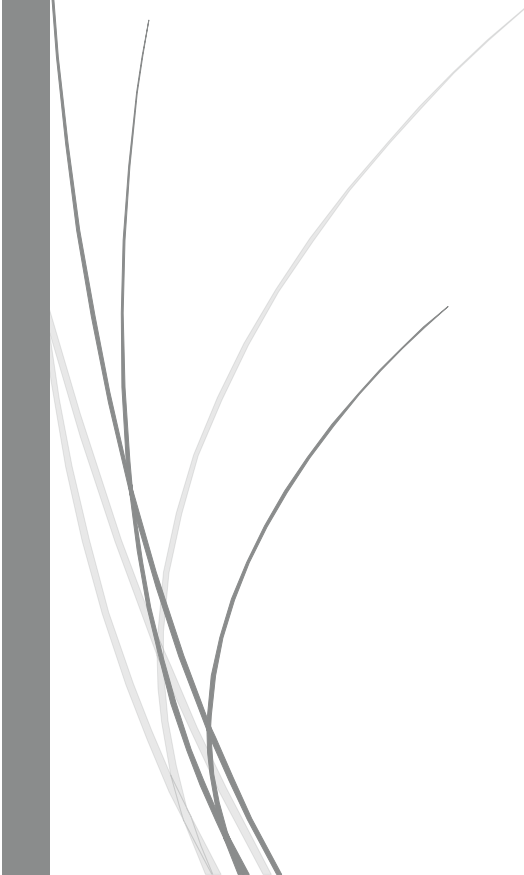




## Secure Provider Portal Reference Guide

### EpicCare Link



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## Getting Started

EpicCare Link is an online portal where Providers can access clinical or managed care data. By granting Network Providers and other Users access to Epic over the web the amount of paper authorizations, manual claim status requests, and customer service calls are reduced. Receiving this data electronically allows Users to spend less time transcribing them into Epic!

## Terms and Conditions

All healthcare personnel have a legal obligation to protect patient information. In fact, with very few exceptions, essentially all patient information is considered highly confidential. In general, no employee should look up patient information, including relatives, without a job-related reason or disclose patient information without proper authorization.

All jobs or roles must be evaluated to determine what Protected Health Information (PHI) access is required. If you do not have a job-related reason to access PHI, you must not access it. Access includes PHI that is on paper, in electronic form and spoken verbally.

**As a portal User, you are required to review, agree upon and adhere to the Terms and Conditions. Site Admin Users are responsible for ensuring portal Users are not viewing patient information without a job-related reason. Access to the Secure Provider Portal is monitored by our Protenus system. Inappropriate use of the portal will result in corrective action from the health plan, which will include outreach from the health plan to determine appropriate use or misconduct.**

Please ensure you are only accessing information needed to complete your job responsibilities.

- Accessing your child or relatives eligibility
- Accessing your child or relatives claims
- Accessing your child or relatives medical records
- ***Using your child or relative to train yourself or others on the portal***

Patients and Families can access their information via the [myCookChildren's](#) patient portal.

### Compatibility:

The Secure Provider Portal is compatible with Microsoft Edge and Chrome. If you are not using one of these web browsers, please switch as soon as possible.

### New Account Requests

Check with your office or practice manager to ensure you do not already have portal access established for the office

- Site Administrators will determine the type of access to request
  - If the office has established access, request the Site Administrator (Site Admin) for your office to submit your access request
- If the office has not established access the office or practice manager should select a Site Admin
  - Each Office/Group/Practice must have a Site Admin
  - You may have more than one Site Admin
  - The Site Admin User is responsible for maintaining the Users associated with the Office/Group/Practice such as adding new Users and deleting Users who are terminated or resigns
- Access requests received from individuals not listed as a Site Admin will be denied

### Adding a New User and a New Site (new Tax ID)

Site Administrators will use this option when requesting initial access for the office to the Secure Provider Portal.

- From the initial login screen, click **Request New Account**

powered by **Epic**

**CookChildren's**  
Health Plan

User ID  
\_\_\_\_\_

Password  
\_\_\_\_\_

**LOG IN**

[Forgot password?](#)


[Request New Account](#)

*For login issues, please call the Provider Hotline at 888-243-3312*

- If you select **Request New Account** you MUST select create a New Site
  - Choose the first option to add a new Health Plan Account
- DO NOT select add Users to an existing site


✱ New Account Request

If you need to create a new site with multiple users...


 [Request access for a new Health Plan portal account](#)

Health Plan Account


If you need to add users to an existing site...

 [Request access for a new Provider or Advanced Practice Provider](#)


Physician or Advanced Practice Provider (HP)

 [Request access for a new clinical staff member](#)


Clinic RN or LVN, RN Case Manager or Social Worker (HP)

 [Request access for a new non-clinician](#)

Non-Clinical User (HP)

 [Request access for a new user from an Out of Network Provider/Organization](#)

Out of Network Providers/Organization (HP)

 [Request access for a new user from CareNet Healthcare](#)

CareNet Healthcare (HP)

- Fill in your Site information including your Tax ID in the comments field

Health Plan Account

1. Site Information 2. Users 3. Verification

**Site Information**

☐ Non-U.S. credentials

Site name:

Phone:  Fax:

Site NPI #:

**Address**

Address:

City:

State:  ZIP:

County:

Country:

**Other**

PLEASE ENTER YOUR ORGANIZATION'S TAX ID NUMBER WITHIN THE COMMENTS SECTION

Comments:

- Add User
  - The Site Admin will add themselves
    - The Site Admin should select the appropriate level of access needed for the User to perform the functions of their job



[New Account Request](#) ▶ [Health Plan Account](#) ▶ [Users](#) ▶ [Add User](#)

Please choose one of the following options to add a user to your site



Physician or Advanced Practice Provider (HP)

[Request access for a new Provider or Advanced Practice Provider](#)



Clinic RN or LVN, RN Case Manager or Social Worker (HP)

[Request access for a new clinical staff member](#)



Non-Clinical User (HP)

[Request access for a new non-clinician](#)



Out of Network Providers/Organization (HP)

[Request access for a new user from an Out of Network Provider/Organization](#)




CareNet Healthcare (HP)


[Request access for a new user from CareNet Healthcare](#)

- Not all Users will need Clinical access
  - Since we are an integrated Health System, anyone with clinical access will have access to clinical information for Cook Children's Health Plan Members and Cook Children's Healthcare System patients
- If selecting the Provider/Advanced Practice Provider please note the User Name must match the name associated with the National Provider Identifier (NPI)
  - If the NPI does not match the User Name, the request will be denied

**User Information**

 Name [Last,First]:

**Basic Information**

 Work e-mail:  Work phone:

User Address: Address:


City:

State:  ZIP:

County:

Country:

**Associated Providers: List the providers this user works with**

 Provider name:

**Other**

Comments:

**Site Administrator**

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

☐ Make this user a site administrator

- Complete the required data elements for the User
  - The field requirements vary depending on the User's role
  - The Site Admin should enter each NPI the User should be linked to in the Comments field
  - At least one User must be marked as the Site Admin or the request will be denied
  - Each User should have a unique business email address
    - Users with email addresses for Yahoo, Hotmail and Gmail will not be approved
    - The User will receive their User ID and temporary password via Secure email to the email address they were registered with
- We do not recommend offices share email addresses

- Click **Accept**
- Print the confirmation page

[New Account Request](#) > [Confirmation](#)

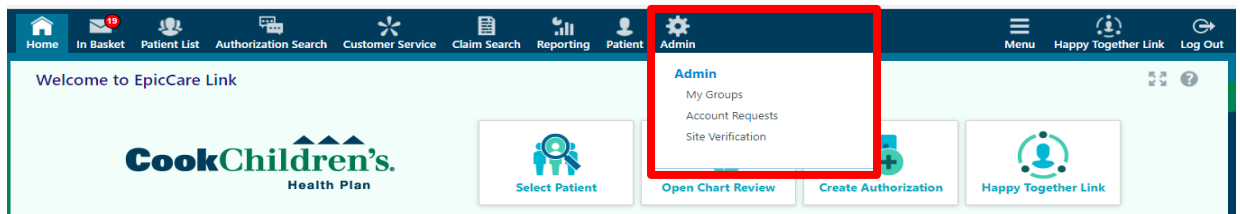
Reference #: 60890

**Thank You for Submitting Your Account Request**

Please print this page as your account request confirmation. It can take 3 to 5 business days for our administrators to review your information, and we may contact you if we have additional questions. Once complete, you will receive your access information via email. Once you receive your username and password, there will be a URL in the email where you can login with your credentials. You will be prompted to change your password the first time you log in. Be sure to set your challenge questions in case you forget your password.

## Adding a New Site (Tax ID) with Existing Users


- Site Admin Users should login to the Secure Provider Portal and click on the **Admin** tab on the homepage




- The Site Admin User must submit this request using the Admin function
  - Do not submit this request from the Request New Account link on the initial login screen
- Select the Account Requests tab, and click + Request New Account



- Select the first option, Health Plan Account

 **New Account Request**


If you need to create a new site with multiple users...



Health Plan Account


[Request access for a new Health Plan portal account](#)

If you need to add users to an existing site...




Physician or Advanced Practice Provider (HP)

[Request access for a new Provider or Advanced Practice Provider](#)




Clinic RN or LVN, RN Case Manager or Social Worker (HP)

[Request access for a new clinical staff member](#)



Non-Clinical User (HP)

[Request access for a new non-clinician](#)



Out of Network Providers/Organization (HP)

[Request access for a new user from an Out of Network Provider/Organization](#)

- Complete the new Site information, including the Tax ID in the comments field and click **Next**

New Account Request > Health Plan Account

1. Site Information 2. Users

**Site Information**

☐ Non-U.S. credentials

**Site name:**

**Phone:**  **Fax:**

**Site NPI #:**

**Address**

**Address:**

**City (or ZIP):**

**State:**  **ZIP:**

**County:**

**Country:**

**Other**

**PLEASE ENTER YOUR ORGANIZATION'S TAX ID NUMBER WITHIN THE COMMENTS SECTION**


**Comments:**

- Add User
  - The Site Admin will add themselves
    - The Site Admin should select the appropriate level of access needed for the User to perform the functions of their job


My Groups
Account Requests
Site Verification

✦ New Account Request
Health Plan Account
Users
Add User


Please choose one of the following options to add a user to your site


  
Physician or Advanced Practice Provider (HP)


Request access for a new Provider or Advanced Practice Provider


  
Clinic RN or LVN, RN Case Manager or Social Worker (HP)


Request access for a new clinical staff member


  
Non-Clinical User (HP)

Request access for a new non-clinician


  
Out of Network Providers/Organization (HP)

Request access for a new user from an Out of Network Provider/Organization



- The Site Admin will enter each current User ID that should be associated with this New Tax ID in the Comments field
- Check the Make this user a site admin box
- Click **Accept**

My Groups Account Requests Site Verification

New Account Request Health Plan Account Users Add User Non-Clinical User (HP)

**User Information**

Name [Last,First]:

**Basic Information**

Work e-mail:  Work phone:

User Address: Address:

City (or ZIP):

State:  ZIP:

County:

Country:

**Other**

Comments:

**Site Administrator**

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

☐ Make this user a site administrator

- Print the confirmation page

New Account Request Confirmation

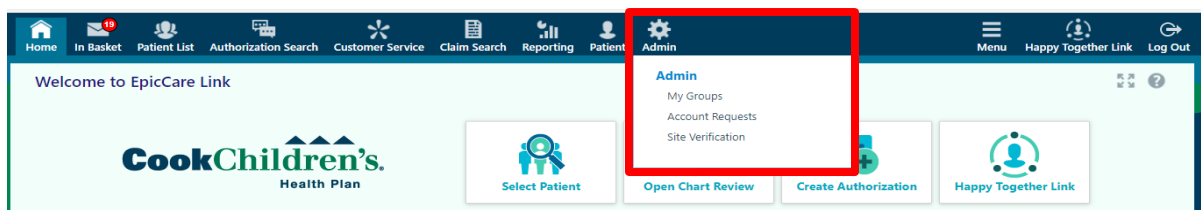
Reference #: 60890

Thank You for Submitting Your Account Request

Please print this page as your account request confirmation. It can take 3 to 5 business days for our administrators to review your information, and we may contact you if we have additional questions. Once complete, you will receive your access information via email. Once you receive your username and password, there will be a URL in the email where you can login with your credentials. You will be prompted to change your password the first time you log in. Be sure to set your challenge questions in case you forget your password.

## Adding a New User to an Existing Site

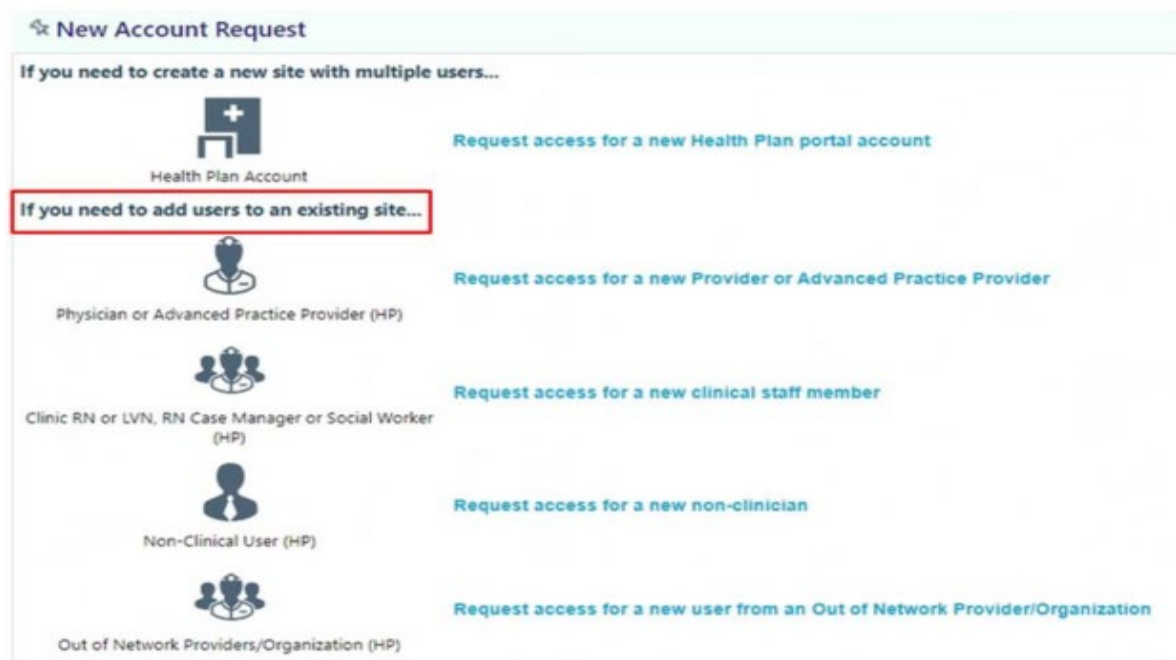
- Site Admin Users must login to the Seucure Provider Portal and click on the **Admin** navigation tab on the homepage



- Do not submit this request from the Request New Account link on the initial login screen
- Select the Account Requests tab, and click + Request New Account



- You will be able to submit one User per request at a time
- Select the type of User you are requesting access for



- Site Admin's should select the appropriate level of access needed for the User to perform the functions of their job
  - Not all Users will require clinical access
  - Since we are an integrated Health System, anyone with clinical access will have access to clinical information for Cook Children's Health Plan Members and Cook Children's Healthcare System patients



- If selecting the Physician or Advanced Practice Provider (HP)APP please note the User Name must match the name associated with the National Provider Identifier (NPI)
  - If the NPI does not match the User Name, the request will be denied
- Complete the required data elements for the User
  - The field requirements vary depending on the User's role

My Groups Account Requests Site Verification

★ New Account Request ▶ Clinic RN or LVN, RN Case Manager or Social Worker (HP)

**User Information**

❗ Name (Last,First):

**Site Information**

❗ User group:

**Basic Information**

❗ Work e-mail:  Work phone:

User Address: Address:

City (or ZIP):

State:  ZIP:

County:

Country:

**Associated Providers: List the providers this user works with**

⚠ Provider name:

**Other**

Comments:

**Site Administrator**

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

☐ Make this user a site administrator

- Indicate if the User should be a Site Administrator
  - If yes, check the box
  - If no, leave the box blank
- Click **Submit Request**

**Other**

Comments:

**Site Administrator**

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

☒ Make this user a site administrator

- Print the confirmation page

[New Account Request](#) > [Confirmation](#)

Reference #: 60890

**Thank You for Submitting Your Account Request**

Please print this page as your account request confirmation. It can take 3 to 5 business days for our administrators to review your information, and we may contact you if we have additional questions. Once complete, you will receive your access information via email. Once you receive your username and password, there will be a URL in the email where you can login with your credentials. You will be prompted to change your password the first time you log in. Be sure to set your challenge questions in case you forget your password.

## Site Verification

The Site Admin has the ability to view the list of Secure Provider Portal Users for the office/group.

- Login and select the Admin navigation tab from the homepage
- Click the **Site Verification** tab
  - View list of site(s)/group(s) on the left side bar
  - You can choose to activate or deactivate a User

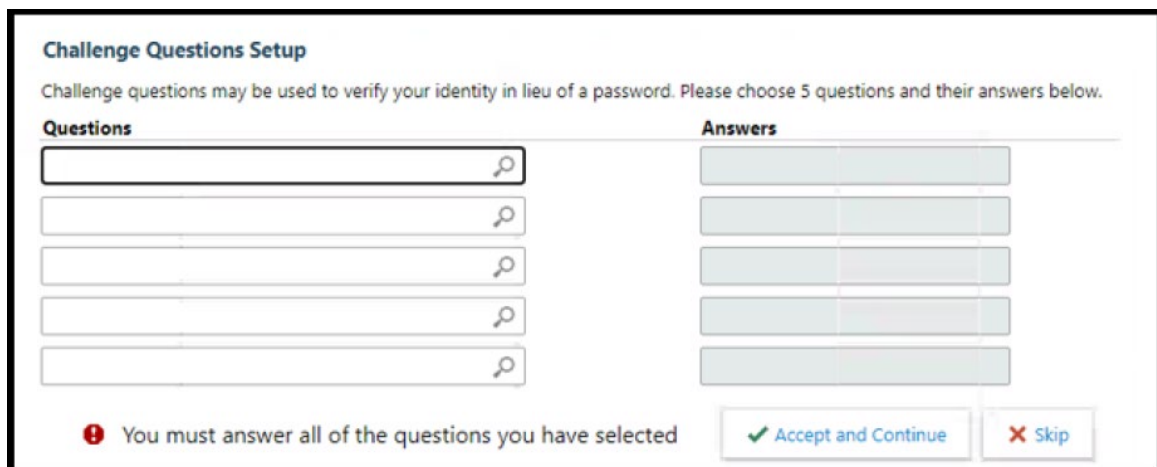
My Groups Account Requests Site Verification								
Site Verification								
Groups								
CCHP 180 Medical Inc - HP Portal Users - Patien...								
CCHP A to Z Pediatric Therapy - HP Portal Users...								
CCHP Monkey Mouths, LLC - HP Portal Users - ...								
CCHP A to Z Pediatric Therapy - HP Portal Users - Patients								
Users who can log into EpicCare Link								
Active	Name	Login ID	Provider	Email	Phone	Address	Last Login	
Yes No	Gu, Hp Tap Link ...	GUHPTAPLINK	No				10/15/2021 4:0...	

## Logging in to EpicCare Link for the First Time

- Navigate to [cookchp.org](http://cookchp.org), select the Provider's tab, select Secure Provider Portal
- Enter the User ID and password that you received for the Secure Provider Portal
  - Each User will receive his/her own unique login
- You may be required to verify via 2 Factor Authentication
  - Click the **Remember Me** checkbox for the system to remember you for 30 days
    - Please note this check box only works if you are using the same browser

## Challenge Questions Setup


- Upon logging in for the first time the User will be promoted to answer five challenge questions





**Challenge Questions Setup**

Challenge questions may be used to verify your identity in lieu of a password. Please choose 5 questions and their answers below.

Questions	Answers
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

 You must answer all of the questions you have selected

- Although the User can choose to "skip" the challenge questions we recommend the User complete the set up so that the User is able to reset the password should it be forgotten
- If the User chooses to "skip" the challenge questions set up the User will be prompted to answer them each time they log in until it has been completed
- Once the Challenge Questions have been set, the User can update them by clicking on Menu, User Setting, Challenge Questions

The screenshot shows the 'User Settings' page in the EpicCare Link system. It is divided into several sections: 'User Settings', 'Event Monitor Settings', and 'About'. Under 'User Settings', there are links for 'Change Password', 'My Demographics', 'Challenge Questions' (highlighted with a red box), and 'Reset Additional Authentication'. To the right, there are links for 'Patient Selection Preferences', 'Set Default Page', and 'Notification Preferences'. The 'Challenge Questions' link is highlighted with a red rectangular box.

- Once the challenge questions are set, if the User forgets their password, they can click "Forgot password?" on the EpicCare Link login page to reset it

## Reviewing the Secure Provider Portal Homepage

The Secure Provider Portal Homepage provides an overview of the application. It displays quick links to other documents and buttons to take you to your most frequently used activities.

- The main toolbar takes you to multiple activities
- Speed buttons allow you to access and view specific patient information; as well as create or review authorizations
- Reporting provides Users access to Membership, Claims and Authorizations reports
- Quick Links provide resource information that will help you as you use EpicCare Link

*Additional items: such as newsletters and webcast, may be found on the homepage from time to time.*

## Navigating in EpicCare Link

While logged in to EpicCare Link, navigation tools are available to assist Users while moving around the system. Some of the tools are only available within a specific activity.

**Navigation Tabs:** These tabs are found on the main toolbar. Use these tabs to open various activities in EpicCare Link. Each tab contains one or more related activities. When you click a tab, the default activity for that tab opens.


- **Home:** Takes the User back to the Homepage


- **In Basket:** Epic's task management system used to securely send and receive Customer Service messages
- **Patient List:** Displays a list of all patients the User has access to based on a claim, authorization, or Primary Care Provider relationship with the patient. The User will have access to all patients for which their entire organization has a relationship with, based on Tax ID and NPI
- **Authorization Search:** Allows the User view authorizations for the Providers they are linked to based on Tax ID and NPI
- **Customer Service:** Allows you to send secure messages and forms directly to Cook Children's Health Plan
- **Claims Search:** Allows the User to view claim information and status for Providers they are linked to based on Tax ID and NPI
- **Reporting:** Allows Users to access the dashboard, run reports, view the results of their reports and export the reports to excel

CCHP Tapestry Link Reports <span>ⓘ ⋮</span>		
Report Name	Results	Status
CCHP Tapestry Link - AP Claims		Ready to run
CCHP Tapestry Link - Disease Management Notification Report		Ready to run
CCHP Tapestry Link - Members		Ready to run
CCHP Tapestry Link - Prior Authorization		Ready to run

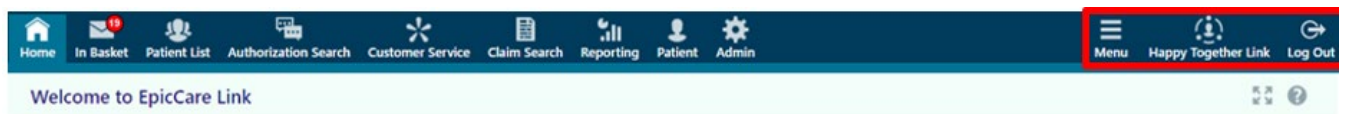
- **Patient:** Once you open a patient, this will show you the patient's record you are currently viewing
- **Admin:** Allows Site Administrators to perform administrative actions like handling account requests and maintaining Users

- To deactivate a User the Site Administrator will select Admin from the homepage, My Groups, locate the User Name and select the red minus sign to deactivate the User

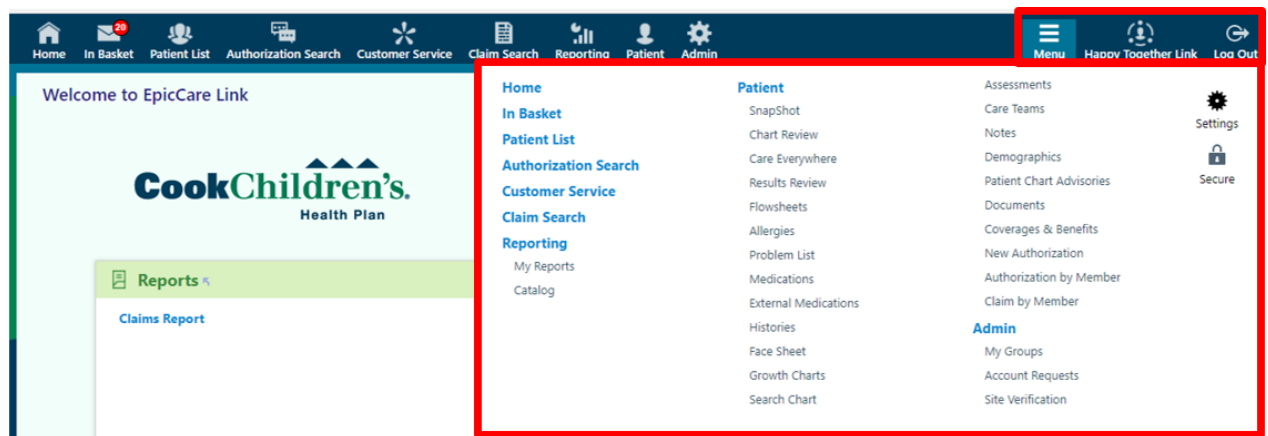
Tapestry, Generic Pcp Test Provider, MD	(No Access)	Yes	No	 Deactivate
--	-------------	-----	----	--

 Deactivate

**Action Options:** Use these buttons, located on the top right of the screen, to see all of your available activities, view the Happy Together Link or to log out.

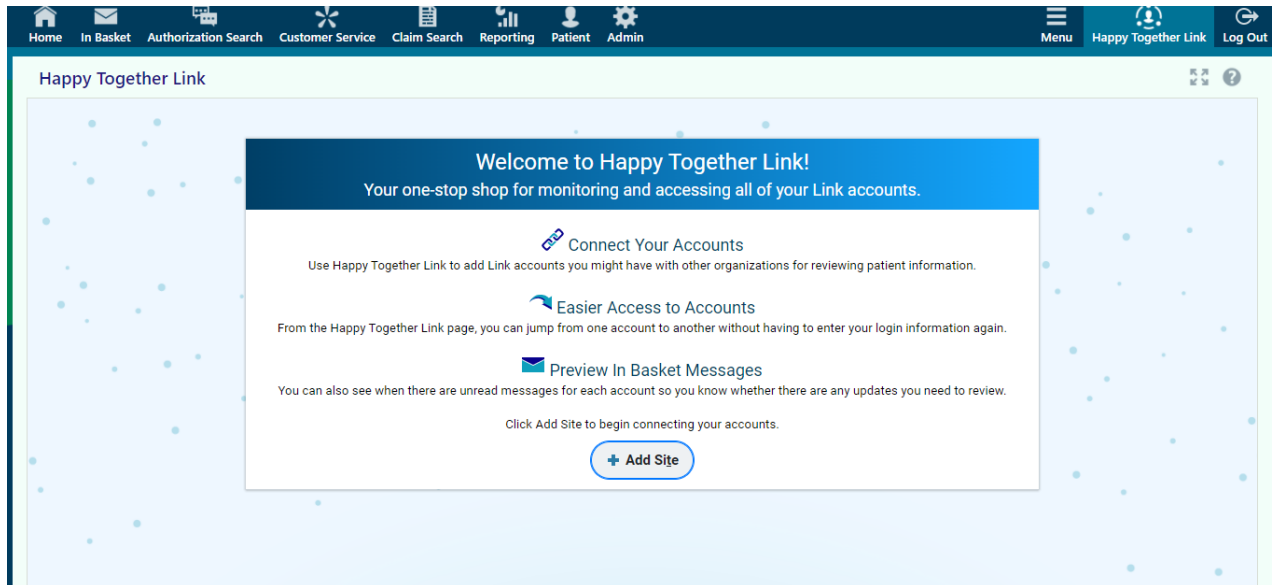


- **Menu:** Use this menu to open the various activities that are contained in the selected navigation tab.



- **Happy Together Link:** Use this to access all your Link accounts.





- **Log out:** Use this to log out of the Secure Provider Portal.

**Speed Buttons:** Users can also navigate the Secure Provider Portal by using the Speed Buttons on the homepage.

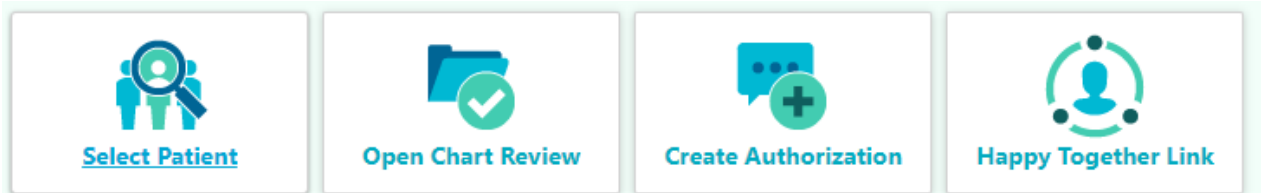
- **Select Patient:** This activity allows the User to select a patient's chart from a list of current patients and takes the User to the patient's SnapShot
- **Open Chart Review:** This activity takes the User directly to Chart Review after selecting a patient
  - Note: Not all Users will have access to the Member's chart
- **Create Authorization:** This activity allows the User to create an authorization after selecting a patient
- **Happy Together Link:** This activity allows Users to access all of their EpicCare Link, Tapestry Link, and Healthy Planet Link accounts from one location
  - Users who have Link accounts with more than one organization can log into one of those Link accounts and access their other Link accounts from the Happy



Together Link activity without having to reenter multiple usernames and passwords

### Adding a Link account to Happy Together Link

- Click the Happy Together Link speed button from the homepage



- Open the activity for the first time
  - Users will see a welcome message with information about how to use Happy Together Link
- Search for the Organization Name, website name, or postal code that hosts the website
- Click the account from the search results that will open a separate window
  - Users will be prompted to enter account credentials for that website
  - After logging into the website to verify your credentials, the account is added to the Happy Together Link activity
  - Users will be able to quickly access their linked accounts within Happy Together Link going forward without needing to enter your credentials again
- Note: If you have trouble locating the organization you are searching for you will need to contact that organization for trouble shooting

## Accessing Patient Charts

### Selecting a Patient already on the Patient List tab

Patients that have been previously accessed by a User in EpicCare Link, had eligibility verified or have a claim or authorization submitted by the Provider office will display on the Patient List tab based on the User/Provider's associated Tax ID.

- Click Patient, Patient List or the Select Patient speed button to navigate to the **My Patients** tab
- **My Patients** is sorted in alphabetical order by last name making it easy to locate the patients on your list
  - If you have access to many patients, your patients might appear on more than one page
  - To search for a patient on your list, enter the patient's name (last name, first name) in the **Name or MRN** field
  - Once the patient is located, click a patient's name to open the record

Patient Name	MRN	Patient Status	Sex	DOB	Street Address	SSN	Phone
Ambulatory, Abraham	202428	Alive	M	8/5/1956	157 Maple Street, Madison WI 53706	xxx-xx-3071	608-213-5806
Benefits, Chip Fifteen	M2034001	Alive	F	9/14/2005	750 8th Ave, FORT WORTH TX 76104	xxx-xx-8561	817-123-4567
Sai, Cherie	M2033149	Alive	F	4/5/2011	4567 Price Place, FORT WORTH TX 76104	xxx-xx-4900	
Sai, Leigh	M2033160	Alive	F	5/1/2012	1717 Brown Bend, FORT WORTH TX 76104	xxx-xx-6000	214-111-1111
Tapestry, Ayaz	M2033254	Alive	M	12/3/2007		xxx-xx-5456	
Tapestry, Ayaza	M2033322	Alive	M	12/3/2014	555 W ada, FRISCO TX 75033	xxx-xx-3137	
Tapestry, Testthree	M2032686	Alive	F	1/1/1990	1000 Disney Dr, Fort Worth TX 76177		214-111-1111

- You can select **Additional Search Criteria** and enter a partial first and last name or search by sex, SSN and date of birth to Search My Patients

- If a match is found, the system will prompt you to review the search results and choose the appropriate patient

%	Patient Name	MRN	Patient Stat...	Sex	DOB	Street Address	SSN	Phone
84.92	Tapestry, Ayaz	M2033254	Alive	M	12/3/2007		xxx-xx-5456	
84.92	Tapestry, Ayaza	M2033322	Alive	M	12/3/2014	555 W ada, FRISCO TX 75033	xxx-xx-3137	
79.21	TapestryTestAP, BE Benefit Carryover A AP	M2034571		F	3/3/2013		xxx-xx-1152	
80.87	TapestryTestBC, AP Corrected claims B BC	M2034392	Alive	M	7/7/2016	123 w deer, ARLINGTON TX 76017	xxx-xx-1165	

## Viewing Primary Care Patients

Primary Care Providers can view a list of their Primary Care Patients via the **Patient List** activity.



- Click the dropdown arrow in the **Filter by PCP** field and select the Provider's name

**Patient List (14 patient records)**

Refresh

Filter by PCP:

Patient Name	MRN	Patient Status	Sex	DOB	Street Address
Ambulatory, Rafe	202438	Alive	M	10/10/1950	134 Elm Street, Madison WI 53706
Brown, Snoopy	203632	Alive	M	4/25/2010	5678 Charlie Way THIS IS AN EDIT, Fort Worth TX 76104
External, Echo	M1002043	Alive	F	1/11/2012	1234 Orchards Blvd, Cleburne TX 76033
Muppet, Animal	M1001618	Alive	F	7/11/2010	
Muppet, Nicole	M1002062	Alive	F	11/1/2002	32 Happy, TULSA OK 74106
Referrals, Cashew	M1001512	Alive	F	5/24/2010	750 8th Ave, Fort Worth TX 76104
Tapestry, Aaron	202565	Alive	M	2/1/1982	123 WONDER WAY, MADISON WI 53717
Tapestry, Carter	M1001984	Alive	M	1/2/2015	155 However rd, Southlake TX 76092
Tapestry, Dan	202571	Alive	M	3/27/2010	900 test, DE FOREST WI 53532
Tapestry, McNv	M1002066	Alive	M	1/10/2013	
Tapestry, Paul	M1001604	Alive	M	5/23/2009	1234 Anywhere St, Ft. Worth TX 76036
Taptraining, Allison	M1001725	Alive	F	8/20/2007	6514 Walter Blvd, DALLAS TX 75222
Taptraining, Frank	M1001903	Alive	M	10/22/2013	2444 Hallow Way, DALLAS TX 75222
Taptraining, Kristen	M1002069	Alive	F	12/12/2002	

Filter by PCP: Andrew Rutherford, Obinna Uzowulu, Pharmacist Tapestry, Physician Epiccare Link, MD, Steven Reiman, Tanya Pletin

- Once the list has been filtered, the list will only show the Primary Care Patients for that Provider

**Patient List (1 patient records)**

Refresh

Filter by PCP: Physician Epiccare Link, MD

Patient Name	MRN	Patient Status	Sex	DOB	Street Address
Brown, Snoopy	203632	Alive	M	4/25/2010	5678 Charlie Way THIS IS AN EDIT, Fort Worth TX 76104

## Locating a Patient Not Found on the My Patients tab

If a Patient does not appear on the **My Patients tab** or the **Patient List**, the User can search for the patient by clicking **Search All Patients** located on the bottom of the page.



- To gain access to the patient, enter one of the following sets of data for the patient:
  - Name, DOB and Sex
  - Medicaid ID and Name
  - Medicaid ID and DOB



Search My Patients



Search All Patients



To gain access to a patient/member, fill out either the **Name, DOB, and Sex**, OR the **Medicaid ID + either the Name or DOB**. Enter additional information for a more accurate match.

To comply with the Terms & Conditions of Use, you should only access a medical record as part of your job-related responsibilities. MyCookChildren's patient portal is available and should be used if you want to access your child's medical information.

#### Patient Select

Name (Last, First):

taptraining, frank

Sex

Male

Birth date (mm/dd/yyyy):


10/22/2013


Last 4 digits of SSN:

Medicaid ID/MRN:



ZIP Code

 Search



 Clear



- Click **Search**
- Verify that the correct patient has been located
  - If the correct patient has not been found, click **Cancel** and modify your search criteria
- Click **Select**
- To gain access to the patient, enter a reason for accessing the patient must be entered
  - You will not be able to proceed without a reason

? **Patient Select Confirmation**

To gain access to this patient/member, click the Accept button. In the "Reason" field at the bottom of the bottom of the page, please select your relationship to the patient. If none of the relationships apply, please enter a description in the "Comment" field.

**Tapestry, Ayaza - M2033322**

 Born 12/3/2014  
6 y.o. Male  
 555 W ada  
FRISCO Texas 75033

SSN: xxx-xx-3137  
 No phone numbers on file  
 No e-mail address on file

Reason

Comment

Title	Number
Access Needed by Patient's PCP	1
Emergency Care	2
Hospital Care Team	4
Other (please specify)	5
Referring Physician	3
Transport Team	6


- Click **Select**
  - Users with clinical access will be able to view the **Snapshot**

## Patient SnapShot

From the **Snapshot**, you can review available clinical information on file for the Member; including recent visits and medication.

- Only Users with Clinical access will be able to view this clinical data
  - The Site Admin determines who should have clinical access
    - A User should only have clinical access if it is needed to perform the functions of their job

## Clinical View



**Snoopy Brown**  
Male, 9 y.o., 4/25/2010  
MRN: E3925  
Preferred Language: Spanish

Search Chart

Physician Epiccare Link, MD  
PCP - General

**ALLERGIES**  
Shellfish Derived  
Latex

**Active Treatment/Therapy Plans**

**ACCESS ENDS**  
(Never)

Change patient

**SnapShot** | Chart Review | Care Everywhere | Results Review | Flowsheets | Allergies | Problem List | Medications | Histories

**Patient Snapshot**

Patient Snapshot | Plan of Care | Immunizations | Asthma Action Plan

No other patient care team members

Recipients of Past 8 Communications

Encounter	Physician	Date	Channel
Office Visit - 1/6/2020	Physician Epiccare Link, MD		Mail
Office Visit - 10/2/2019	Snoopy Brown		MyChart
Hospital Encounter - 8/8/2019	Physician Epiccare Link, MD	11/6/2019	Mail
Hospital Encounter - 6/6/2019	Tamara Hayward, MD	8/9/2019	In Basket
Hospital Encounter - 4/17/2019	Tamara Hayward, MD	5/15/2019	In Basket
Telephone - 12/14/2018	Tamara Hayward, MD		In Basket
Orders Only - 4/18/2018	Paul S. Thornton, MD	4/18/2018	Fax
Office Visit - 3/13/2017	Snoopy Brown	Pending	Mail

**Problem List**

**Hospital**  
Abdominal pain

**Non-Hospital**  
Encounter for routine child health examination without abnormal findings  
Infliximab (Remicade) long-term use  
Bilateral intra-abdominal testicle  
Anxiety  
Mass in neck  
ADHD, predominantly inattentive type  
Lymphoma malignant, large cell (CMS/HCC)


**Medications (Admitted on 12/11/2019)** [Prior Authorizations](#)

**Hospital Medications**  
acetaminophen (TYLENOL eq.) liquid 10 mg/kg (Dosing Weight) (MAR Hold)  
cefazolin (ANCEF eq.) 100 mg/ml injection 25 mg/kg (Dosing Weight) (MAR Hold)  
morphine 1 mg/mL injection 0.05 mg/kg (Dosing Weight)

**Outpatient Medications**  
acetaminophen (TYLENOL) 100 mg/mL solution  
albuterol HFA 90 mcg/actuation inhaler  
loratadine (CLARITIN) 5 mg/5 mL syrup  
methylphenidate ER (CONCERTA) 18 mg 24 hr tablet

**Immunizations/Injections**  
DTaP 5/22/2016, 4/27/2015  
DTaP 5 3/4/2018, 7/12/2017  
Influenza Preservative Free 4/11/2017, 3/14/2017

## Non-Clinical View




**Snoopy Brown**  
Male, 10 y.o., 4/25/2010  
MRN: 203632

Physician Epiccare Link,  
MD  
PCP - General

**ALLERGIES**  
Shellfish Derived  
Latex  
Active Treatment/Therapy Plans

**ACCESS ENDS**  
(Never)

 Change patient

**Demographics** Documents Coverages & Benefits New Authorization Authorization by Member Claim by Member

★ Demographics

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Brown, Snoopy	203632	xxx-xx-4899	Male	4/25/2010 (10 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic/Latino(a)	Single	Alive		

**Contact Information**

Address	Phone	E-mail Address
5678 Charlie Way THIS IS AN EDIT Fort Worth TX 76104	817-682-0304 (Home) 817-458-7265 (Work) 817-658-4567 (Mobile)	snoopy@gmail.com

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**Patient Ethnicity & Race**

Ethnic Group	Patient Race
Not Hispanic/Latino(a)	Black or African American

**PCP and Center**

Primary Care Provider	Phone	Center
Physician Epiccare Link, MD	555-555-5555	EHS CLINIC

**Pharmacy Preferences**

Pharmacy  
CVS PHARMACY # 2991 - FORT WORTH, TX - 6431 MCCART AVE.

**Employment Information**

Status  
Not Employed

**Administrative**

Signature on File	Date Filed
Yes	None on file
Power of Attorney	Date Asked
No	None on file
Advance Directive	Date Asked
No	None on file

**Patient Contacts**

Name	Relation	Home	Work	Mobile	Preferred Language
Brown,Diana	Mother (Guardian)	817-682-0304	972-555-2233	817-658-4567	
Brown Sr,Snoopy	Father (Guardian)	817-682-0304		214-433-9686	

**Primary Coverage**

Payer	Plan	Sponsor Code	Group Number	Group Name
-------	------	--------------	--------------	------------

## Care Management

### Open the Plan Of Care (POC)

- Open a Member's chart
  - Click **SnapShot**
- Click **Plan Of Care** on the report toolbar to view the report
- You can view Allergies, Social Determinants of Health, OP Medications, and Care Team information



**AA**

**Abraham Ambulatory**  
Male, 65 y.o., 8/5/1956  
MRN: 202428

Search Chart

COOK CHILDREN'S HEALTH PLAN  
CHIP / CCHP CHIP 151 TO 186 FPL  
Effective: 12/2/2019  
Rel to Sub: Self  
Member ID: E5663501

PCP: None

ACCESS ENDS  
11/16/2021

**Patient Snapshot**

Patient Snapshot | Plan of Care | Immunizations | Asthma Action Plan

**Ambulatory, Abraham**

Legal Name: Abraham  
Ambulatory  
Gender: Male  
Legal Sex: Male  
DOB: 8/5/1956 (65 y.o.)  
SSN: xxx-xx-3071

Member PCP  
None

Member Primary Location  
EHS CLINIC

157 Maple Street  
Madison Wisconsin 53706

MyChart  
Active

Home Phone 608-213-5806

Enrolled in paperless EOBs

**Care Team**

**Gary B. Birnbaum, MD**  
PCP - General, Family Medicine  
Started 1 year ago  
415-550-0811

**Karen W Krigger, MD**  
PCP - General, Family Medicine  
Started 8 months ago  
502-588-8720

**Karishma Circelli, MD**  
PCP - General, Family Medicine  
Started 2 years ago

## View the Member's Care Team

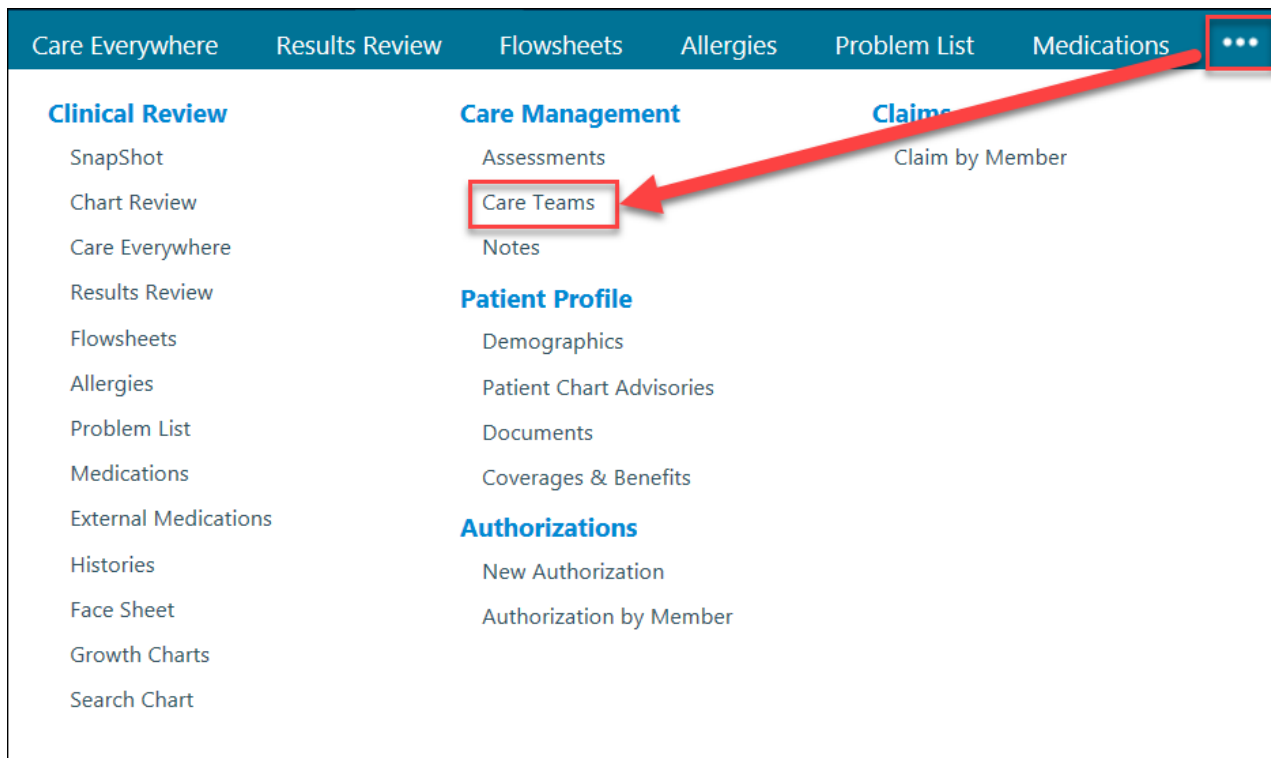
This activity can be accessed from either the POC or the toolbar activity.

Access Care Teams via POC

- Click the **Care Teams** Link

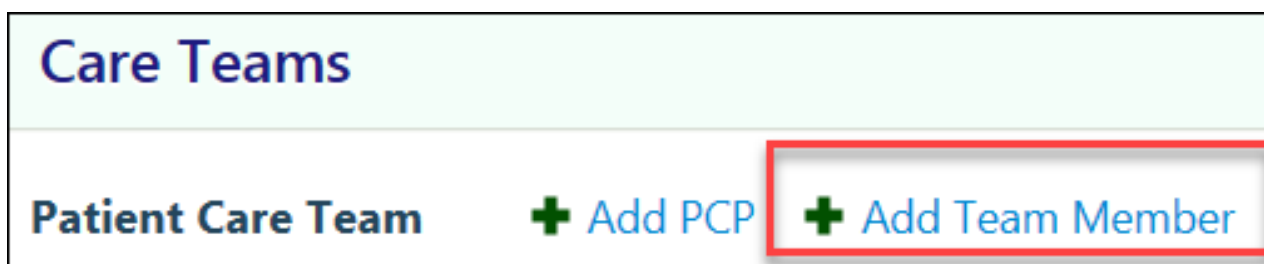
Access Care Teams from the Toolbar Activity

- Click the ellipses to review the full menu
- Select **Care Team** located under the Care Management section of the menu



### Adding Yourself to the Care Team

- Once the **Care Teams** activity is opened, click or **Add Team Member**



- Add yourself as the **Provider** and indicate the appropriate **Relationship**

**View Care Team Member**

**New Team Member**

❗ Provider:

⚠ Relationship:

Specialty:

Comment:

Add Me

Start:

End:

**Contact Information**

Address:

Email:

Phone:

Pager:

Fax:

✔ Accept

✗ Cancel

- Once you have populated the fields, click **Accept**

### Locating the Assigned LTSS Service Coordinator

The LTSS Service Coordinator can be found on the **Patient SnapShot** or selecting **Plan Of Care** for the Care Team activity.

- Patient SnapShot

## Care Team and Communications ↗

No PCP set

Other Patient Care Team Members	Relationship
Service Coordinator Serthp	Health Plan Service Coordinator

- Plan of Care

★ Care Teams				
Patient Care Team    + Add PCP    + Add Team Member				
Team Member	Relationship	Specialty	Start Date ▼	End Date
Service Coordinator Serthp	Health Plan Service Coordinator		06/11/2020	End Now

## Documenting Delivery Notifications

Users can access the **Delivery Notification** assessment through the **Assessments** activity.

Results Review	Flowsheets	Allergies	Problem List	Medications	Care Teams	...
<b>Clinical Review</b>		<b>Care Management</b>		<b>Claims</b>		
SnapShot		Assessments		Claim by Member		
Chart Review		Care Teams				



*This is not an authorization for service. If an authorization is required you must submit a prior authorization request.*

## Creating a New Assessment

- Locate the Patient
- Click the ellipses, under Care Management select Assessments

★ Assessments			
The following assessments have been assigned to you for this patient.			
Assessment	Last Time Taken		
Delivery Notification	No recent completions	+ New	Modify View History
HIGH RISK PREGNANCY NOTIFICATION	No recent completions	+ New	Modify View History

- Click **+New**
- Complete the assessment in it's entirety including the following required fields:
  - Delivery Facility
  - Member ID #
  - Baby A Gender
  - Delivery Date
  - Delivery Type

**Delivery Notification** ⌵

**Delivery Facility**

**Facility Contact**

**Phone #**

**OB Name**

**OB Phone #**

**Member Name**

**Member ID #**

**DOB**

**Member Phone #**

**Other Health Insurance?**

Yes No 📄

Does baby require authorization from extended stay? If yes, please go to the Menu to submit a New Authorization.

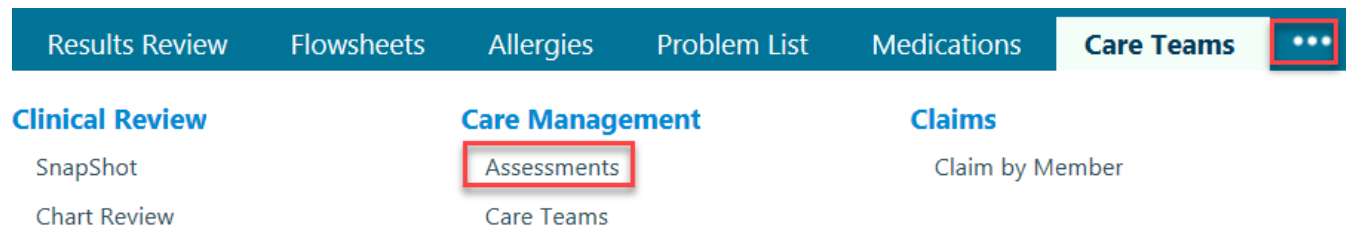
Yes No 📄


**Admit Date:**

- Click **Accept and New**

## Documenting High Risk Pregnancy Notifications

Users can access the **High Risk Pregnancy Notification** assessment through the **Assessment** activity.




Results Review   Flowsheets   Allergies   Problem List   Medications   **Care Teams** 

**Clinical Review**   **Care Management**   **Claims**

SnapShot   **Assessments**   Claim by Member

Chart Review   Care Teams



*This is not an authorization for service. If an authorization is required you must submit a prior authorization request.*



### Creating a New Assessment

- Locate the Patient
- Click the ellipses, under Care Management select Assessments




The following assessments have been assigned to you for this patient.

Assessment	Last Time Taken	
Delivery Notification	No recent completions	<a href="#">+ New</a> <a href="#">Modify</a> <a href="#">View History</a>
HIGH RISK PREGNANCY NOTIFICATION	No recent completions	<a href="#">+ New</a> <a href="#">Modify</a> <a href="#">View History</a>

- Click **+New**
  - If an assessment has already been assigned to you, click the actual assessment
- Complete the assessment in it's entirety

<b>Provider Information</b> 	
OB Name <input type="text"/>	
OB Phone <input type="text"/>	OB Fax <input type="text"/>
OB Office Contact <input type="text"/>	
Perinatologist Office Contact <input type="text"/>	
Perinatologist <input type="text"/>	
Perinatologist Phone/Fax <input type="text"/>	
Expected Delivery Facility <input type="text"/>	
<b>Member Information</b> 	
Member Name <input type="text"/>	
DOB <input type="text"/>	ID <input type="text"/>
Member Phone <input type="text"/>	EDC (Due Date) <input type="text"/>

- Click **Accept and New**

 <u>A</u> cccept	 <u>A</u> cccept and <u>N</u> ew	 <u>C</u> ancel
---	---	--

## Viewing External & Internal Medication Reports

You can view internal medications using the **Medications** tab and external medications within the **External Medications** tab. You can also access these functions under the clinical review section of the full menu.

## External Medication

- You can view external medications inside the activity as shown below:

Medication Dispense History (from 8/23/2019 to 2/19/2020)						Expand All Collapse All
Glycine						⌵
AMINOACIDIC ACID 1.5 % IR SOLN	Dispensed	Days Supply	Quantity	Provider	Pharmacy	
	02/11/2020	170	40	Krueger, Amanda, MD		
<b>Disclaimer</b>						
Certain dispenses may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.						
<b>External Sources</b>						⌵
Source	Last Checked for Updates			Status		
External Claim	2/19/2020 10:27 AM					

If you click on the external medication hyperlink you will see a med report as shown below:

- The Medication Report indicates how the information was received



Medication Dispense Information	
<b>AMINOACETIC ACID 1.5 % IR SOLN</b>	
Dispensed:	2/11/2020 12:00 AM
Unit strength:	1.5 %
Days supply:	170
Quantity:	40
DAW:	Yes
Pharmacy:	None
Authorizing provider:	Krueger, Amanda, MD 201 Northern Lights VERONA, WI 53704 Phone: 608-781-1234 Fax: 608-555-4789
Received from:	External Claim (Payer Claim)
Brand or Generic:	Generic

## Internal Medication

For internal medications, you can access the medication report by clicking on the report icon as shown below:

★ Medications			
<div> <div> <div></div> <div></div> <div></div> </div> <div>Show History</div> </div>			
Medication	Start Date	End Date ▼	Last Administration
<div> <div></div> <div>amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet</div> <div>Take 10 mg by mouth 1 (one) time each day.</div> </div>	11/20/2018		<div> <div></div> <div></div> </div>

The internal medication report will look like this:

Order Details																		
Ordering User: Amanda Pollak Pharmacy Comments: -- Fill quantity remaining: --      Fill quantity used: --      Next fill due: --																		
<b>Reported Sig History</b> Number of updates: 1 <a href="#">Reported Sig History</a>																		
<b>Warnings History</b> No Interaction Warnings Shown																		
<b>Order Audit Trail</b> Number of times this order has been changed since signing: 1 <a href="#">Order Audit Trail</a>																		
<b>Pharmacist Clinical Review History</b> This prescription has not been clinically reviewed.																		
<b>Order Reconciliation Actions</b> <a href="#">Order Reconciliation Actions</a>																		
<b>Patient Information</b> <table border="0"> <tr> <td>Patient Name</td> <td>Sex</td> <td>DOB</td> </tr> <tr> <td>Tapestry, Dan (202571)</td> <td>M</td> <td>3/27/2010</td> </tr> </table>				Patient Name	Sex	DOB	Tapestry, Dan (202571)	M	3/27/2010									
Patient Name	Sex	DOB																
Tapestry, Dan (202571)	M	3/27/2010																
<b>Patient Demographics</b> <table border="0"> <tr> <td>Address</td> <td>Phone</td> <td>E-mail Address</td> </tr> <tr> <td>123 MyChart Test DE FOREST WI 53532</td> <td>903-647-1311 (M)</td> <td>resha.singh@cookchildrens.org</td> </tr> </table>				Address	Phone	E-mail Address	123 MyChart Test DE FOREST WI 53532	903-647-1311 (M)	resha.singh@cookchildrens.org									
Address	Phone	E-mail Address																
123 MyChart Test DE FOREST WI 53532	903-647-1311 (M)	resha.singh@cookchildrens.org																
<b>Original Prescription: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet [1448474]</b> <table border="0"> <tr> <td colspan="2">11/20/19 1733 - Original Entry by Amanda Pollak</td> <td>Authorizing Provider: Historical Provider, MD</td> </tr> <tr> <td>Name: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet</td> <td>Start date: 11/20/18</td> <td>End date: --</td> </tr> <tr> <td>Medication: DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET [9081]</td> <td>Route: oral</td> <td>Frequency: Daily</td> </tr> <tr> <td>Dose: 10 mg</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Sig: Take 10 mg by mouth 1 (one) time each day.</td> </tr> </table>				11/20/19 1733 - Original Entry by Amanda Pollak		Authorizing Provider: Historical Provider, MD	Name: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet	Start date: 11/20/18	End date: --	Medication: DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET [9081]	Route: oral	Frequency: Daily	Dose: 10 mg			Sig: Take 10 mg by mouth 1 (one) time each day.		
11/20/19 1733 - Original Entry by Amanda Pollak		Authorizing Provider: Historical Provider, MD																
Name: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet	Start date: 11/20/18	End date: --																
Medication: DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET [9081]	Route: oral	Frequency: Daily																
Dose: 10 mg																		
Sig: Take 10 mg by mouth 1 (one) time each day.																		

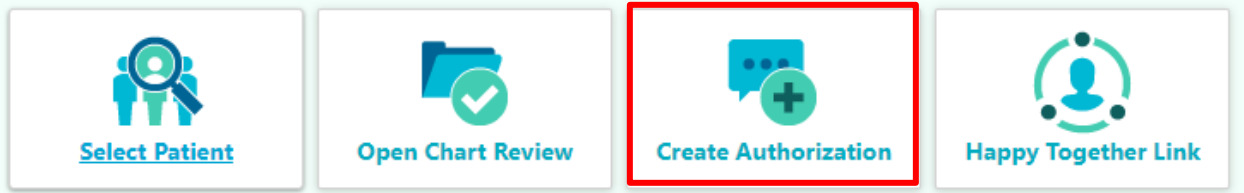
## Working with Authorizations in EpicCare Link

Providers who have access to EpicCare Link have the ability to enter prior authorizations electronically.

- All requests for Prior Authorization must be submitted via the Secure Provider Portal
- You can only create Authorizations for Members that have an active Managed Care coverage

## Create a New Authorization

- Click the **Create Authorization** speed button on the homepage



- Locate the patient requiring an authorization
  - Users can also create an authorization from inside a patient's record that is already open by clicking **New Authorization**
- Enter the primary procedure, and then click **Next**

New Authorization

Primary Px/Type

General Information

Diagnoses/Services

Authorization

Admission

Primary procedure

99245 - PR OFFICE CONSULTATION NEW/ES

Admission type

Next

- Additional procedure codes can be added on the Services form within the authorization
- If the authorization is for an admission, select an Admission type

- After the primary procedure is entered, the authorization then prompts Users to collect basic information about the type of service being requested, where the request came from, where it is going and the authorization's priority
- All of the fields with red stop signs are required and must have a value entered before the authorization can be submitted

### General Information Section

**General Information**

Priority: Routine [1]

Type: Consultation [3]

Class: To Cook Health System

Start date: 1/21/2020

Expiration date: 1/20/2021

Precertification #

Authorization #

- The **Priority** field defaults to Routine, but can be modified by clicking the magnifying glass and selecting the appropriate priority
  - Routine authorization requests will be processed within three working days
  - Urgent authorization requests will be processed within one working day
    - Requests submitted as urgent that are not urgent in nature, but rather submitted as urgent based on the delay in Provider submission will be processed as a routine authorization request
- The **Type** field is used to identify the type of service being requested
  - Example: Private Duty Nursing, Acute Physical Therapy (<120 days from onset of injury), Physical Therapy (> 120 days from onset of injury)
- The **Class** field is used to indicate if the authorization is going to a Cook Children's Health Care System Provider or to a Provider outside of the Cook Children's Health Care System
  - Select the appropriate **Class**

- Enter the requested **Start date** and **Expiration Date**

#### Authorization By Section

- Enter the name of the Referring Provider in the **Provider** field
  - Click the magnifying glass to select the **Provider**
    - Users can only select Providers in the **Provider** field that they are linked to
    - If the Referring Provider is not in your office enter the Provider name in the **"Other provider"** field

**Authorization By**

Provider <input type="text"/>	Location/POS <input type="text"/>
Other provider <input type="text" value="OGBOGU, HENRY [46062]"/>	Provider address <input type="text"/>

- The Location/POS and Provider address fields are not required but can be populated if needed



#### Authorization To Section

- Enter the name of the Authorized To Provider in the **Provider** field
  - If the name of the Provider is not found, enter the default Provider, Tapestry Generic PCP (47080)

**Authorization To**

Provider <input type="text" value="cunning, lauren"/>	Location/POS <input type="text"/>
Location/POS type <input type="text"/>	

- When entering the name of the Provider, the system may prompt you to select the Provider from a search results

- Select the appropriate Provider along with the associated location you would like the patient to be seen, then click **Accept**

☆ **Provider Search**

🔍 **Search Criteria**

Search Results: 6 providers found (Next Level) (All In-Net Levels) (All Providers)

📍 Map Provider Locations

	Name	City	State	ZIP	Provider Specialties	Languages	Department Specialties	Location/Place of Service	Location/Place of Service Address
<input type="radio"/>	LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	COOK CHILDREN'S MEDICAL CENTER	801 7TH AVE FORT WORTH TX 76104-2733
<input type="radio"/>	LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	PEDIATRIC SURGICAL ASSOCIATES OF FT. WORTH, P. A.	901 7TH AVE FORT WORTH TX 76104-2722
<input type="radio"/>	LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	CCMC URGENT CARE	10601 NORTH RIVERSIDE DR FORT WORTH TX 76244
<input type="radio"/>	LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	PEDIATRIC SURGICAL ASSOCIATES OF FT. WORTH, P. A.	901 7TH AVE FORT WORTH TX 76104-2722
<input type="radio"/>	LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	Northeast Hospital OP	6316 Precinct Line Rd Hurst TX 76054-2766

- You may receive a pop-up message; this is an internal system warning. To bypass the Place of Service warning, click **Yes**

☆ **Provider Search - Selection Warning**

This selection will cause the referred to location to be set to COOK CHILDREN'S MEDICAL CENTER which is a Place of Service. Since this Authorization has a class of To Cook Health System the referred to location should not be a place of service. Are you sure you want to make this selection?

- If the **Location/POS** did not populate from the previous step, then enter the location where the patient will be seen in the **Location/POS** field, if it is known
  - If the location is known, you can type a partial name and click enter for a list of locations meeting your search criteria
  - You can also click the magnifying glass to search for a location

**Please make a selection**

Authorization to location/POS:

**Search Matches:**

%	Number	Name	Type of Loc	Address
88.8%	100106	<a href="#">CARDIOLOGY ARLINGTON</a>	Location	3121 S. CENTER ST ARLINGTON TX 76014-2007
88.8%	100116	<a href="#">CARDIOLOGY ARLINGTON (ESTIMATES ONLY)</a>	Location	3121 South Center Street Arlington TX 76014-2007
88.8%	100161	<a href="#">CARDIOLOGY MANSFIELD</a>	Location	2800 E BROAD ST STE 200 MANSFIELD TX 76063-6411

- Click the name of the location to select it
- If the **Location/POS type** did not populate from one of the steps above then enter the **Location/POS type**, then click **Next**

**Authorization To**

Provider

Location/POS

Location/POS type

- If the **Provider address** did not populate from one of the steps above, click the magnifying glass in the address field, then select the appropriate address

**Please make a selection**

Authorization to provider address:

**Search Matches:**

Name

1500 Cooper St Floor 2 Fort Worth TX 76104

ENDOCRINE FORT WORTH TX 76104

The Authorization To section is now complete.

**Authorization To**

Provider

THORNTON, PAUL S. [18503]

Location/POS

ONE SOURCE MEDICAL GROUP [3304]

Location/POS type

Office [11]

Provider address

1500 Cooper St Floor 2 Fort Worth TX 76104

## Diagnoses Section

- Enter the coded diagnoses
  - You can type text in the coded diagnosis field to search for a list of related diagnoses
  - Click **+ Add** to add additional diagnosis codes

**Diagnoses**

Diagnoses (free text)

Diagnoses (coded)

Heart murmur, systolic [661540]

+ Add

- Code to the highest specificity
  - Avoid using unspecified diagnoses
    - Especially R69, Illness Unspecified

## Services Section

- The service code entered at the beginning of the authorization populates the **Services** field.
  - To add additional services click **+ Add**
    - Please make sure the codes you select in the Procedure field are valid CPT or HCPCS codes
    - If you enter an invalid code you will receive the following error message





### Contact Information and Signature Confirmation

You entered an Invalid Code. (Please make sure the codes you select are a CPT or HCPCS code type in the Services/Procedure section)

Yes

No

- You are required to indicate the number of visits, units or procedures needed for these services
- If modifiers are needed, enter all appropriate modifiers in the **Modifiers** field
  - Separate multiple modifiers using a comma. (Ex: 59, 25, 91)

Services (coded)

99245 - PR OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN

Modifiers

1

Unit type

Add

- Select the appropriate **type** (visit, unit)

## Questionnaire



### Questionnaire

Is the authorization for DME, Medical Supplies, Formula or Oxygen?

Yes

No

Note: If your response is "Yes", please enter the duration & frequency for each procedure code (Example = B4160 200 units/month x 6 months). If your response is "No", just enter N/A and proceed.

If Hospital Inpatient Admission, please include the Admission Date:

Name of Individual Submitting Prior Authorization:

Referred By Provider Phone Number:

Referred By Provider Fax Number:

Referred To Provider Phone Number

Referred To Provider Fax Number

\*SIGNATURE\* - ENTERING YOUR NAME IN THIS FIELD CONSTITUTES A LEGAL SIGNATURE

- If your response is "Yes", enter the duration & frequency for each procedure code
- If your response is "No", enter N/A and proceed.
- Enter an Admission Date if there is an applicable Hospital Inpatient Admission
- Enter the Name of the Individual submitting the Authorization
- Enter the Referring Provider's phone number
- Enter the Referring Provider's fax number
- Enter the Referred to Provider's phone number
- Enter the Referred to Provider's fax number
- Sign the Authorization

## Notes Section

The **Notes** section is used to send additional communication regarding the authorization such as orders, notes, etc.

- You can add any supporting clinical documentation by clicking **Add File**
- This section will allow you to attach one document/file up to 100 MB



*When attaching a document to an authorization the User must enter a Note in the Note Summary. If not, the User will receive an error.*

Click **Request Authorization** to submit the authorization.

**Notes**

Note type  
HP Link Provider Comments [164000125]

Note summary

Attachment  

Add file

  
100.0 MB Total Allowed

← Back

✓ Request Authorization

✗ Cancel Request


## Authorization Details

- You are now viewing a summary of the submitted authorization
- If additional notes or attachments are needed after the authorization is submitted click **Add Note/Attachments** to add the information



*When attaching a document to an authorization the User must enter a Note in the Note Summary. If not, the User will receive an error.*

- If you make a mistake or need to make changes to an authorization you submitted you will need to add a note to the original authorization

✱ Authorization by Member > Authorization Details 

[Add Note/Attachment](#)

### Referral

Referral # 12983

**Patient-Friendly Report**  
Display patient-friendly referral report for printing

**Patient Information**

Patient Name Tapestry, Dan	Sex Male	DOB 3/27/2010	SSN xxx-xx-4173
-------------------------------	-------------	------------------	--------------------

**Referral Information**

Referral # 12983	Creation Date 05/19/2020	Referral Status Pending Review	Status Update <a href="#">05/19/2020: Status History</a>
Status Reason Needs Medical/RN Review	Referral Type Out of Network Office Visit	Referral Reasons Specialty Services Required	Referral Class To Cook Health System
To Specialty none	To Provider William Bryant, MD	To Location/Place of Service none	To Department none
To Vendor none	Referred By Physician Epiccare Link, MD	By Location/Place of Service none	By Department none
Priority Routine	Start Date 05/19/2020	Expiration Date 05/19/2021	Referral Entered By Andrew Rutherford
Visits Requested 1	Visits Authorized	Visits Completed	Visits Scheduled

**Procedure Information**

Procedure	Modifiers	Revenue Code	Provider	Requested	Approved	Unit type
99245 (CPT®) - PR OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	None	None		1	1	Visit/Day

**Diagnosis Information**

Diagnosis
L70.5 (ICD-10-CM) - Acne excoriee

## Reviewing Authorizations

- Navigate to the patient's chart
- Click the ellipses and select **Authorization by Member**

The screenshot displays the EPI Center patient chart for Abraham Ambulatory. The sidebar on the left contains patient details: name, gender, date of birth, MRN, a search chart field, insurance information (COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL), effective date, relationship to subscriber, member ID, PCP status, and access end date. The main content area features a navigation menu with options like Patient SnapShot, Clinical Review, Care Management, and Claims. The 'Authorizations' section is highlighted, showing options for New Authorization and Authorization by Member. The right-hand panel has tabs for Problem List and Medications, with the Medications tab currently active, showing a list of medications including OXYGEN, DME/HOSPICE, (O2).

- A list of the patient's active authorizations is displayed
  - To see all of the patient's authorizations, select **Show All Authorizations** in the **View Options** field
  - The status of the authorization can be viewed from this screen
- To get additional information regarding the authorization, click on the ID number link

✧ Authorization by Member



View Option: **Show All Authorizations** ▼

Click on the authorization ID to view more information about that authorization

**Search Results: 1 authorizations found**

ID	Payor	Authorized By	Authorized To	Status	Start Date	Expiration Date	Creation Date
<b>12755</b>	COOK CHILDREN'S HEALTH PLAN STAR KIDS	TAPESTRY GENERIC PCP	A ONE PLUS HOME HEALTH CARE AGENCY LLC	AUTH	10/01/2019	09/30/2020	07/07/2020
14436	COOK CHILDREN'S HEALTH PLAN STAR KIDS	KENNEDY, ROSEMARY	CLASSIC REHABILITATION INC	PEND	08/27/2021	08/31/2021	08/24/2021

- Click the **Status History** link to see an audit trail for this authorization

**Referral**

Referral # 12755

**Patient-Friendly Report**

[Display patient-friendly referral report for printing](#)

**Patient Information**

Patient Name Sai, Leigh	Legal Sex Female	DOB 5/1/2012	SSN xxx-xx-6000
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**Referral Information**

Referral # 12755	Creation Date 07/07/2020	Referral Status Authorized	Status Update 07/07/2020: <a href="#">Status History</a>
---------------------	-----------------------------	-------------------------------	---

Reviewing Referral Letters

- Navigate to the **In Basket**
- Only the Referred By and the Referred to Providers (Physicians, Therapists, etc.) will receive the authorization in their **In Basket**

The screenshot shows the 'My In Basket' interface. On the left, a sidebar lists 'My Messages' with sub-items 'Customer Service Reply (18)' and 'Referral Notifications (1)'. The 'Referral Notifications' folder is selected. The main area displays a table of referral notifications. A red arrow points to the 'New' status of the first notification. Below the table, a 'Referral Notifications' summary section shows counts for 'New' (1) and 'Total' (1). A legend explains the status icons: High Priority (red exclamation mark), Low Priority (blue exclamation mark), Critical (red exclamation mark with a plus), Abnormal (red exclamation mark with a plus), and Previous Abnormal (red exclamation mark with a plus). A 'My Messages' link is also present.

Status	Patient	RFL #	Event Type	Msg Date	Msg Time
New	Tapestry, Testthree	12151	Referral Denied	05/12/2020	5:22 PM

Counts	New	Total
	1	1

**Legend**

- High Priority
- Low Priority
- Critical
- Abnormal
- Previous Abnormal

**My Messages**

- Work Taken By You (Click icon to put back)
- Work Assigned To Your Pool (Click icon to take)
- Work Taken By Others (Click icon to take)

- Click the **Referral Notification Letter** folder to review authorization or denial letters associated with the authorizations
  - This will display letters where the Provider is listed as the Referred By or Referred To Provider on the authorization

#### Allow Other Users to Access the Your In Basket

The Provider might want a staff member to have access to the Authorization Letters that are sent to their **In Basket**.

- In this case, the Provider has the ability to "attach" an In Basket to another User
- The Provider must first "grant" access to the User requesting access, then that User will be able to access the Provider's In Basket

To "grant" access for another User to access your **In Basket**, follow the steps below.

- When you are logged in as the Provider, navigate to the **In Basket**

- Click on the **Attach** button
- Click the **Grant Access** tab

- Choose the User(s) you would like to grant access for
  - To choose a User, start typing their name in the **Grant Access** to field or click the magnifying glass to select from a list of Users
- Once the User has been selected, click **Save**

Attach another Users' In Basket to your account

Once the above steps are complete, follow the steps below to "attach" the Provider's **In Basket** to yours.

- Login with your own User, and navigate to the **In Basket**
- Click on the **Attach** button
- Under **Persistent Attachments**, find the Provider whose **In Basket** you would like to attach

**In Basket** ▸ **Attach Other In Baskets**

**Attach** | Grant Access

**Search Options**

☐ Search inactive users

**Persistent Attachments**

Add a user to the attach list:

☒ Show ☐ Hide

<input type="checkbox"/> User	Show in In Basket
<input type="checkbox"/> GU, HP TAP LINK GENERIC USER TWO	<input checked="" type="checkbox"/>

**Out of Contact and Temporary Attachments**

Add a user to the attach list:

← Back to In Basket **Save**

- The selected Provider will populate the User field
- Click **Save**
- You can now view that Provider's In Basket within your In Basket

## Eligibility Review in EpicCare Link

### Review Coverage and Benefits

EpicCare Link can be used to review a Member's coverages and benefits

- Click **Select Patient**
- Locate your patient



- Navigate to the **Coverages and Benefits** tab
  - You may need to click the ellipses to see it

**Care Everywhere**   **Results Review**   **Flowsheets**   **Allergies**   **Problem List**   **Medications**   **...**

**Clinical Review**  
 SnapShot  
 Chart Review  
 Care Everywhere  
 Results Review  
 Flowsheets  
 Allergies  
 Problem List  
 Medications  
 External Medications  
 Histories  
 Face Sheet  
 Growth Charts  
 Search Chart

**Care Management**  
 Assessments  
 Care Teams  
 Notes  
**Patient Profile**  
 Demographics  
 Patient Chart Advisories  
 Documents  
**Coverages & Benefits**

**Claims**  
 Claim by Member

**Authorizations**  
 New Authorization  
 Authorization by Member

- Select **View all coverages on file**

**Coverages & Benefits**

**Coverages on File**   ☐ View available coverages as of 10/18/2021   ☒ **View all coverages on file**

Benefits Summary   Coverage Detail Report

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL	12/02/2019		E5663501	CHIP 151 to 186 FPL	2

- From here, you can view a Member's current and past coverages
- Click **Benefits Summary** to see the benefits for the selected coverage

**Coverages & Benefits**

**Coverages on File**   ☒ View available coverages as of 11/11/2020   ☐ View all coverages on file

**Benefits Summary**   Coverage Detail Report

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL	06/14/2020		654554477	CHIP 151 to 186 FPL	1

- Review the benefit categories, then click the plus sign to expand that section of the benefits list
- You can also enter a partial topic in the **Jump to** field, then select the category to expand that section of the benefits list

✦ Coverages & Benefits ▸ Benefits Summary ⌕ 🖨️ ?

**CCHP CHIP 151 TO 186 FPL**

**Carrier Information**  
Please visit the carrier's website to ensure you have the latest benefit information: [TEXAS HHSC](#)

**Services**

Jump to:  ⌕ Expand All ⌕ Collapse All

Physician Office Visits >> PRIMARY CARE OFFICE VISITS

⊕ Physician **Lab and Imaging Services**

⊕ Non-Emergency ER

⊕ Emergency Services

⊕ Lab and Imaging Services

Type of Service	Network	Authorization Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
LABORATORY	CCHP In	No	1		No payment				

- Click **Back** to exit **Benefits Summary**
- Click the **Coverage Detail Report** to view more information about the coverage and the subscriber

## Eligibility Information as of 11/22/2021 SAI,CHERIE [M2033149]

### Eligibility

Employer Group STAR Kids MDCP [164000004]	Benefit Plan CCHP STAR KIDS MDCP [1643116002]	Carrier TEXAS HHSC [164000000] <a href="#">View Carrier's Website</a>	Payer COOK CHILDREN'S HEALTH PLAN STAR KIDS [1640003116]
Service Area	Networks CCHP-IN NETWORK CCHP-OUT OF NETWORK	Primary Location	PCP

### Coverage Information

Covered Flag <b>Covered</b>	Type Managed Care	Effective From 07/01/2019	Effective To
Relationship to Subscriber Self - Self	Member Number 572450006	Patient Application Date	Patient Late Enrollment No

### Subscriber Level Information

Subscriber ID 572450006	Subscriber Name Sai,Cherie	Employment Date	COBRA Status	COBRA Date
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### Other Health Insurance Information

Insurance Company Name	Insurance Contact Number	Insurance Group Name	Insurance Group/Policy Number
Name of Insured	Relationship to Insured	Coverage Effective Date	Coverage Termination Date

- **LAR** contact phone numbers can be viewed

✶ Coverages & Benefits > Coverage Detail Report



**Sai, Leigh**  
Legal Name: Leigh Sai  
Gender: Female  
Legal Sex: Female  
DOB: 5/1/2012 (9 y.o.)  
SSN: xxx-xx-6000

1717 Brown Bend  
FORT WORTH Texas 76104

Home Phone: 214-111-1111  
Mobile: 903-111-1234

**Guardian Demographics**



**Custodial Parent**  
**Mother Test**  
123 test dr  
fort worth TX

Home Phone: 214-000-1111

**Responsible Party**  
**Father Tapestry** (Responsible Party)

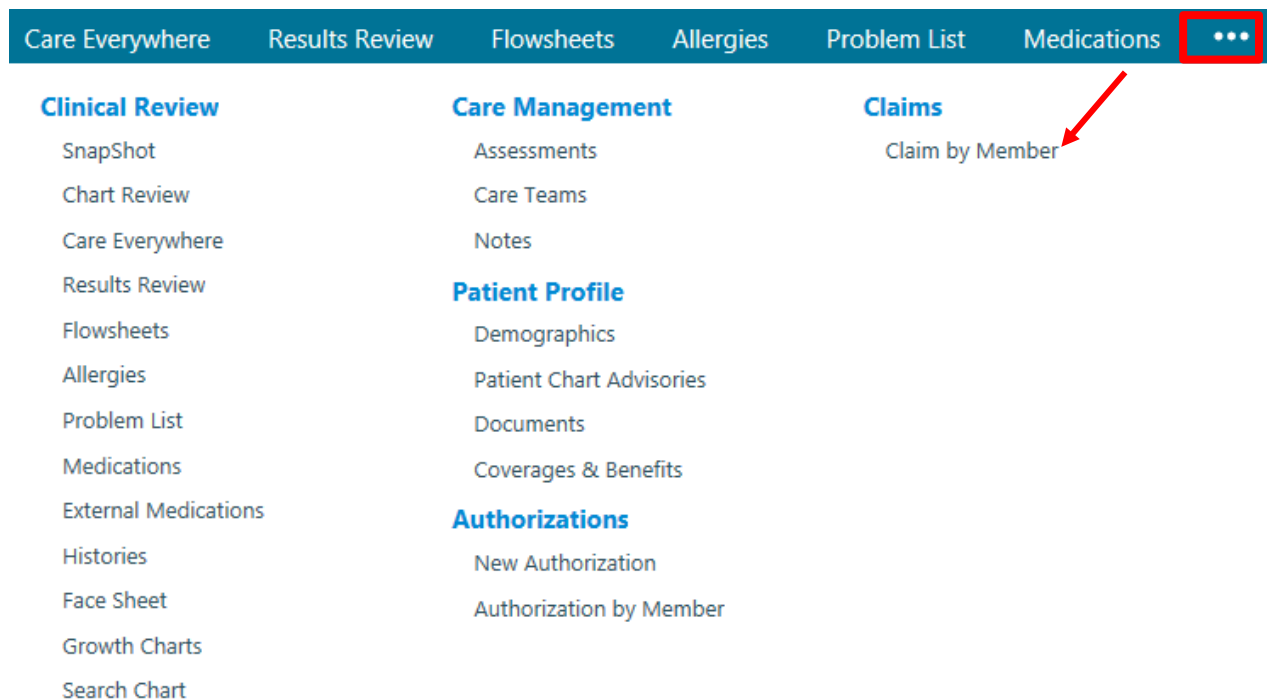
## Claims Review in EpicCare Link

### Review AP Claims

EpicCare Link can be used to review claims submitted by your organization. There are two ways to search for a claim

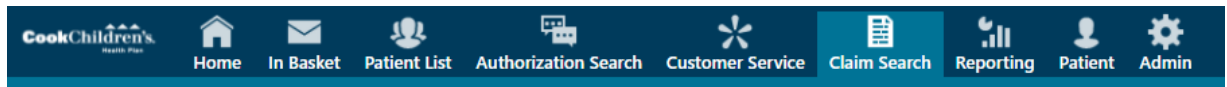
#### Claims Search by Member

- Click **Select Patient**
- Locate your patient
- Click the **Claim by Member** tab
  - You may need to click the ellipses to see it



#### Claim Search

- Click **Claim Search**



- Search by vendor, tax ID, Provider, Member ID, or claim ID
- As you enter the number, the drop down value should be selected depending on the information you enter

**Claim Search**

12345

From date: 9/24/2021 To date: 10/8/2021

Additional Criteria

Submitted ID: 12345

Claim ID: 12345

Check Number: 12345

Member ID: 12345

Search by Vendor ID, Submitted ID, or Check Number.

- The **Advanced Search** option can be used to drilldown your search by specific claim details including billed amount, Claim ID, Claim Type and check number
  - Claim Search by Claim ID. You will need to enter Cook Children's Health Plan claim number under the Claim ID field
  - The date range defaults to one year, but can be updated if needed
  - Select the appropriate **Claim #**

**Claim Search**

Search for vendor, tax ID, provider, member ID, claim ID...

From date: 9/24/2021 To date: 10/8/2021

☒ **Advanced Search**

Vendor:

Tax ID:

Member ID:

Claim ID:

Check Number:

Billed Amount:  Min  Max

Provider:

Submitted ID:

Claim Type: ☒ Any ☐ CMS ☐ UB

Criteria must include one of the following: Vendor, Tax ID, Provider, Member ID, Claim ID, Submitted ID, or Check Number.

- To review the details of the claim, click the **Claim #** link

- This will display the details related to the status such as
  - payment amount
  - associated coverages
  - authorizations
  - applicable claim codes

Claims Inquiry
Claim Details

CMS Claim #4125

Status

Denied

Adjudication

Billed for \$250.00  
Allowed: \$0.00  
Patient Total: - \$0.00  
  
Net Payable: \$0.00  
Interest: + TBD  
Penalty: + TBD  
  
Total Payment: ⓘ \$0.00

Coverage

No coverage was used to adjudicate the claim.

Referrals

No referral information is available.

Diagnoses

#	Code	Diagnosis	Qualifier
1	487	Influenza	

Billing Info

<div>Vendor</div> <div>FRIO REGIONAL HOSPITAL [1952308132]</div> <div>200 S I H 35 8303343617 PEARSALL TX 78061</div>	<div>Place of Service</div> <div>FRIO REGIONAL HOSPITAL</div> <div>200 S I H 35 PEARSALL TX 78061</div>	<div>Provider</div> <div>Frio Hospital Association [1952308132]</div> <div>Specialty Clinic/Group Practice</div>
<div>Supervising Provider</div> <div>—</div>		

Claim Codes

DCR01 - Duplicate Claim - Deny  
DEE01 - No Coverage Found - Deny

Back

## Reviewing and Printing Remittance Advices



*This is currently in development. The functionality will be available soon.*

## Customer Service

Customer Service is a communication tool between you and the health plan's Customer Service team. Customer Service Request (CSR) are created to provide or request information regarding various topics such as appeals, other health insurance and claim status.

## Creating a Customer Service Request

- Click **Customer Service** on the homepage
- Select the appropriate **Topic** from the dropdown

**New Customer Service Request**

**Topic:**

**Summary:**

**Associated Site:**

**Site:**

**Priority:**

☐ High

☒ Routine

☐ Low

Link - Request for Provider Relations Outreach

Link - Education - Navigation of System

Link - Technical Assistance

Link - Submit a Claim Appeal

Link - Submit a Claim Reconsideration

Link - Request to Join Network

Link - Credentialing

Link - Provider Demographic Changes

Link - Cultural Competency Attestation

Link - Therapy Notification - Term CCHP Agreement

Link - Therapy Notification - Closing Practice to New Patients

Link - Therapy Notification - Patients on Waitlist

- Fill in the required fields

### New Customer Service Request


Topic: Link - Submit a Claim Reconsideration


Summary:


#### Priority


- ☐ High  
☒ Routine  
☐ Low


### Claim Details


 Provider Name


 Provider NPI


 Provider Tax ID

 Member Name


 Member ID

 CCHP Claim Number

 Date of Service

 Reason for Submission

### Details

 Details:

### Additional Documents

Documents:

100.0 MB Total Allowed 0 Files 

- Attach any accompanying documentation (if applicable)
- Click **Submit**
  - Your message has been sent
- Click **OK**



- An acknowledgement is sent to your **In Basket** and a **Customer Relationship Management (CRM)** number is provided

## Reviewing Customer Service Responses

When the health plan responds via the Secure Provider Portal, the reply shows up in the User's In Basket. In Basket is a quick and easy way to review and respond to messages from the health plan's.

- Click **In Basket** on the main toolbar
- Navigate to the **Customer Service Reply** folder to review your received messages
- Click the message you want to review
- Scroll down to the **Notes** section to review the response

The screenshot displays the EPICenter In Basket interface. The top navigation bar includes links for Home, In Basket (with a notification badge), Patient List, Authorization Search, Customer Service, Claim Search, Reporting, Tapestrybenefits, Two S..., and Admin. The main content area is titled 'My In Basket' and shows a list of messages under the 'Customer Service Reply' folder. The messages are listed in a table with columns for Priority, Msg Date, Msg Time, Sent By, and Subject. The selected message is dated 01/29/2020 at 11:26 AM, sent by 'GU, HP TAP LINK GENERIC USER', with the subject 'RE: Link - Submit a Claim Appeal'. Below the message list, the 'Notes' section shows the message content: 'Hp Tap Link Generic User Gu 01/29/2020 11:26 AM Summary: Reply To Customer Service Request Thank you, your request has been received.' The 'Primary Information' section shows the source as 'General External Provider Tapestry, MD (Provider)' and the subject as 'Link - Submit a Claim Appeal'.

Priority	Msg Date	Msg Time	Sent By	Subject
	01/27/2020	2:34 PM	GU, HP TAP LINK GENERIC USER	RE: Link - Therapy Notification - Term CCHP Agreement
	01/29/2020	9:39 AM	GU, HP TAP LINK GENERIC USER	RE: Link - Therapy Notification - Term CCHP Agreement
	01/29/2020	10:06 AM	GU, HP TAP LINK GENERIC USER	RE: Link - Therapy Notification - Closing Practice to New Patients
	01/29/2020	10:10 AM	GU, HP TAP LINK GENERIC USER	RE: Link - Technical Assistance
	01/29/2020	11:26 AM	GU, HP TAP LINK GENERIC USER	RE: Link - Submit a Claim Appeal

**Notes**

Hp Tap Link Generic User Gu 01/29/2020 11:26 AM  
Summary: Reply To Customer Service Request  
Thank you, your request has been received.

**Primary Information**

Source	Subject	Topic
General External Provider Tapestry, MD (Provider)	Link - Submit a Claim Appeal	Link - Submit a Claim Appeal

Test appeal  
----- Questionnaire: Claim Details -----  
Provider Name  
Test name  
Provider NPI  
11111

- Click **Reply** on the toolbar to respond to the message (if needed)
- If a reply is needed, enter your comment in the **Note** section, then click **Send Message**

Reply to Customer Service Reply Message

To: TAPESTRY, AP CLAIM EXAMINER

Subject: RE: Claim Appeal

Patient: (none)

**Note:**

Existing notes (read only):

----- Message -----

From: Ap Claim Examiner Tapestry

Sent: 1/24/2020 9:57 AM CST

To: Hp Tap Link Generic User Gu

Subject: Claim Appeal

Your claim appeal has been received and is currently being reviewed.

**Priority**

☐ High

☒ Routine

☐ Low

✓ Send Message

✗ Cancel

## Login Issues or Password Reset

### Login Issues

- Please call the Provider Support Services hotline 888-243-3312 and request to speak with the Network Development Department
- Or email [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org)

### Password Reset

- User can reset their password by clicking **Forgot password**

powered by **Epic**

**CookChildren's**  
Health Plan

User ID

Password

**LOG IN**

[Forgot password?](#)

[Request New Account](#)

*For login issues, please call the Provider Hotline at 888-243-3312*

- Users will be prompted to answer two of the five challenge questions on file
- Users will be prompted to set new challenge questions every two years
- If the User is unable to correctly answer the challenge questions, the User should email [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org) and provide their User ID and request their password be reset
- The User will receive a Secure Email in 1-3 business days with their new temporary password

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## Glossary

**Site Admin** – User has the ability to add and remove Users on behalf of their Organization

**Affiliate** – Participating Provider

**AP** – Accounts Payable

**Clinical** – Users granted access to view a patient's clinical chart information

**CRM** – Customer Relationship Management (CRM) allows the User to submit a message directly to the health plan

**CSR** – Customer Service Request (CSR) allow the User to submit a message directly to the health plan

**Coverage** – Eligibility

**DOB** – Date of Birth

**EpicCare Link** – Secure Provider Portal

**External Medication** - Referring to medications ordered/entered in Epic by other Providers or via claims

**ID** – Identification

**In Basket** – Messages

**Internal Medication** – Referring to medications ordered/entered in Epic by Cook Providers

**Location** – Physical Place of Service (Physical address)

**POC** – Plan of Care

**MRN** – Medical Record Number (Cook Specific)

**OB** – Obstetrics or Obstetrician

**Patient** – Cook Children's Health Plan Member

**PCP** - Primary Care Provider

**Physician/APP** – Medical Provider assigned an National Provider Number

**POS** – Place of Service Type (Office, Inpatient Hosp, etc.)

**Procedure Code** – HCPCS/CPT code

**Referrals** – Authorizations

**SnapShot** – High level overview of Member's clinical chart

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**SSN** – Social Security Number