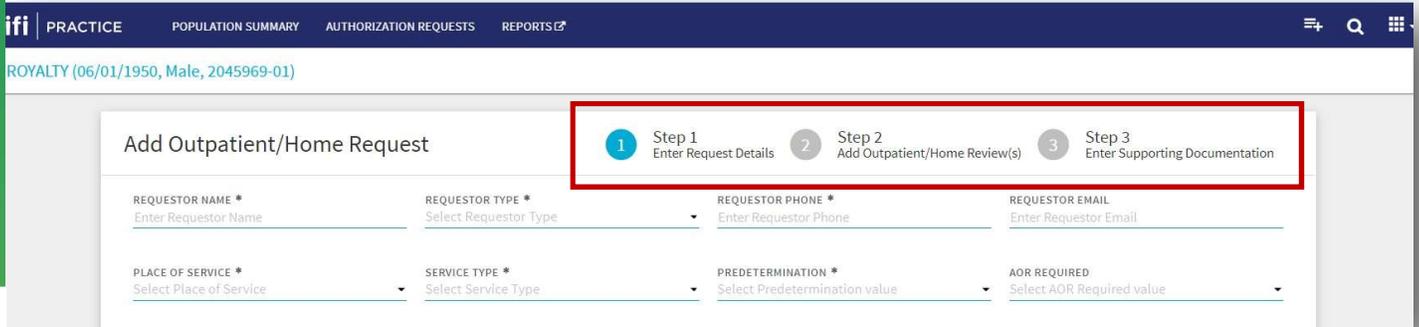
Requests

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Complete the 3-Step Process

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

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



Process

2



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



Once you select the request type - DME, Inpatient, or Outpatient/Home, and begin building the Request, you may not change to a different request type. You must cancel the build and begin again by selecting the intended request type.

Add Request

Step 1: Enter Request Details (Cont)

A. The “Requestor Type” field.

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

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

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

- For Pre-Certification or Prior Authorization (service in the future), select Yes.
- For service now (Concurrent) or in the past (Retro), select No.

Process
3



The screenshot shows the 'Add Outpatient/Home Request' form in the Identifi system. The form is divided into three steps: Step 1 (Enter Request Details), Step 2 (Add Outpatient/Home Review(s)), and Step 3 (Enter Supporting Documentation). The 'REQUESTOR TYPE' dropdown menu is highlighted with a red box and a callout bubble that says 'See Reference A for dropdown selections'. The dropdown options are: Contracted Provider (highlighted with a red circle), Member, Member's Representative, and Non-Contracted Provider. Other fields include REQUESTOR NAME, REQUESTOR PHONE, REQUESTOR EMAIL, PLACE OF SERVICE, SERVICE TYPE, PREDETERMINATION (with a red circle), AOR REQUIRED (with a red circle), ENCOUNTER ID, and EMR ACCOUNT NUMBER.



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

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

(Continued next page)

Add Request

Step 1: Enter Request Details (Cont)

ntifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

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

Add Outpatient/Home Request

1 Step 1 Enter Request Details 2 Step 2 Add Outpatient/Home Review(s) 3 Step 3 Enter Supporting Documentation

REQUESTOR NAME * Enter Requestor Name
REQUESTOR TYPE * Select Requestor Type
REQUESTOR PHONE * Enter Requestor Phone
REQUESTOR EMAIL Enter Requestor Email

PLACE OF SERVICE * Select Place of Service
SERVICE TYPE * Select Service Type
PREDETERMINATION * Select Predetermination value
AOR REQUIRED Select AOR Required value

ENCOUNTER ID Enter Encounter Id
EMR ACCOUNT NUMBER Enter EMR Account Number

Providers

REQUESTING PROVIDER *
+ ADD REQUESTING PROVIDER
FACILITY/VENDOR *
+ ADD FACILITY/VENDOR
RENDERING PROVIDER

Process
4



D

Add Requesting Provider

1 Select From Patient's Contacts 2 Search All Providers

Please verify the TIN for the Out of Network NPPES provider. If not valid, perform a new search and select the Out of Network provider record, if available, to avoid delays in claims processing.

CARL SCHLAGETER UM Provider NPI: 1750612503 • TIN: 890989098 (618) 443-3234 • 612 E BROADWAY ST, SPARTA, IL, 62286-1818	Out of Network NPPES
SPARTA COMMUNITY HOSPITAL UM Provider • GENERAL ACUTE CARE HOSPITAL - CRITICAL ACCESS NPI: 1548216476 • TIN: 890890808 (618) 443-1337 • 818 E BROADWAY ST, SPARTA, IL, 62286-0297	Out of Network NPPES

1-2 of 2

Add Requesting Provider

Select From Patient's Contacts Search All Providers

SERVICE START DATE * 07/14/2016
SPECIALTY
CITY
PROVIDER NAME Hanson
NPI
STATE Montana
TIN
ZIP

CLEAR SEARCH

Sort By TIER

HANSON PHARMACY AND WELLNESS CENTER PHARMACY - COMMUNITY/RETAIL PHARMACY NPI: 1255301646 • TIN: Not Available (270) 322-1234 • 7455 HANSON RD, HANSON, MT, 42413-0481	Out of Network NPPES
--	----------------------

TIN *
5 SELECT & SAVE AS CONTACT

1-7 of 14 < 1 2 >

(Continued next page)

Add Request

Step 1: Enter Request Details (cont'd)

- D. Select or search for Providers (see previous page). **“Requesting Provider”** may be any type of service provider including a facility, DME vendor, physician, dentist, etc. The **“Requesting Provider”** and the **“Facility”** or **“Vendor”** may be the same.
 - 1. Providers, facilities, and vendors already associated with the member through a previous UM request are retained in a list called **“Patient’s Contacts”**. These may easily be selected again when needed.
 - 2. You may also **“Search All Providers”** to find a provider. The **NPI** is the single best search parameter. You are searching the **National Data Warehouse** of all providers, facilities, and vendors who have an **NPI number**. There are often multiple results under the same name. Be careful to select the one with the correct **NPI** and **address**.
 - 3. The list of matched providers is sorted into 3 categories in order of preference: **In Network** first, then **Out of Network** (these include the **Tax ID Number**), then **Out of Network NPPES** (No TIN included)
 - 4. Selecting an **Out of Network NPPES** provider from the matches requires you to obtain and enter the **Tax ID Number (TIN)** to proceed.
 - 5. Any provider **“Selected & Saved as Contact”** during the search will be available in **Patient’s Contacts** (No. 1) for selection in the future.
- E. Enter **“Third Party Liability”** information if known (see below). The Claims Department will follow up as needed. This information may be added at any time by editing the Request.
- F. Enter diagnoses.
 - 1. Begin typing either the **diagnosis (ICD 9 or 10) code** or **diagnosis**. Select the diagnosis from the list of corresponding matches.
 - 2. Use the **“Add Diagnosis”** option if multiple diagnoses are provided.
 - 3. The button that indicates **Primary Diagnosis** may be moved to any one of multiple diagnoses entered.

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

The screenshot shows a form with two main sections: 'Third Party Liability' and 'Diagnoses'. The 'Third Party Liability' section has three checkboxes: 'MOTOR VEHICLE ACCIDENT', 'EMPLOYMENT (WORKER'S COMPENSATION)', and 'ANOTHER PARTY RESPONSIBLE'. The 'Diagnoses' section has a table with columns for 'Primary', 'Type', and 'Diagnosis Description'. A dropdown menu is open for the 'Diagnosis Description' column, showing 'ICD-10' and 'Select a Description'. Below the table is an 'ADD DIAGNOSIS' button. At the bottom right are three buttons: 'CANCEL REQUEST', 'SAVE DRAFT AND CLOSE', and 'CONTINUE'. Red circles highlight the 'Third Party Liability' section, the 'Diagnosis Description' dropdown, the 'ADD DIAGNOSIS' button, and the 'CONTINUE' button.

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



Add Request

Step 2: Add Review(s)

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

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

- A. The “**Source**” of the Request is always **Web**.
- B. “**Review Type**” is always “**Initial**” when entering a new Request.
- C. “**Review Priority**” is a “**Right Time**” field. The entry goes into the formula that calculates the time allotted for the utilization management process.

Select **Routine** when:

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

Select **Urgent** when:

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

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

- D. The “**Receipt of Complete Clinical Review**” is the “**trump-card**” of the “**Right Time**” fields. **NCQA** regulations require completion of the UM process within a specified amount of time after receipt of sufficient clinical information to make the medical necessity determination.
- E. Add “**Procedure Description**” by entering the CPT code or name of the service being requested. For example, typically, “office visit” is frequently used. The UM team will review and approve and the choice of CPT code can be flexible.
- F. Define the parameters of the request by utilizing the dropdowns: “**Requested Amount**”, “**For Requested Type**”, “**Frequency**”, “**To Start On**” and “**Duration**” .



Add Request

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

The screenshot shows a web-based form for adding a request. At the top, there are three steps: Step 1 (Enter Request Details), Step 2 (Add Review(s)), and Step 3 (Enter Supporting Documentation). Step 2 is currently active. The form has several dropdown menus: SOURCE (Web), REVIEW TYPE (Initial), REVIEW PRIORITY (Routine), RECEIPT OF COMPLETE CLINICAL REVIEW (checked), and SERVICE SPECIFICATION (General Service). Below these is a section for adding a procedure. A procedure titled 'Primary - Review of Office Consultation' is already added. It has a procedure description of 'OFFICE CONSULTATION (99244)', a revenue description, a requested amount of 1, a frequency of 'Per', and a duration of 6 months. There are also fields for 'FOR REQUESTED TYPE' (Visit(s)), 'TO START ON' (06/18/2020), and 'ENTER DURATION OR END DATE' (Duration selected). A 'DRUG INFORMATION' field is present but empty. At the bottom, there are buttons for 'ADD PROCEDURE', 'PREVIOUS', 'CANCEL', 'SAVE DRAFT AND CLOSE', and 'SAVE & ADD DOCUMENTATION'.

Process

7



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



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



Review Priority "Urgent"

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

(Continued next page)

Add Request

Step 3: Enter Supporting Documentation

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

- A. The **Add Care Note** is optional
- B. The **Upload Received Document** entry is optional

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

Add Outpatient/Home Request

Step 1 Enter Request Details ✓ Step 2 Add Outpatient/Home Review(s) ✓ Step 3 Enter Supporting Documentation 3

Add Care Note (Optional)

ACTIVITY DATE * 06/18/2020 01:28:11 pm ACTIVITY CATEGORY * Select Activity Category ACTIVITY ACTION * Select Activity Action

ACTIVITY WITH Select Activity with RESPONSE Select response TIME SPENT ON ACTIVITY hour(s) minute(s)

CARE NOTES

Signature

Upload Received Document (Optional)

RELATED TO Patient

RECEIVED DATE/TIME * SENDER * Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) * Choose File No file chosen

DOCUMENT COMMENTS

Remaining Characters: 2000

CANCEL SAVE DOCUMENTATION



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

Add Request

Step 3: Enter Supporting Documentation

Add Care Note

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

A. Add a Care Note

1. Check “**Add Care Note**” box to open the window.
 2. Required fields are marked with an asterisk (*) and change depending on which **Activity Category** is selected.
 3. Enter documentation text into the note’s body, the “**Care Notes:**” section.
 4. The **Signature** box is default checked automatically.
- 5. Click Save Request**

Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Optional)

ACTIVITY DATE * 06/18/2020 01:26:11 pm

ACTIVITY CATEGORY * Select Activity Category

ACTIVITY ACTION * Select Activity Action

ACTIVITY WITH Select Activity with

RESPONSE Select response

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

CARE NOTES

Signature

Upload Received Document (Optional)

CANCEL REQUEST SAVE DRAFT AND CLOSE



Add Request

Step 3: Enter Supporting Documentation

Upload Received Document

You can “Upload a Received Document” to the Review.

B. Upload Received Document

1. Check the “**Upload Received Document**” box.
2. Complete the required fields (noted with an *). Time must include exact minute of receipt.
3. Select the **Sender** from the dropdown list of active contacts and providers.
4. Browse in your computer files to the saved communication to be uploaded. Select it.
5. Enter **Document Comments** to describe or reference the form.
6. Click **Save Request**, if no additional information needs to be recorded.

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

dentifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

SINGH, GABRYL (10/31/2004, Male, 123964-03)

Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Optional)

Upload Received Document (Optional)

RELATED TO Patient

RECEIVED DATE/TIME * SENDER * Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *
Choose File No file chosen

DOCUMENT COMMENTS

CANCEL REQUEST SAVE DRAFT AND CLOSE

BACK CANCEL REQUEST SAVE DRAFT AND CLOSE SAVE REQUEST



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

Draft Authorization Request

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

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

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

Identifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

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

Add Outpatient/Home Request

Step 1 Enter Request Details Step 2 Add Outpatient/Home Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Optional)

Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME * SENDER *
Select a contact

DOCUMENT (UP TO 50 MB, SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG) *
[Choose File](#) No file chosen

DOCUMENT COMMENTS

Remaining Characters: 1

CANCEL SAVE DOCUMENTATION

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

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

Identifi | PRACTICE | POPULATION SUMMARY | AUTHORIZATION REQUESTS | REPORTS

My Draft Requests

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time	
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM	
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM	

2 Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right) Display Requests: Created By Me

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7496470	DEPASCALE, EDDIE (06/01/1982, M, 123964)	Inpatient	LAUREN DRAKE	In Progress	10/21/2019
D7496420	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	PAUL WILSON	In Progress	10/17/2019
D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/17/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/17/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	In Progress	10/10/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

Your draft has been saved.

1 Review(s) were auto-approved for this request.

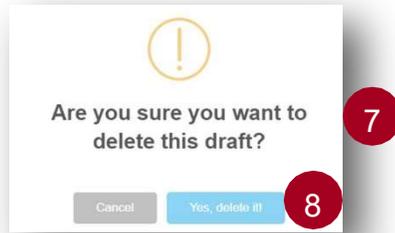
4. A pop up message will appear at the bottom right if the request qualifies for auto-approval.

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

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

Draft Authorization Request (Cont.)

7. The following confirmation message will display :
8. Click **Yes, Delete it** to delete the Draft Request.



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

The screenshot shows the Identifi software interface. The top navigation bar includes "Identifi", "PRACTICE", "POPULATION SUMMARY", "AUTHORIZATION REQUESTS" (highlighted), and "REPORTS". Below the navigation bar, the "My Draft Requests" section displays "No Drafts Found." with a red circle containing the number 9. Below this, the "Authorization Requests" section shows a table of requests. The table has columns for Reference #, Patient Name (DOB, Gender, ID), Request Type, Requesting Provider, Request Status, and Created Date. A single row is visible with the following data: Reference # D7013106, Patient Name ABTAHI, HALEY (02/14/1976, F, 220049568), Request Type Outpatient/Home, Requesting Provider MEGHAN DUFFIELD-JOHNSON, Request Status In Progress, and Created Date 11/17/2017.

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7013106	ABTAHI, HALEY (02/14/1976, F, 220049568)	Outpatient/Home	MEGHAN DUFFIELD-JOHNSON	In Progress	11/17/2017

After Request Creation

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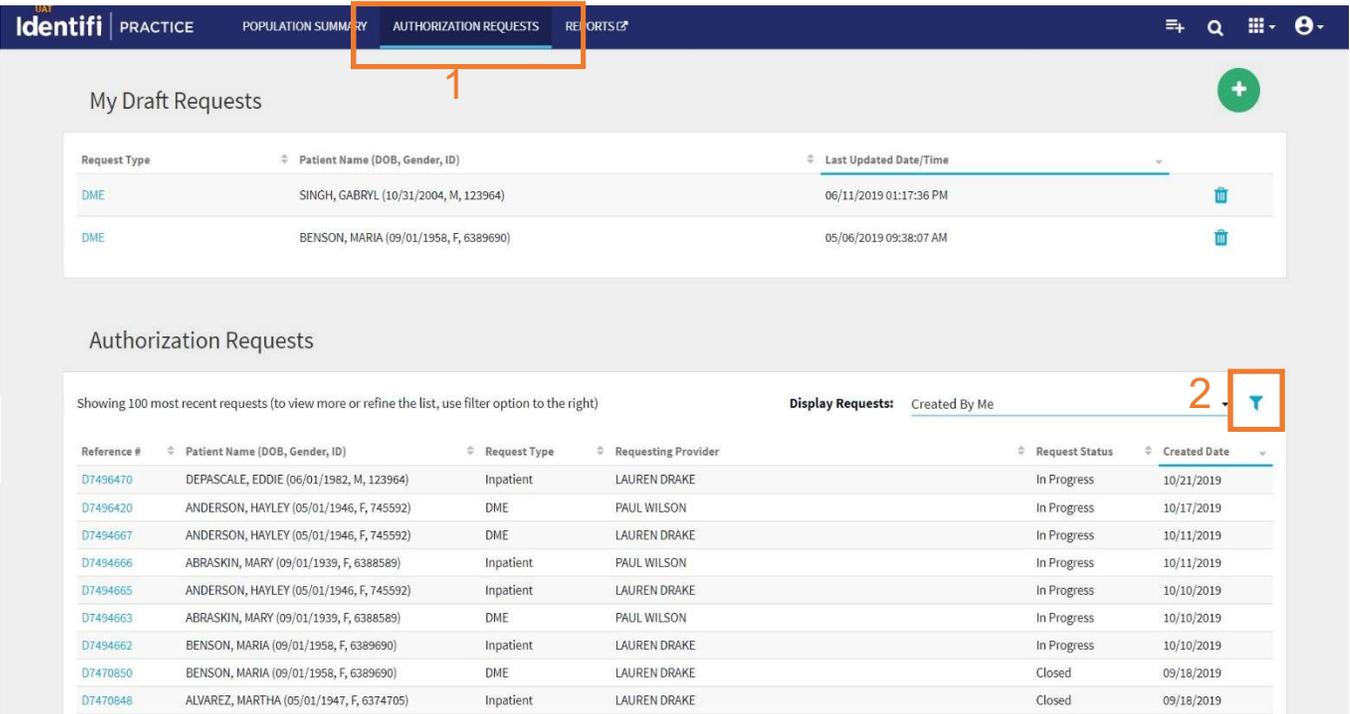
Authorization

Requests

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Search for Authorization Request

1. Go to **Authorization Requests** homepage
2. Click on the Filter  icon

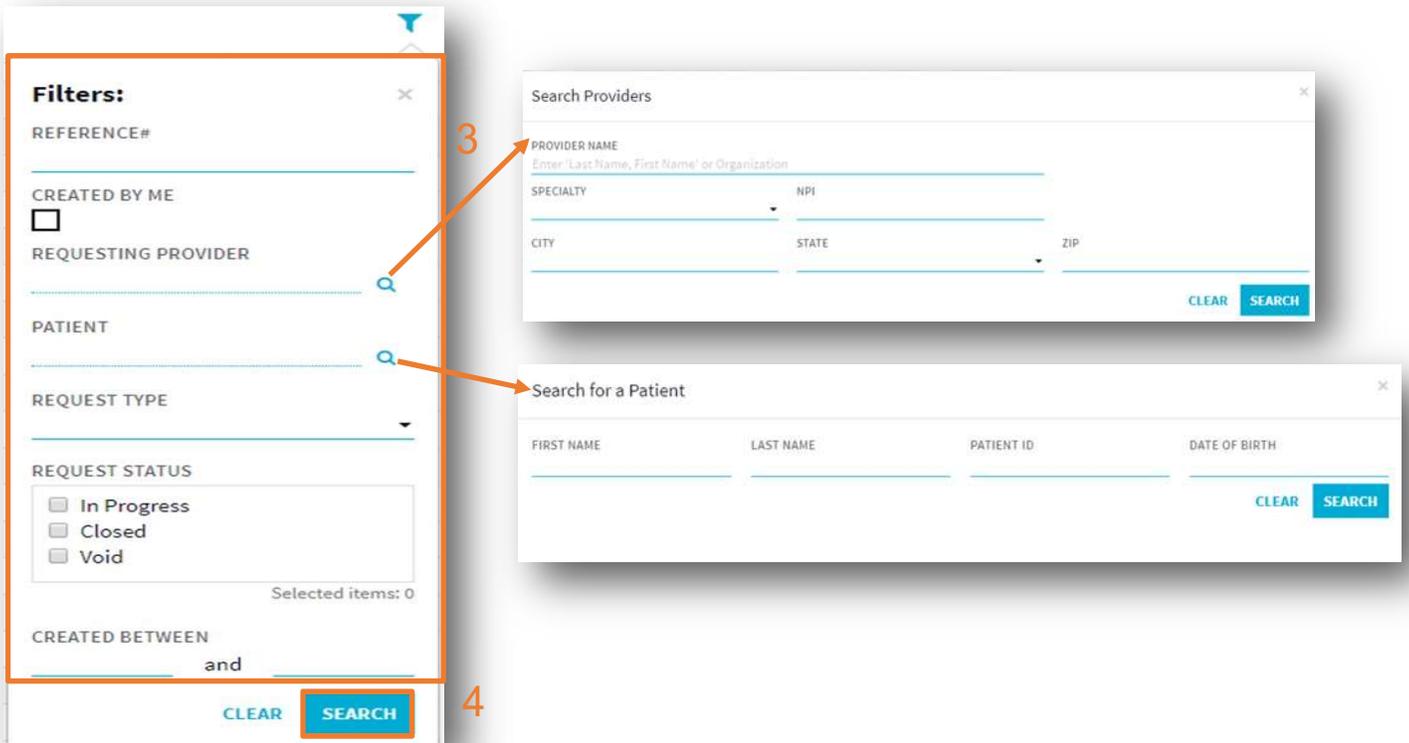


The screenshot shows the 'Identifi' software interface. The top navigation bar includes 'PRACTICE', 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS' (highlighted with a red box and a '1'), and 'REPORTS'. Below the navigation bar, there is a section for 'My Draft Requests' with a table containing two rows of draft requests. Below that is a section for 'Authorization Requests' with a table showing 100 most recent requests. The table has columns for Reference #, Patient Name (DOB, Gender, ID), Request Type, Requesting Provider, Request Status, and Created Date. A red box with a '2' and a filter icon is placed over the 'Display Requests' dropdown menu.

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
DME	SINGH, GABRYL (10/31/2004, M, 123964)	06/11/2019 01:17:36 PM
DME	BENSON, MARIA (09/01/1958, F, 6389690)	05/06/2019 09:38:07 AM

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7496470	DEPASCALE, EDDIE (06/01/1982, M, 123964)	Inpatient	LAUREN DRAKE	In Progress	10/21/2019
D7496420	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	PAUL WILSON	In Progress	10/17/2019
D7494667	ANDERSON, HAYLEY (05/01/1946, F, 745592)	DME	LAUREN DRAKE	In Progress	10/11/2019
D7494666	ABRASKIN, MARY (09/01/1939, F, 6388589)	Inpatient	PAUL WILSON	In Progress	10/11/2019
D7494665	ANDERSON, HAYLEY (05/01/1946, F, 745592)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7494663	ABRASKIN, MARY (09/01/1939, F, 6388589)	DME	PAUL WILSON	In Progress	10/10/2019
D7494662	BENSON, MARIA (09/01/1958, F, 6389690)	Inpatient	LAUREN DRAKE	In Progress	10/10/2019
D7470850	BENSON, MARIA (09/01/1958, F, 6389690)	DME	LAUREN DRAKE	Closed	09/18/2019
D7470848	ALVAREZ, MARTHA (05/01/1947, F, 6374705)	Inpatient	LAUREN DRAKE	Closed	09/18/2019

3. Enter Filter parameters (Ref. #, Req. Provider, Patient, etc.)
4. Click **Search**



The screenshot shows two modal windows. The left window is titled 'Filters:' and contains several filter categories: REFERENCE#, CREATED BY ME (with a checkbox), REQUESTING PROVIDER, PATIENT, REQUEST TYPE, REQUEST STATUS (with radio buttons for In Progress, Closed, and Void), and CREATED BETWEEN. The right window is titled 'Search Providers' and contains fields for PROVIDER NAME, SPECIALTY, NPI, CITY, STATE, and ZIP. Below it is another window titled 'Search for a Patient' with fields for FIRST NAME, LAST NAME, PATIENT ID, and DATE OF BIRTH. Red boxes and arrows highlight the 'Filters:' window and the 'SEARCH' buttons in both search windows.

Search for Authorization Request (Cont.)

5. **Authorization Request** results will display

Authorization Requests

Showing 1 request(s)

Reference#: 7010875 x Created By: Me x Requesting Provider: BENTINGANAN, LES... x CLEAR ALL

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
7010875	BARRETT, MAKAYLA (10/21/1940, F, M0000237800)	Outpatient/Home	LESLIE ANNE BENTINGANAN	In Progress	08/09/2017

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

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

Identifi PRACTICE AUTHORIZATION REQUESTS

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

Reference # D7002252 - In Progress

REQUESTOR NAME: Yoda
REQUESTOR TYPE: Non-Contracted Provider
REQUESTOR PHONE: (800) 980-9808
REQUESTOR EMAIL: Not Provided

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

AOR REQUIRED: Not Provided
ENCOUNTER ID: Not Provided
EMR ACCOUNT NUMBER: Not Provided

Providers

REQUESTING PROVIDER

AMISH PATEL INTERNAL MEDICINE
NPI: 1083938906 • TIN: 311185270
(937) 208-8394 • ONE WYOMING ST, STE NW 3300, DAYTON, OH, 45409-2939
In Network - TIER 1

FACILITY/VENDOR

MIAMI VALLEY - OUTPATIENT PAIN SERVICE PROGRAM GENERAL ACUTE CARE HOSPITAL
NPI: 1073688354 • TIN: 310537504
(937) 208-8000 • 30 E APPLE ST, DAYTON, OH, 45409
In Network - TIER 1

RENDERING PROVIDER: Not Available

Third Party Liability

MOTOR VEHICLE ACCIDENT: No
EMPLOYMENT (WORKER'S COMPENSATION): No
ANOTHER PARTY RESPONSIBLE: No

Diagnoses

Primary	Type	Code	Description
✓		ICD-10 G56.02	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB
		ICD-10 M67.44	GANGLION HAND

Care Notes and Communications for Request

Sort by Date Sort by Type EXPAND ALL COLLAPSE ALL

Edit Authorization Request

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

Note: Predetermination field is not editable after a decision on review

ARC
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TRAINING
Identifi | PRACTICE | AUTHORIZATION REQUESTS

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

Reference # D7002252 - In Progress

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

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

AOR REQUIRED Select AOR Required value
ENCOUNTER Enter Encou

ATTENDING PROVIDER *
BRIAN A. ADAMS - FAMILY PRACTICE PCP
NPI:1013927904
In Network
ADDRESS 1 * 2516 E Dupont Rd
ADDRESS 2
CITY * Fort Wayne STATE * Indiana ZIP 46825-1608
TIN 264213839 PHONE NUMBER (260)-478-5155

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

Third Party Liability
MOTOR VEHICLE ACCIDENT EMPLOYMENT (WORKER'S COMPENSATION) ANOTHER PARTY RESPONSIBLE

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

+ ADD DIAGNOSIS

CANCEL SAVE

PROVIDERS
REQUESTING PROVIDER *
AMISH PATEL - INTERNAL MEDICINE
NPI:1083938906
ADDRESS 1 * ONE WYOMING ST
ADDRESS 2 STE NW 3300
CITY * DAYTON
TIN 311185270

Edit Review

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

Note: Reviews with decisions are not editable

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

SOURCE Web
REVIEW RECEIVED DATE/TIME * 08/01/2017 04:55 pm
REVIEW TYPE * Extension
REVIEW PRIORITY *
RECEIPT OF COMPLETE CLINICAL REVIEW

Bed Type
BED TYPE FOR REQUESTED Days FOR REQUESTED

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

SOURCE Mail
REVIEW RECEIVED DATE/TIME * 08/02/2017 11:35 am
REVIEW TYPE * Extension
REVIEW PRIORITY * Routine
RECEIPT OF COMPLETE CLINICAL REVIEW

Procedure
PROCEDURE DESCRIPTION *

MODIFIER 1 Select MODIFIER 2 Select

REVENUE DESCRIPTION
BILLED AMOUNT

Add Additional Reviews

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

ADD REVIEW ▾

Add Procedure

Add Inpatient Days

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

Review : Aug 10, 2017 - New
Bed Type:

SOURCE *	REVIEW TYPE *	REVIEW PRIORITY *
Web	Select	Select
REVIEW RECEIVED DATE/TIME *	RECEIPT OF COMPLETE CLINICAL REVIEW	
Bed Type	FOR REQUESTED TYPE	TO START ON *
BED TYPE	Days	
	FOR REQUESTED LOS *	THRU DATE *
	○	○

Add Care Note (Optional)

Upload Received Document (Optional)

CANCEL SAVE

ARC

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Add Care Note

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

EDIT ACTIONS ▾

ADD CARE NOTE

ADD COMMUNICATION

Add Care Note for UNDERHILL, LOGAN

ACTIVITY DATE *	ACTIVITY CATEGORY *	ACTIVITY ACTION
09/14/2017 03:43 pm	Select Activity Category	Select Activity Action
ACTIVITY WITH	RESPONSE	TIME SPENT ON ACTIVITY
Select Activity with	Select response	hour(s) minute(s)

CARE NOTES

SIGNATURE

CANCEL SAVE

Reference

IdentifiSM

Practice

Authorization

Requests

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HEALTH 

REFERENCE A

Inpatient Request Build Reference

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

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

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

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

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

*Review Priority—Urgent = Expedited (current terminology)

*Review Escalation=Courtesy Expedited (current terminology)

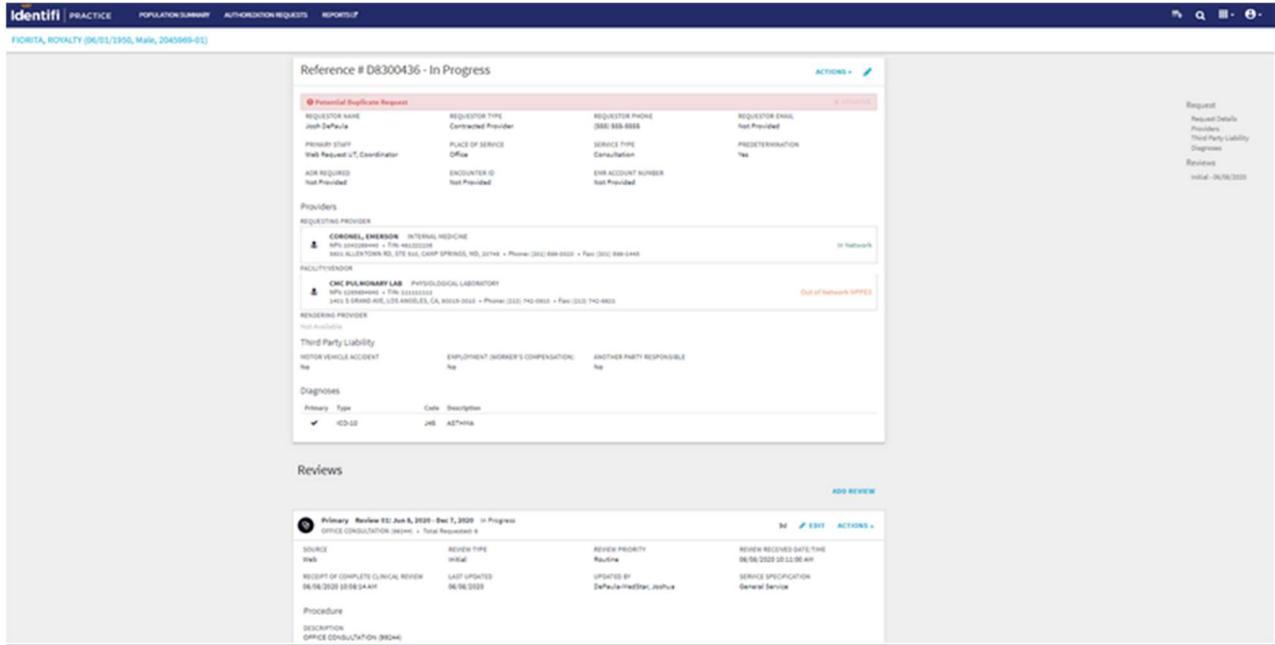
* Additional Inpatient Stays—create a new review (not adding Service Extensions)

* PT, OT—will add a new Request

REFERENCE B

Print “Request Details Page”

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



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



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

Ref
B